DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within dura after death. Page 6 may be retained by the hos	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Deer of Health and Merical Havinger and its completion or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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8	B	THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	M

I. DECEDENT'S NAME (First, Middle, Last	)		477				2. DATE OF	F DEATH DAY	,	YEAR	3. TIME OF DEATH
Betty	L.	pavi	5				June	13		993	1
I. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. is	ist birthday)	IF UNDER 1 YEAR		24 HRS.	7. DATE OF	BIRTH Day, Year)		6. BIRT	THPLACE (State or Fore
214-05-1294	1 M 2 F	73	YRS.	MONTHS DATE	Noona	wiit.	April		920		ruland
Be. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOW			EATH			NTY OF	DEATH
1410 Cedar Park	Road			Ann	apoli	S			Ann	e A	rundel
RESIDENCE OF DECEDENT	TY		Inc CIT	Y, TOWN OR LO	CATION						10d. INSIDE CITY
	Pinellas		100.011								LIMITS?
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I ☐ Never Married 2 ☐ Married	FORCES?	YES 2		If yes,	specify Cuba	ın, Maxica	in, Puerto Ric		OF 140-	Ble	ick, White, etc.
3 ☐ Widowed 4 ☐ Divorced	IF YES, GIVE Y	MAR OR DATES		101	ES 2 XVO	Specifi	у:			Spe	white
15. DECEDENT'S ED		16a. D	ECEDENT'S	USUAL OCCUPA	TION		16b. K	IND OF BUS	INESS/INI	DUSTRY	WILCE
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	+)	Give kind of a le. Do NOT us	work done during se retired.)	most of world	ng					
12	•		Homem	akon.					Hom	0	
7. FATHER'S NAME (First, Middle, Last)			- Cim Cin	00,000	18. MOT	HER'S NA	ME (First, Mic	idle, Maiden S		V	
Raymond Edward D	ove					Sara	ah Dou	ney			
9a. INFORMANT'B NAME (Type/Print)		1	9b. MAILING	ADDRESS (Stre	et and Numbe	r or Rural	Route Number	City or Town	, State, Zij	p Code)	
Murray Davis		200	2709	Importi	al Da	Om D	Hino	1040	a E	Day i	ida 34641-
20a. METHOD OF DISPOSITION		20b. PLACE	E OF DISPO				ALVE		CATION		
				OLLIGITA LIAMING OF	Controlory, Gron			20C. LUC	- 11011	City or	Town, State
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			olace)	en Crem	atoru		CILITY 7	Brev	ntwo	od.	Maruland
Donation 5 Other (Specify)			olace)	en Crem	atory	SS OF FA		Brei	ntwo Tay	od, jlor	Maryland Funeral
B. Donation 5 Other (Specify)  H. SIGNATURE OF PUNERAL SERVICE I	JCENSEE /	Ft. 1	blace) Linco	en Crem 22. NAME 147 1	atory and addre Duke o	ess of fa	louces	Bren hn M. ter S	ntwo Tay St. A	od, Ilor Inna	Maryland Funeral polis, MD
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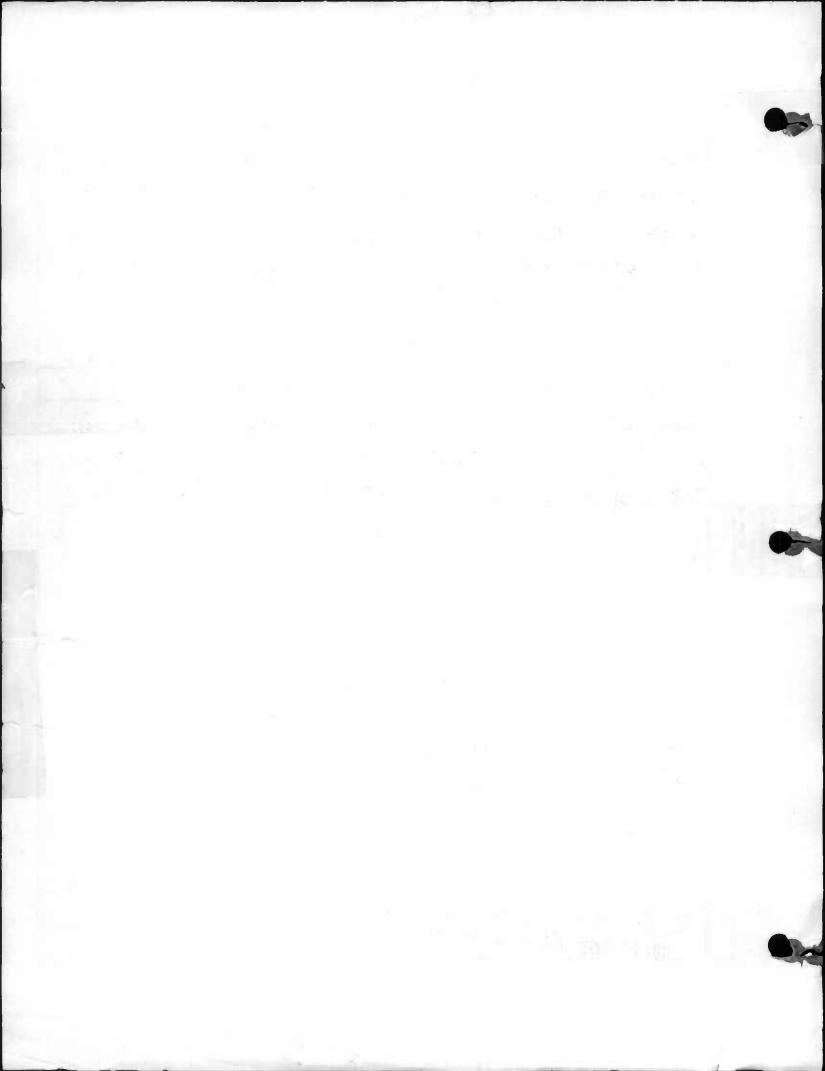
10 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1407 Forest Drive

M.D.

John L. Hedeman, 31. DATE FILEO (MONTH, Day, Your) JUN 17 1993

Annapolis, Maryland 21401



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31. DATE FILED (Month, Day, Year) 09 '93

CHAMMONDER

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Leat) 2. DATE OF DEATH DAY 051 45 06 ALNE UM 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 5 SFY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 05-30 IF UNDER 1 YEAR IF UNDER 24 HRS. 1 5 M 2 - F 9 Ó permit. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, the 9c. COUNTY OF DEATH FUNERAL DIRECTOR tgomer RESIDENCE OF DE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Drin YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? director, page 5 should be detached for use as the burial-transit 20910 after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE - American Indian, Black, White, etc. 1 YES 2 2 NO 1 Never Married 2XXM IF YES, GIVE WAR OR DATES BY 1 TES 2 NO Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 12 Homemaker notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Albert Weaver BE Orph Kate Bunner 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 2 302 Linthicum Street Rockville, MD 20851 Robert W Diimm pe 20s. METHOD OF DISPOSITION
1 Dynamic 2 Cremetton 3 Removal from State
4 Donatton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must DATE Geo Wash IIn Ctr Med 5-93 Washington, DC examiner GNATURE OF FUHERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY
Columbia Mortuary Services Inc. the funeral RI. 225 Missouri Ave. N.W. Washington DC removal medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. filled in by Approximate 24 hours interval Between 0 IMMEDIATE CAUSE (Final **Onset and Death** the cremation, disease or condition RMP DIRECTOR: After this certificate has been signed by the attending physician and completely in the State Debt. of Health and Mental Hyglene prince to have a marked on the completely in the State of Health and Mental Hyglene prince to have a marked on the completely in the state of the state resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Powmoni's 4 MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO 0. M.M. COMPLETION OF CAUSE 1 - YES 2 1 NO DUNGRUNG oram Auns Brun 1 TYES 2 NO PHYSICIAN: Auns MnINZM 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpatient OTHER: 1 YES 2 NO DOA e 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Yesr) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1. Natural 5 Pending investigat 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, coursed at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Docolin 17656 D. 151 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

WISKUNSIN

5530

W. 0

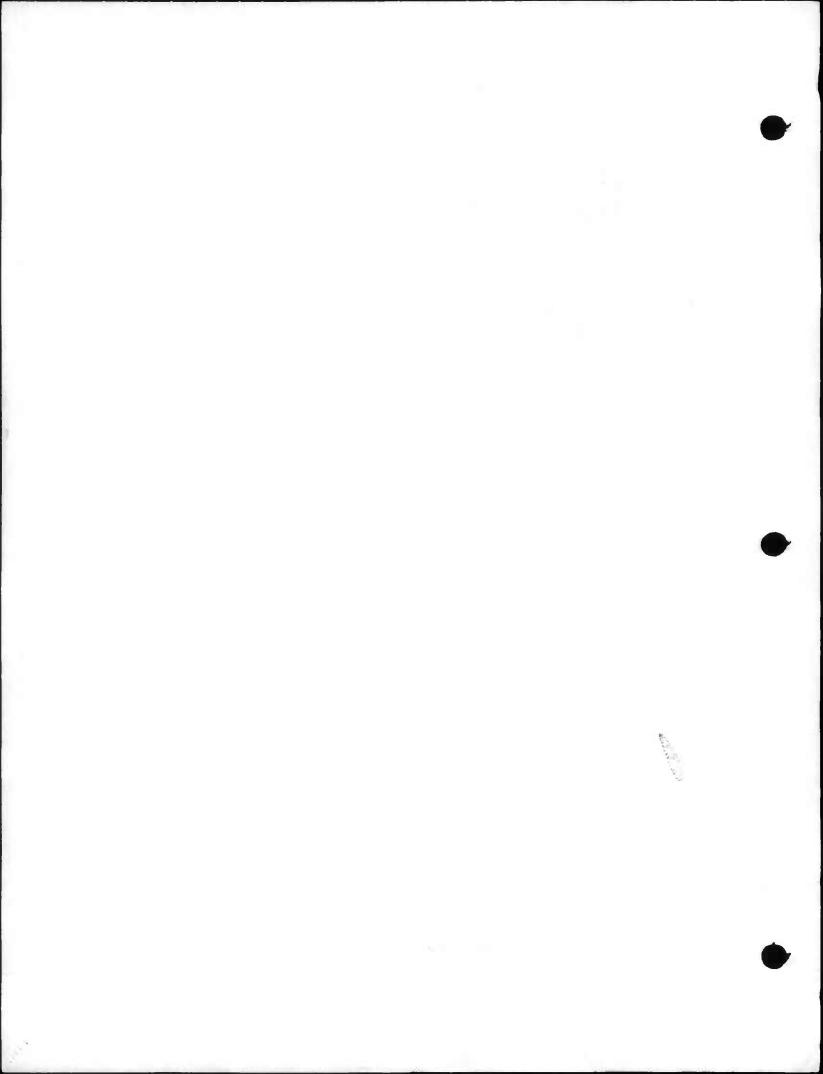
32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

OXIT

CNASE

93 19002



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

SPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 29 nours after death. Page 6 may be retained by the hospital or attending nower-	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filled within 72 hours after death with the State Dect. of Health and Mental knotene orior to burial, cremation, or remove.	PORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE CISPITAL	THE FUNERAL	PORTANT: If

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	RTMENT OF H	EALTH AND	MENTAL HYGIE		J	13000
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH
		Dolores	Downes			June 9,	1993	YEAR	2:45 pm M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	485-01-7158	1 🗆 M 2 🖾 F	74 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) March 7,	1919	Count	y) Iowa
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN (	OR LOCATION OF D		9c, COUN	ITY OF D	
S.	4960 Sentinel	Drive			Bethes	d a			
DIRECTOR	RESIDENCE OF DECEDENT				Dethes	ua		MOI	itgomery
R	10e. STATE 10b. COUNTY	,	10c. CIT	Y, TOWN OR LOCAT	TON				10d. INSIDE CITY LIMITS?
۵	Maryland	Montgomery			Bethes	da		_	1 YES 2X NO
A	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZ	ZEN OF V	VHAT COUNTRY?
<u>E</u>	4960 Sentinel Di	cive			208	116	IIn	ite	d States
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. ARMED		ENDENT OF HISPA	NIC ORIGIN? (Specify Y		14. RACE	- American Indian,
BYF	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	DATES		ecify Cuben, Maxic 2XXNO Speci	en, Puerto Rican, etc.)		Speci	K, White, etc.
	3 K widowed 4 Divorced								White
Ē	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)		USUAL OCCUPATION		18b. KIND OF B	USINESS/IND	USTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)					
MP	12		Antiqu	ue Deale	r	Se.	Lf Emp	loye	ed
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maide	n Surname)		
BE		er Clemens				Bertha I	Bornba	ck	
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number, City or To	wn, State, Zip	Code)	
	Anne Kelly		204 0	xford St	reet Che	vy Chase,	Maryl	and	20815
	20a. METHOD OF DISPOSITION  1 Buriel 2XXCremation 3 Remo	oval from State Cal	netery, cremetory or o				OCATION — C	City or To	wn, Stata
	4 Donation 8 Other (Specify)		Montgome	ery Crem	atorium	Inc. Be	ethesd	la, M	Maryland
	21. SIGNATURE OF PUNERAL SERVICE LIC	ENSEE		Rober 1	A Pun	phrey Fune	ral H	ome/	′
	Venn 1	1 Les furt	<u>моозз</u> 5	Bethe	da-Chev	y Chase, I	nc. 7	557 814-	Wisconsin 3501
	23. PART I. Enter the diseases, or o	omplications that cause	d tha death. Do r	not antar the mo	da of dying, suc	ch as cardiac or rea	piratory arre	est.	Approximata
	shock, or heart fellure.	tist only one cause on a	ach lina.	11 (1					Intarval Batween Onset and Daath
	disease or condition	Mart	1 011	V	-	0			Oliset and Daath
	resulting in death)	QUE TO (OR AS	A CONSEQUENCE OF	Pi Tok	my	7 ()	,		
z		Chran	10 00	range	· He	L to	-0	1	
은	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS /	A CONSEQUENCE OF	F):	1 14-6	200 0 4	a con	~	
S	cause. Entar UNDERLYING CAUSE (Disease or injury				N				
드	that initiated events	DUE TO (OR AS A	A CONSEQUENCE OF	F):					
CERTIFICATION	resulting in death) LAST	r							
	PART ii. Other significant condition	s contributing to death t	out not resulting	in the underlying	causa olyan in	Part I. 24a. WAS A	N ALITTOREY	Last	WEDE AUTOROU ENTRUGO
SAL			out not rabaning	m ara arroarrying	Cause given in		RMED?	240.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						1 🗆 YES	2 XNO		OF DEATH?
Σ									1 TES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL								
ᅙ	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (C/				
PHYSICIAN: MEDIC	27. MANNER OF DEATH	1 Inpatient 2 ER/Outs				8 Other (Specify)			
	1XXNetural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	WO WO	RK?	28d. DESCRIBE HOW	INJURY OCC	URED	
≧	2 Accident Investigation	20- 21-22-22-21-22-2			ES 2 NO				
요	3 Suicide 8 Could not be	28a. PLACE OF INJURY building, atc. (Spec	cify)	street, tactory, office	E	28t. LOCATION (Street City or Town, State	and Number (	or Rural A	oute Number,
ᇦ	29a. CERTIFIER								
COMPLET	(Check only 1.6 CERTIFYING PHYSIC	CIAN: To the best of my know							
ဂ္ဂ် ဂြ	2 MEDICAL EXAMINE	R: On the basis of examination	n and/or investigation	n, In my opinion, d	eath occured at the	time, data and place, a	nd due to the	cause(s	and manner as stated.
	294 SIGNATURE AND TITLE OF CENTINER	12 11	- ()		29c. LICENSE NU	MBER	29d. DATE	SIGNED	(Month, Day, Year)
2	William !	Hake h	n W		12301	2	▶ J	une	10, 1993
F	10. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)					
	William Baker M.	D. National	Naval Me	edical Co	enter Be	thesda, Ma	rylan	d 20	814
ĺ	31. DATE FILED (Month, Day, Year)	32 REGISTRAT'S SIGN	ATURE				-		
	JUN 1 4 1993	Juna vands	Ar-Mastaritz						

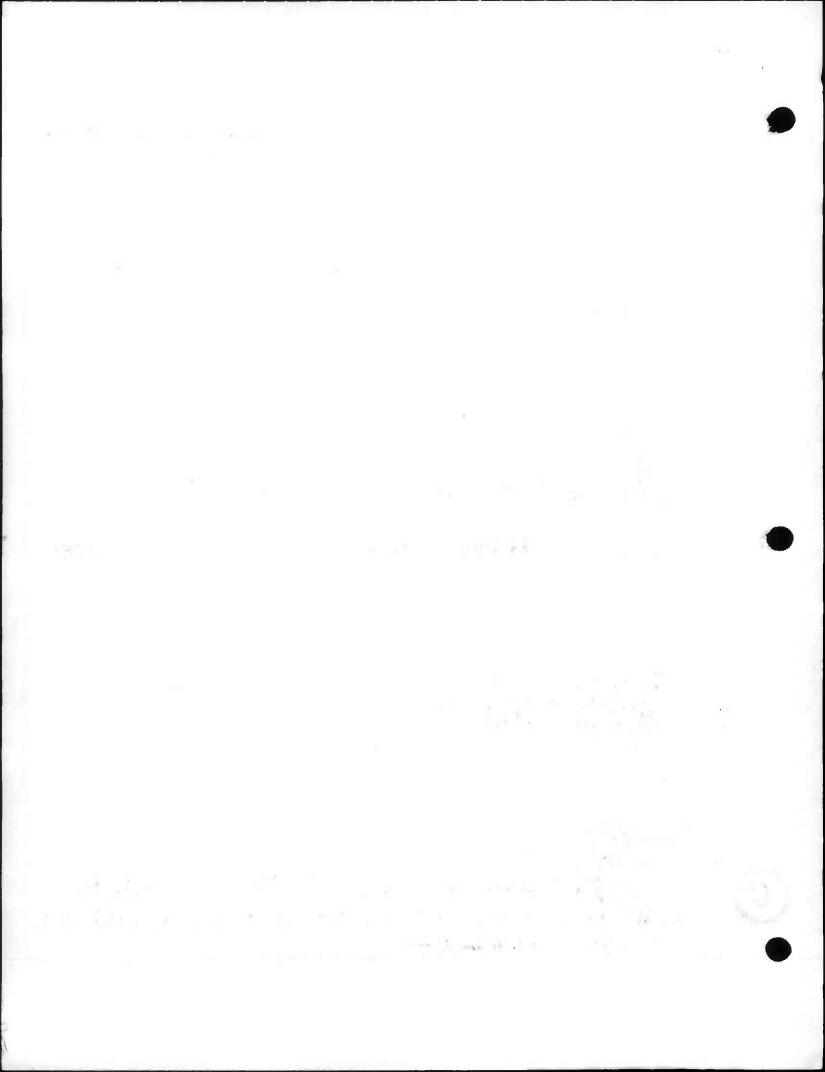
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	ING DHYSICIAN. The law requires that the death certificate he executed within 24 hours
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219-90. FAC THE PLINEAR DIRECTOR. Then this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

PORTANT: It is a 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BET RESIG 100. STA MD TO BE COMPLETED BY FUNERAL DIRECTOR 10e. ST 208 after death. Page 6 may be retained by the hospital or attending physician. Elen 17. FATH 20a, ME 1 Bu 4 Do 23. PA iMMED diseas resultion TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION Sequa if sny, cause. CAUSE that in resulti PART 25. WAS EXA 1 | 27. MANI 27. MANI 2 | 3 | 4 | 29a, CER 290, 810

19004

1 - FOR STATE REGISTRAR		STATE OF MAR	YLAND /	DEPARTI	MENT OF I	HEALTH AND	MENTAL HYGIEN REG. NO.	E 93	19004
1. DECEDENT'S NAME (First, M	fiddle, Last)						2. DATE OF DEATH		3. TIME OF DEATH
BERTIE	GIST		ECKE	R			JI DENTO /E	993 93	10:30 PM
4. SOCIAL SECURITY NUMBER			GE (In yrs. las		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BI	RTHPLACE (State or Foreign untry)
219-07-2415 90. FACILITY NAME (If not instit		and number)	85	YRS.		OR LOCATION OF D	(Month, Day, Year) 05/25/08	P.C. COUNTY O	YLAND
BETHANY CARE HOME					WESTM	INSTER		CARRO	LL
MD 1	CARRO	DLL			YTOWN	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 208 CARROLL	HEIGHTS	S RD.			10	1. ZIP CODE	84		U.S.A.
11. MARITAL STATUS	12.	WAS DECEDENT EVE			13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No.— 14, R	ACE — American Indian,
1 Never Merried 2 Miles	ed,	FORCES? 1 Y		10		2 NO Specif	en, Puerto Ricen, etc.) y:	S	llack, White, etc. pecify: WHITE
	ENT'S EDUCATION		16a. DE	CEDENT'S US	UAL OCCUPATI	NO NO	16b, KIND OF BUS		
(Specify only h Elementary/Secondary (0-12	ighest grade com	pleted) pilege (1-4 or 5+)	(Gi	ve kind of work Do NOT use n	k done during me	ost of working			
7			HON	4EMAKE	R		OWN	HOME	
17. FATHER'S NAME (First, Midd	fle, Last)					16. MOTHER'S NA	ME (First, Middle, Meiden	Surname)	
CEORCE MONRO	AND THE PARTY NAMED IN	CS	100	MAH ING AF	NOBERE (Comple		THA CAPLES Route Number, City or Town		
	PFY								
20a, METHOD OF DISPOSITION			20b. PLACE	AND DATE OF	DISPOSITION /N	ETCHTS T		CATION — City of	MD 21784 r Town, State
4 Donation 6 D Other (S	pecify)			matory or other  CREE	r place)  K CEME	TERY	6/18 <sub>NI</sub>	EAR LIN	WOOD MD
21. SIGNATURE OF FUNERAL S	ise (	). Xar	ble	1	22. NAME A	NEW W	attent states to		ER & SONS
23. PART I. Enter the dise	eases, or com	plications that cau	sed the de	sth. Do not	antar the mo	oda of dying, suc	th as cerdiac or respi	ratory arrest,	Approximate
iMMEDIATE CAUSE (Final disease or condition		0	o decir ima	· ~					intarval Between Onset and Daath
resulting in daeth)	8	OUE TO (OR A	S A CONSEC	DUENCE OF	VOSIS				1985
		002 10 (011 1	O A CONSEC	OLNOL OF J.					
Sequantielly list condition if any, leading to immedia	ta	DUE TO (OR A	S A CONSEC	DUENCE OF):					
cause. Entar UNDERLYING CAUSE (Disease or injury		DUE TO COR A	0.4.0011055						
that initiated events resulting in death) LAST		DUE TO (OR A	S A CONSEC	DUENCE OF):					
	d								
PART II. Other significent	conditions co	entributing to deat	h but not n	esuiting in t	the underlyin	g csuse given in	Part i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
1000	en M	rethitus	A				1 _ YES 2	X NO	COMPLETION OF CAUSE OF DEATH?
At al	and the	1 1	lux						1 TES 2 NO
25. WAS CASE REFERRED TO	MEDICAL	lelson			26. P	LACE OF DEATH (CA	eck only one)		
EXAMINER?		OSPITAL;	Outpatient 3	DOA 4	THER-		8 Other (Specify)		
27. MANNER OF DEATH		28e. DATE OF INJUF (Month, Day, Yea	RY (r)	28b. TIME O	F 28c. IN.	JURY AT ORK?	28d. DESCRIBE HOW II	JURY OCCURED	
2 Accident Inv	restigation	20- DI 405 OF IVI	tmv			YES 2 NO			
	euld not be termined	28e. PLACE OF INJU building, etc. (S	Specify)	me, rarm, stre	et, factory, offic	•	28t. LOCATION (Street e City or Town, State)	nd Number or Rui	ral Route Number,
294. CERTIFIER	YING PHYSICIAN	: To the beat of my kn	nowledge, de	ath occurred a	at the time, date	end place, end due	to the cause(e) end man	ner ee stated.	
MEDICA	L EXAMINER: O	n the bests of examina	ition and/or i	nveatigation, i	in my opinion, o	leath occured at the	time, date end place, en	d due to the ceur	ee(s) end menner ee stated.
290. BIGHATURE AND TILL OF	Actions	dai	1	nac		29c. LICENSE NUI	MBER	29d. DATE SIGN	NED (Month, Day, Year)
36. NAME AND ADDRESS OF P	ERSON WHO CO	MPLETED CAUSE OF	DEATH (ITEM	27) (Type, Pri	int)	0 110	in to	31	14.1
31. DATE FILED (Month, Day, Yea	CICO T	32. REGISTRAR'S SI	GNATURE	U. E	N III	UWY	25 July	rages	1119 27361
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, o
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Item

FUNERAL (

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STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ARECKSON MINNE 6 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 - M 2 F (Month, Day, Year) 8/25/95 577-10-0869 Maryland Se. FACILITY NAME (If not institution, give street end nui 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Shady Grove Adventist Hospital Rockville FUNERAL DIRECTOR Montgomery RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Montgomery Gaithersburg 1 YES 2 X NO 10e, STREET AND NUMBER 101 ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Russell Avenue 20877 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes of No-14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuban, Mexicen, Puerlo Rican, etc.) BY 1 TYES 2 X NO Specify: 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g Carpet Elementary/Secondary (0-12) College (1-4 or 5+) Private Business Secretary notified at once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Maiden Surname) William Houlton BE Ella Leonard 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Paul N. Craig 4931 Mariners Dr., Shady Side, Maryland 20764 pe 20e. METHOD OF DISPOSITION

NAS Burlel 2 □ Cremetion 3 19 Removal from State
4 □ Donetion 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must DATE Columbia Gardens 6/18 Arlington, Virginia examiner 21. SIGNATURE OF FUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY Muriel H. Barber Funeral Home Muriel H. Barber Funeral Home 20882 21525 Laytonsville Rd., Laytonsville, Md medical 23. PART I. Entar the diseases, or complications that caused the death. Do not entar the mode of dying, such as cardiac or reapiratory arrest, Approximata shock, or haart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death P. mys Cardial Jufarction disease or condition\_ resulting in death) event, traumatic MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 50 shows any injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 1 NO 1 YES 2 NO PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL Item 26. PLACE OF DEATN (Check only one) certificate h the State [4, or Item **EXAMINER?** HOSPITAL: OTHER: HOSPITAL:
1 | Inpatient 2.0 ER/Outpatient 3 | DOA 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? is marked, 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending BY 1 YES 2 NO 2 Accident 3 Sulcide 28e. PLACE OF INJURY - At home, farm, atreet, tectory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 28 4 Homicide 29e. CERTIFIER
(Check only one)

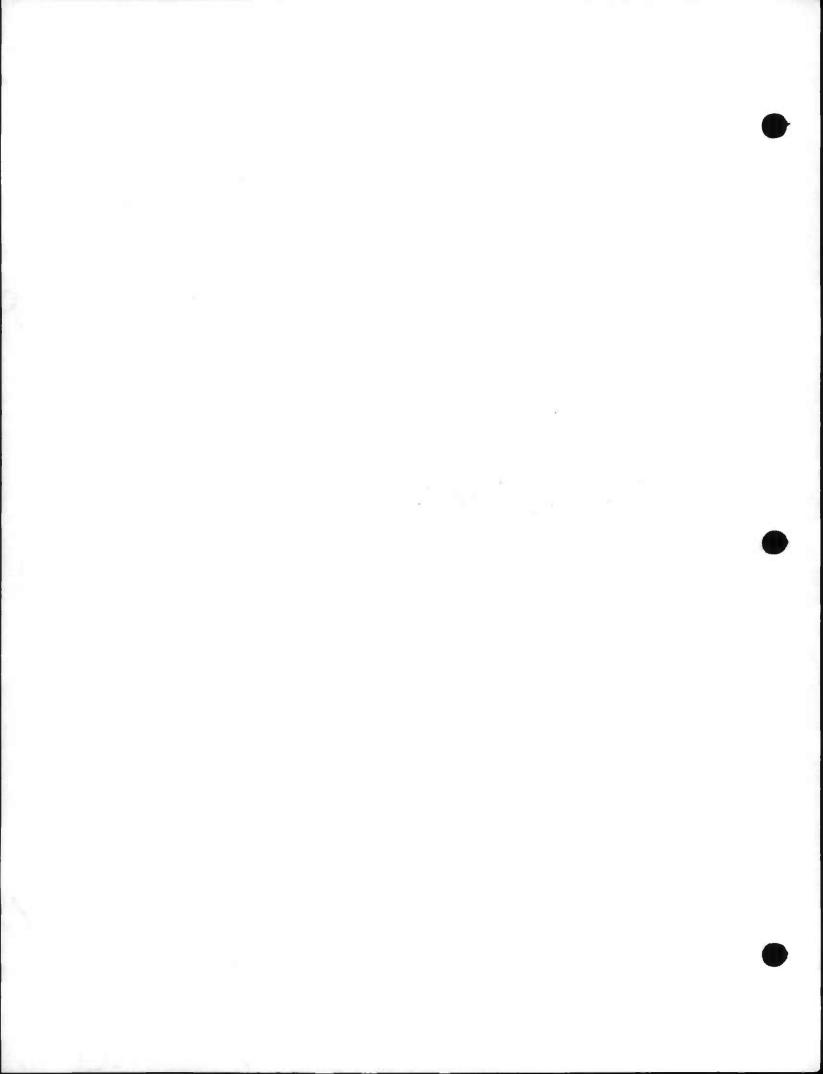
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Approximately a state of the control of th IMPORTANT: If 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(s) end menner es atated, 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNED (Month, Day, Yeer 0 2 WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) CTO 32. REGISTRAR'S SIGNATURE

and the second s . . The state of the s

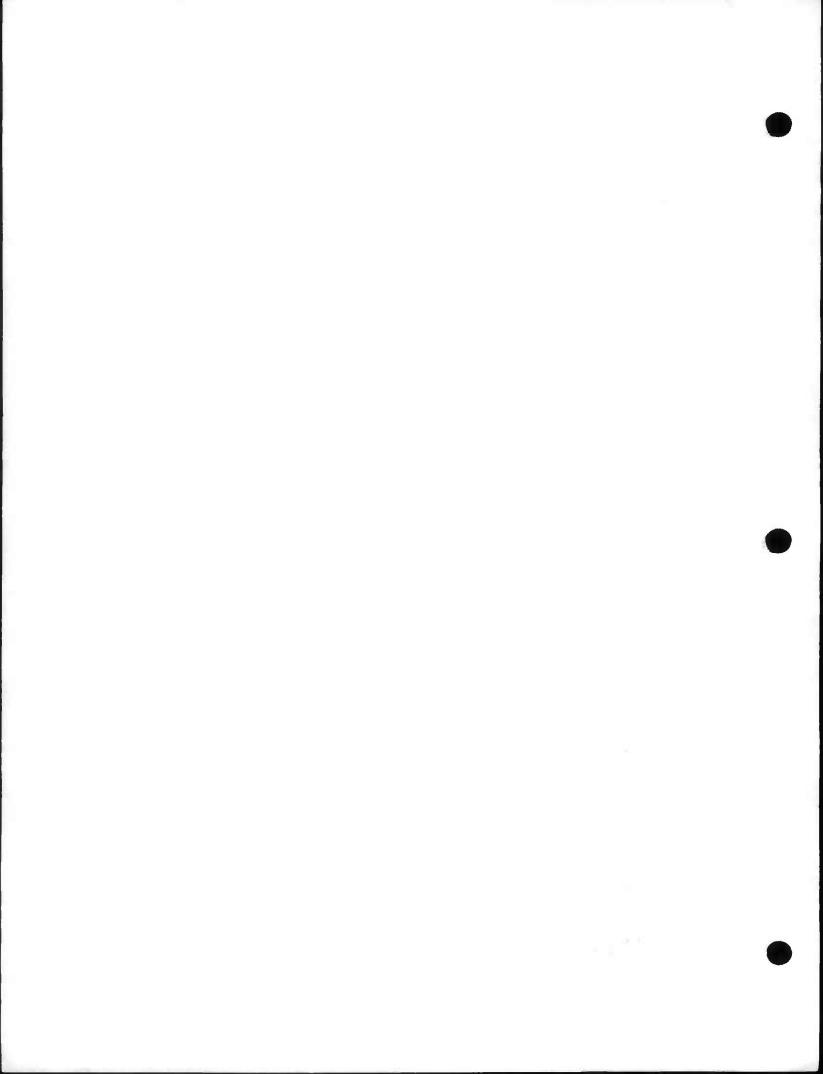
BALTIMORE, MARYLAND 21215-0020	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	CIDIN After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	
WISION OF VITAL RECORDS, P.O. BOX 68760,	ecuted within 2	nd completely burial, crematic	
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ECOL	Julies tha	Signed Health a	
AL RI	e law rec	has been Dept, of	
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>	DAY.	DIGECT	

	1 - STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH		ITAL HYGIEN REG. NO	E	19000		
	1. DECEDENT'S NAME (First, Middle, Lest)  AUS TIN	0. 8	EDWA	RDS			3 95			
		1 🛛 M 2 🗌 F	8. AGE (In yrs. leat birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Morth, Day, Year) Virg. 3, 1.911							
STOR	9a. FACILITY NAME (If not institution, one street and number)  SOUTHERN MARY LAND HOSPITAL LINTON, M. d. PRINCE GEREE.									
DIRECTOR		e Georges	Clinto	VN DR LOCATION				10d. INSIDE CITY LIMITS? 14 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 5801 Terence Driv	e		101. ZIP COI				d States		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 (X YES IF YES, GIVE WAR OR DATE 1944	2 NO	13. WAS DECENDENT If yes, specify Cub 1 YES 2 NO	en, Mexican, Pu		5	NACE — American Indian, Black, White, etc. Specify: Lack		
LETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION 1 ompleted) College (1-4 or 5 +)	We. Do NOT use retin	one during most of work ed.)		16b. KIND OF BU	SINESS/INDUSTR	ry		
COMPL	12 17. FATHER'S NAME (First, Middle, Last)	2	Stock Cle			Ft. Brag		th Carolina		
E C	James Edwards				isie Me		Surreme)			
TO BE COM	Gloria Palmer			ence Dr.		Number, City or Tow	n, Statu, Zip Code 20735	)		
189	20e, METHOD OF DISPOSITION 1 A Burlei 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of came to provide place) Mt. Nebo Freewill Cemetery 6/20 Sanford, NC									
	21. SIGNATURE OF FUNERAL SERVICE LICE	Soll	الدنيا	22. NAME AND ADOR McGuire I 7400 Geor				D.C. 20012		
900000000000000000000000000000000000000	Approximate Interval Between Onset and Death  a. ACUTE MASSIVE ISCHEMIC STROKE WITH LEFT  Due to (or as a consequence of):									
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  HEMIPARESIS  YRS  **CEREBRAL ARTERIOSCLE ROSIS  YRS  **CEREBRAL ARTERIOSCLE ROSIS  YRS  **ATHEROSCLE ROTIC CORON ARY HEART DISEASE  DUE TO (OR AS A CONSEQUENCE OF):									
: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  ACUTE CONCESTIVE HEART FAILURE, ATRIAL FIBRILL  -ation, hx. of previous myocardial infarctions  YEARS  24a. WAS AN AUTOPSY PERFORMED?  1   YES 2   NO  1   YES 2   NO  1   YES 2   NO									
Z Z	25. WAS CASE HEFENNED TO MEDICAL Y	ertension.		of G I		dings.		1   YES 2   NO		
YSICI	1 TYES 2 NO	HOSPITAL:    Inputient 2   ER/Output	lent 3 DOA 4 D	IER: Nursing Home 5 🗆 F	Residence 5 🗆	Other (Specify)				
61 :	27. MANNER OF DEATH  1  Netural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	1000	DESCRIBE HOW I	NJURY OCCURE	0		
	2 Accident Investigation 3 Suicide 8 Could not be determined Suicide 4 Homicide Investigation Invest							ral Route Number,		
O BE COMPLETED		AN: To the best of my knowled						se(s) and menner as stated.		
BE C	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LK	ENSE NUMBER		29d. DATE SIG	NED (Month, Day, Year)		
TO B	LATE OF	m hm	2	D12	2884		Ju	ne 14 1993		
	30. NAME AND ADDRESS OF PERSON WHO-PETER W. YIM MD  31. DATE PLED (MONTH), Day, 1687) 35. DATE PLED (MONTH), Day, 1687)		BRANCH A	VE. SUIT	FE 101	, CLIN	TON, MA	RYLAND 2073		



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	2	5.7
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	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours af	) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by 5 field within 72 hours after death with the State hard of Health and Mental Hunison prior to hunal cremation or some
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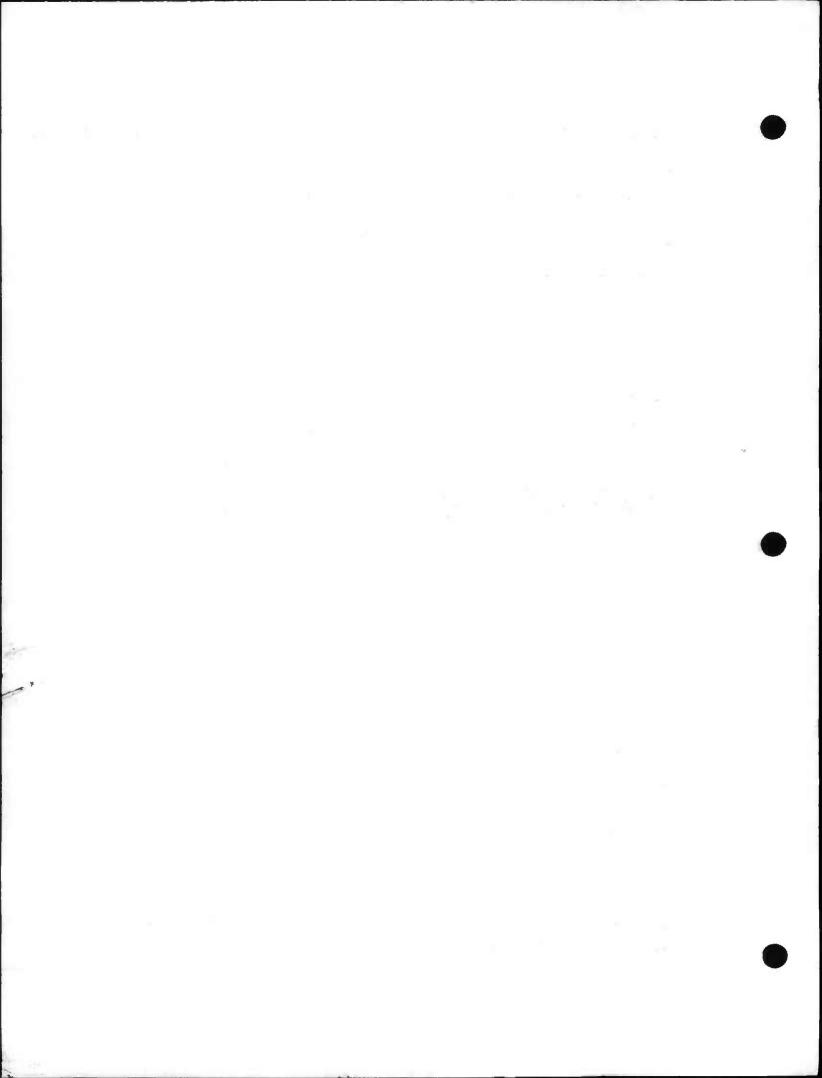
		1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALT		AL HYGIENE REG. NO.	1900/	
		1. DECEDENT'S NAME (First, Middle, Last)	DOROTHY ENGI				E OF DEATH	3. TIME OF DEATH 3 //30 PM	
		4. SOCIAL SECURITY NUMBER 124 12 8906	1 D M 2 D F	33 YAS.	DAYS HOURS	MIN. (MO)	5,1910	BIRTHPLACE (State or Foreign Country) England	
9	5	SHADY GROVE ADV			ROCKVILI		9c. COUNTY	OF DEATN MONT	
	DIMEC	MD 106. COUNT	MONT	MONT BETHESDA				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
LINEDAL	VEHAL	100. STREET AND NUMBER 5225 POOKS HILL F	ROAD		10f. ZIP CC	20814	10g. CITIZE	U.S.A.	
3	5	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IN FORCES? 1 YES	2 NO		ben, Mexican, Puerto	IN? (Specify Yes or No	. RACE — American Indian, Black, Whita, etc. Specify: WHITE	
CATA		15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	t done during most of wor stired.)	rking	b. KIND OF BUSINESS/INDUS	TRY	
at once.		17. FATNER'S NAME (First, Middle, Last)		HOMEM		OTNER'S NAME (First	OWN HOME  Middle, Meiden Surneme)		
3 0		JOHN CODD  190. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Numi	MARY AN	N DOYLE mber, City or Town, State, Zip Co	rde)	
De notif	-	NORMAN L. ENGER			TALLWOOD C			20854	
must		20e. METHOD OF DISPOSITION  1	noval from State come	PLACE AND DATE OF DETERMINED FOR COMPORT	T CEMETRY	6/14/9		Α.	
or removal.  medical examiner must		21. SIGNATURE/OF PUNERAL SERVICE LI	Senmos	-	5130 WI A	VE NW W	OS GAWLERS SO ASHINGTON, D	.C. 20016	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition ————————————————————————————————————								
burial, crema		Sequentially list conditions,	b	CONSEQUENCE OF):					
injury, or other traumatic event, the	1001	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR AS A CONSEQUENCE OF):  C  DUE TO (OR AS A CONSEQUENCE OF):						
ry, or other	CED	resulting in death) LAST	d						
@ ≥ C	7	PART II. Other significent condition HYPERCALC	EMIA				24s. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
200			BSTRUCTIVE	LVNG	DISEAS	5E		1 TES 2 NO	
r item 23 s		25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		THER:	OEATN (Check only			
ed, or		27. MANNER OF DEATN	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME O	Nursing Home 5  F 28c. INJURY AT WORK?		ESCRIBE NOW INJURY OCCUP	RED	
is marked.		1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY	- At home, farm, street	M 1 YES 2		CATION (Street and Number or	Rural Bruda Number	
m 28	1	4 Homicide determined	building, etc. (Specif	(y)	at, factory, office  281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
2 = 3		One) 2 MEDICAL EXAMINE	ICIAN: To the best of my knowle					ause(e) end menner as stated.	
important:		29b. SIGNATURE AND TITLE/OF CERTIFIE	Puvm	M	I	3858		GNED (Month, Day, Year) -11-93	
			otsky 9	711 ME	DICAL (	CENTER	DRIVE	ROCKULLE	
		31. ONTE FILE JUN 1 7 1993	32. REGISTRAB'S SIGNA JUNE DAVIDON	- Pandell					



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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)							2. DATE OF	DEATH			TIME OF DEATH
	James		ancis	FISHERST 6-6-93 02						0216 A			
	4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In y	rrs. last birthday)	IF UNDE	R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, E			-	ACE (State or Foreign
1	219-18-406		1 <u>₹</u> M 2 □ F	68	YRS.	MONTHS	DAYS	HOURS MIN.	02/		25		yland
1	9e. FACILITY NAME (if not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF						NTY OF DEAT	гн					
2	PENINSULA REGIONAL MEDICAL CENTER SALISBURY  PENINSULA REGIONAL PENINSULA REGIONAL PENINSULA REGIONAL PENINSULA REGIONAL PENINSULA REGIONAL PENINSULA REGION					COMIC	0						
l m						10	d. INSIDE CITY						
=	Maryland	W	icomico			Sali	sbur	У					LIMITS?
A A	10s. STREET AND NUMBER							of. ZIP CODE			10g. CIT	IZEN OF WHA	
E	813 Sprin	ng Ave	•					21801			Į	JSA	
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	MAR OR DATE	2 NO	13	If yes, sp	CENDENT OF HISP/ pecify Cuban, Mexic \$ 2 NO Spec	en, Puerto Rici	Specify Yee in, etc.)	or No—	Specify:	American Indian, /hite, etc.
0		EDENT'S EDI	UCATION	avy	la. DECEDENT'S	USUAL	OCCUPATI	ION	165 KI	ND OF BUS	SINESS (IN	white	
COMPLETED	(Specify only Elementary/Secondary (0	y highest grad	completed)	-	(Give kind of life, Do NOT u	work done	during me	ost of working	100. 10	NO OF BO	SINE SS/INL	JUSTAT	
를	11				radio	tech	nici	an	8	tate	of N	Maryla	nd
0	17. FATHER'S NAME (First, M	liddle, Last)						18. MOTHER'S N	AME (First, Mide	de, Maiden	Surneme)		
BE (	William Jos		isher					Elizab		unk)		ttmar	
TO BE COM	190. INFORMANT'S NAME (7							end Number or Rural					
	Savilla Fis				813	Sprı	ng A	ve., Sal	lisbury	, MD	2180	0.1	
	20a. METHOD OF DISPOSIT	n 3 🗆 Ren		cemeter	ACE AND DATE	other place	1		DATE			City or Town,	
5	4 ☐ Donation 5 ☐ Other 21. SIGNATURE:OF FUNERS			- Sa	lisbur			OTY NO ADDRESS OF 6					ID
	1//	17	11		7					ral Home			
	LUC	He	lown		72	_	501	Snow Hil	II Rd.	Sal	alisbury, MD 21801		
CERTIFICATION	Sequentially list conditi if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS	MG NG ry	6.	(OR AS A CO	INSEQUENCE O	F):	7	<i>y</i>	roop traperture				
CER		•	d										
: MEDICAL CE	PART II. Other significa	nt condition	ns contributing to	death but r	not resulting	in the u	nderlyin	g cause given in	00.5000	PERFORMED?  1   YES 2   NO OF DEATH?			MPLETION OF CAUSE
AN	25. WAS CASE REFERRED TO	MEDICAL	Г				100		Callette / Security				
YSICIA	EXAMINER?		HOSPITAL:	T FROM A LONG		OTHE	R:	CONTRACTOR OF	theck only one)				
H	27, MANNEST OF DEATH	Pending	28s. DATE OF (Morel, D	INJURY	28b. TW	-	28c. INJ WO	RING S C Residence	8 D Other /S 28d. DESCR	0.11.040	NJURY OCC	CUMED	
	a C Sudates -	rivestigation Could not be petermined	28e. PLACE O building.	OF INJURY — ( etc. (Specify)	At home, farm,	street, fac				ON (Street a lown, State)	nd Number	or Aunti Aout	v Nymbec
릴	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner ee stated.    MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and piece, end due to the cause(e)				d menner ee stated.								
TO BE CON	29b. SIGNATURE AND TITLE  30. NAME AND ADDRESS OF	13	Hore	mp	ATEM ATEM			29c. LICENSE NU			29d, DATI	E SIGNED (MG	onth, Day, Year)
6	W.B. Jones				100		Carr	coll St.	, Salis	sbury	, MD	2180	
Ira	JUN 0 7 199	3" \$	ing Davidson	H-SAGNOW	102								



FOR STATE REGISTRAR

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분	뿔	Fled	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical
TO THE HOPETING OF A TENNING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	TO THE FUNCTION CHECTOR After this certificate has been signed by the attending physician and completely filled in by the	be filed within the star death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	Ξ

32. REGISTRAR'S SIGNATURE

JUN 18 93

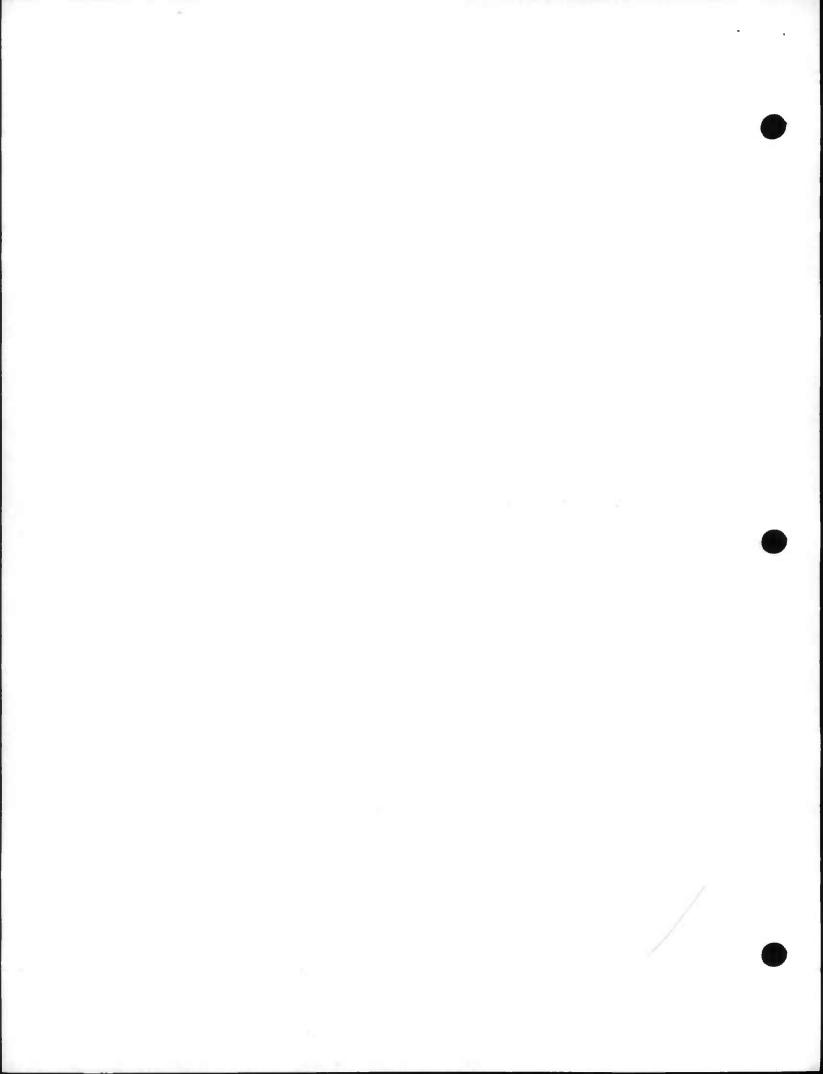
1 1	1. OECEDENT'S NAME (First, Middle, Last James Randall		C×						2. DATE OF	0EATH 0A	Y 20	993	3. TIME OF OEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	and brieferd					6		15		N	4
100	218–18–3223	1,52M 2 □ F	67	YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF 1 (Month, Di 11/5/	1925		Counti	HPLACE (State or Foreign ry) yland	
- 4	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	TOWN C	OR LOCATI	ON OF DE			9c. COUN			-
DIRECTOR	603 Southgate Ro	ad			Aberdeen Harfor					rfor	đ			
EC	10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN C	R LOCAT	TION						10d. INSIDE CITY	_
	Maryland Har	ford			Aber	deen	1						LIMITS?	
IAL	10a. STREET AND NUMBER					-	. ZIP COD	E			10g. CITIZ	ZEN OF V	WHAT COUNTRY?	_
FUNERAL	603 Southgate R						210	01			US	SA		
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE I	NT EVER IN U.S. A DEXYES 2 () MAR OR DATES & Korea	]NO		If yes, sp	ENDENT Cooking Cubic	n, Mexica	NC ORIGIN? (S n, Puerto Rica r:	pecify Yes n, etc.)	or No-	14. RACI Black Spec	E — American Indian, k, White, etc. ify: White	
ED	15. DECEDENT'S ED	UCATION	16a, C	DECEOENT'S	USUAL O	CCUPATIO	ON		16b. KIN	ID OF BUS	HNESS/IND	USTRY	WILLE	-
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COMPLET	12	0	Ci	vil S	ervi	ce			Go	vern	ment			
00	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First, Midd	le, Malden	Sumame)			
BE	Arthur Farnum								Curry					
2	19a. INFORMANT'S NAME (Type/Print)	-	- 1						Route Number, (					
	James R. Farnum,	Jr.		1111		_		ce	Luther	_				_
	Donation 5 Other (Specify)	moval from State	cemetery, c	rematory or o	ther place)	ITION (Na	ime of		DATE		CATION — C			
	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE	_ I New	rreed		Cemetery 6/21 New Freed				eaom	PA	_		
	Kirsten	myc	rgles	ble	Ta Al	arri œrd	ng-C een,	argo Mar	rgo Funeral Home, P.A. Maryland 21001-3399				•	
	immediate cause (Final disease or condition resulting in death)	a	use on each iir	an	est	tha mo	Interv					Approximate Interval Between Onset and Death		
CERTIFICATION	Sequantially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	O (OR AS A CONS											
MEDICAL	PART II. Other eignificant condition	contributing to	geath but not	resulting i	n tha un	dariying	g cause g	given in	PERFORMED?  1 YES 2 NO COMPLETION OF DEATH?				. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Che	ock only one)					_
ΥS	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2			4 🗆 Nun			sidence	6 Other (Sp					
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, L		28b. TIM	URY M		URY AT IRK? IES 2	] NO	28d. DEŞCRII	BE HOW IN	JURY OCC	CURED		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE C building,	OF INJURY — At I , etc. (Specify)	nome, ferm, s	dreet, fact	ory, office	•		261. LOCATIO City or To	N (Street a wn, State)	nd Number	or Rural I	Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DESCRIPTION ON 1 CERTIFICATION O												e) end manner ee stated.	_
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	u					29c. LICI	3/7	BER / Z		29d. DATE	SIGNED	(Mg/tth, Day, Year)	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DHMH-16 Rev 1/89

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		FOR 1 - STATE REGISTRAR	STATE OF MARYLAI	ND / DEPAR	TMENT OF H	IEALTH AND N	MENTAL HYGIENE REG. NO.	93	19010
10	1	1. DECEDENT'S NAME (First, Middle Last)  ERICA	August 7	Frey			2. DATE OF DEATH	- 1995	3. TIME OF DEATH
10		4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE (In	yrs. last blethday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6.1	BIRTHPLACE (State or Foreign
9	1	10 10	XIM 2 □ F 84	YRS.	MONTHS BAYS	HOURS MIN.	04-09-190	9 (	Germany
l. 2, 3 should	DIRECTOR	RACILITY NAME (II not institution, give street harford Methorial	L' Hospital		1 - 1400	e Grace		Harf.	
Pages 1.	REC	10s. STATE 10s. COUNTY		10c. CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?
permit. F		MD H	larford			de Grace		40 - 01717611	1 TYES 2 NO
is.	FUNERAL	67 Robin Hood F	Road			210		ing. Gillen	USA
5-UUZU anding physician. as the burial-transit	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U FORCES? 1 \( \sum \) YES IF YES, GIVE WAR OR DATE	2 XNO	If yes, sp	ENDENT OF HISPAN ecify Cuban, Maxicar 2 XNO Specify	C ORIGIN? (Specify Yeard, Puarto Ricen, atc.)		RACE — American Indian, Black, Whita, alc. Specify: White
the hospital or attending detached for use as the once.	ETED	15. DECEDENT'S EDUCAT (Specify only highest grade co		(Give kind of a	USUAL OCCUPATION	ON st of working	16b. KIND OF BUSI	NESS/INDUST	
ipital or	PLE	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+	ille. Do NOT us	mist	0.00	Chemica	l Mani	ufacturing
the hospit e detached	COMPL	17. FATHER'S NAME (First, Middle, Last)		- 0110	mist	18. MOTHER'S NAM	IE (First, Middle, Maiden Sc		aracturing
# 66 T	BE (	Kaufman Aug	ust Schenck			Lina F			
MAHY retained by 5 should b notified a	5	19a. INFORMANT'S NAME (Type/Print)  Mrs. Anneliese Fre	277				Oute Number, City or Town,		, MD 21078
nay be		20a. METHOD OF DISPOSITION 1 □ Burial 2 🔀 Cremation 3 □ Remove	20b. P	LACE AND DATE	OF DISPOSITION (Na				or Town, Slata
. Page 6 may bural director, page		4 Donation 5 Other (Specify)	R	A. F			6/16 Wes	t Che	ster, PA
SAL death tune fune al.		21. SIGNATURE OF FUNERAL SERVICE LICEN	20	#	Mitch	nd address of fac nell-Smith e de Gra	Funeral I	Home, 21078-	
24 hours filled in t ion, or re-		23. PART I. Enter the diseases, or con- ehock, or heert feiture. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in death)	CARNIO	PUZME.	Approximately the mode of dying, such as cardiec or reepiratory arrest, interval is Onset and ARREST				Approximate interval Between Onset and Death
B P - 6	,		DUE TO (OR AS A C	ONSEQUENCE OF	F):				
e be execute sician and c nior to buria traumatic	CATIO	Sequentielly liet conditions, if any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE OF	F):				
cate physic e pri	FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A C						
1 5 5 5	ERTIFI	resulting in death) LAST							
the death the atten d Mental H	IL CEI	PART II. Other algnificent conditions	contributing to death but	not resulting	n the underlying	ceuse given in i	Part I. 24s. WAS AN AI	UTOPSY	24b. WERE AUTOPSY FINDINGS
he law requires that that be law requires that the bas been signed by Dept. of Health and 23 shows any I	MEDIC/	CV J &	djuplepia	, slig	unls		1   YES 2	,	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
law re nas bee Dept. c		25. WAS CASE REFERRED TO MEDICAL							
E 88 E	SICIAN:	EXAMINER?	IOSPITAL:	ent 3 DOA	OTHER:	ACE OF OEATH (Che		·	
R kit the	ву РНУ	27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ		26d. OESCRIBE HOW INJ	JURY OCCURE	EO
OR ATTENDING ORECTOR: After hours after death	ED	3 Suicide 6 Could not be detarmined	28a. PLACE OF INJURY — building, etc. (Specify)	street, factory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
三名を 三	COMPLET	one) 2 MEDICAL EXAMINER:	N: To the best of my knowled						use(a) and manner as stated.
TO THE FUNE be flee within	TO BE	294 SHIGHATURE AND TITLE OF CERTIFIER	male M.	1		29c. LICENSE/NUM	P60	DATE SIG	SNED (Mogth, Day, Year)
		30. NAME AND ADDRESS OF PERSON WHO C	UMU. 3/4	SCH	on A	ve, Ho	16, Me	9 8	1078
4		31 July Play (North Day, Year) July	32 REGISTRAR'S SIGNATURE Davidson-Rand	URE WELL					

1993

9c. COUNTY OF DEATH

U.S.A.

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2. DATE OF DEATH

18,

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June

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR OF Mh, Day, You 21, IF UNDER 24 HAS MONTHS DAYS HOURS 1 X M 2 - F 95 218-32-1980 YRS. Oct. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR E1kton Pages 1, 2, 3 220 East Main Street RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY IGC. CITY, TOWN OR LOCATION Maryland Cecil Elkton permit. FUNERAL IGA STREET AND NUMBER 10f. ZIP CODE 21921 burial-transit 220 East Main Street 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.) If yes, specify Cuben, Mexican, Puerto R

1 YES 2 X NO Specify: 1 Never Married 2 Married BY 3 🔀 Widowed 4 🗌 Divorced use as the COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY page 5 should be detached for entary/Secondary (0-12) College (1-4 or 5+) Owner/Operator Drugstore once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at John Frank Frazer Eva Craig Scott BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Frances F. Evans 507 King Charles Avenue - Rehoboth Beach, DE 19971 9 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State 6º48 must director, R.A. Ferris & Company West Chester, PA 1993 22. NAME AND ADDRESS OF FACILITY
HICKS HOME for Funerals,
103 West Stockton Street
Elkton, MD 21921-5521 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE funeral in by the f medical 23. PART I. Enter the diseas es, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respir shock, or heart failure. List only one ca e on each line. 6 Filled IMMEDIATE CAUSE (Final completely filled irial, cremation, the disease or condition resulting in death) injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF and corr 9 CERTIFICATION intially list conditions, sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): 0 the attending physician Mental Hygiene prior to DUE TO JOW AS A CONSEQUENCE OF: PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY signed by the been signed by pt. of Health and 3 shows any in 1 TYES ICHO State Dept. State Dept. **PHYSICIAN:** 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate I EXAMINER? HOSPITAL OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne s (S-main) 8 C Other (Specify) marked, or 4 C Nurs 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c 1 4 Hatural 5 Pending T YES 2 NO After t BY 2 Accident 20s. PLACE OF INJURY - At home. 3 Suicide .00 COMPLETED 8 Could not be 281. LOCATION (Street and Number or Flural Route Number, City or Town, State) DIRECTOR: hours after 4 Homicide 28 OR AT item ; 25s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my ar TO THE HOSPITAL O TO THE FUNERAL DI De filed within 72 ho occurred at the time, date and place, and due to the cause(s) and manner as stated. IMPORTANT: If 2 MEDICAL SKAMINER: On the bi 296. SIGNATURE AND TITLE OF CE 29c. LICENSE NUMBER BE D06181 2 30. NAME AND ADDRESS OF PER LETED CAUSE OF DEATH (ITEM 27) (Type Joseph M.D. 721 anzi Bridge St. Elkton, MD 21921

32 REGISTRAR'S SIGNATURE

JUN 2 2 93

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Frazer

93 19011

3. TIME OF DEATH

0817

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

Specify: White

1 X YES 2 NO

Approximate

Interval Bety

24b. WERE AUTOPSY FINDINGS AMALASEE PRIOR TO COMPLETION OF CAUSE OF DEATH?

T YES 2 NO

29d, DATE BIGNED (Morth, Day, Next)

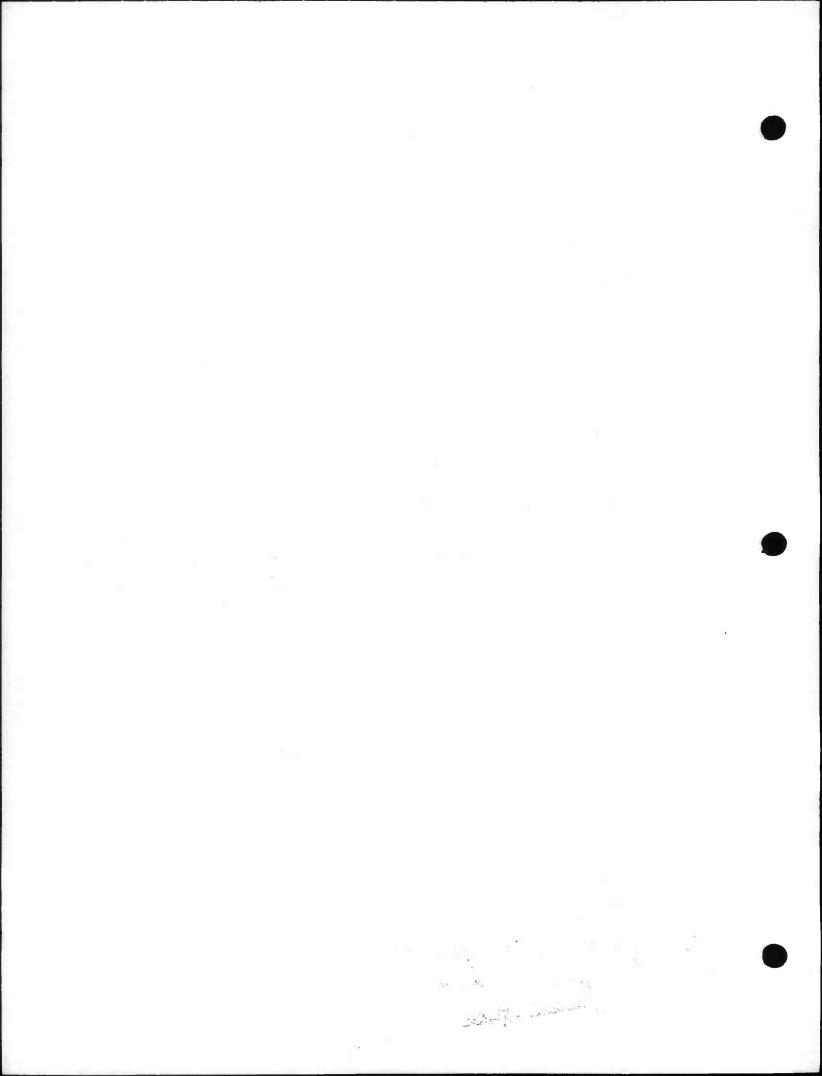
6/21/93

Onset and Death

6. BIRTHPLACE (State or Foreign

Mary land

10g, CITIZEN OF WHAT COUNTRY?

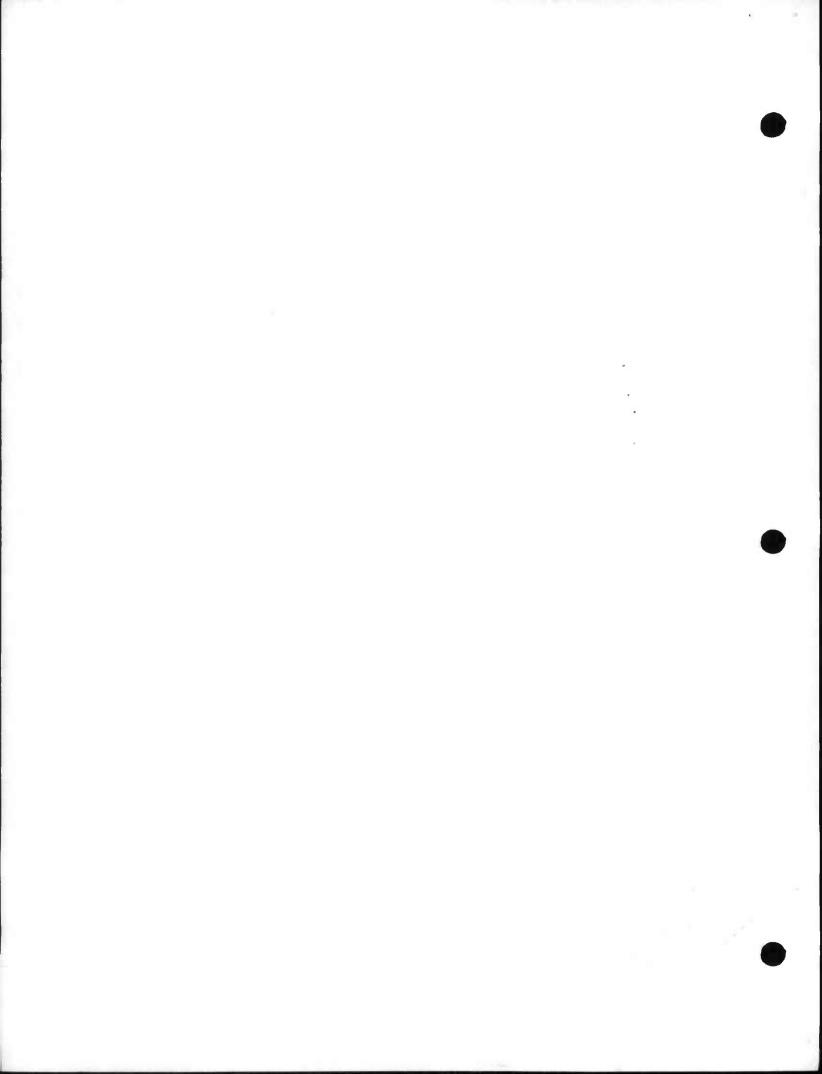


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filled within 22 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: It tiem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

REGISTRAR CERTIFICATE OF DEATH REG. NO.								
N. A. Tar		E LARGENT	FUNKHOUS	ER	2. t	0ATE OF DEATH 10NTH 5-12-199	3 YEAR	3. TIME OF DEATH 0610 M
01	CIAL SECURITY NUMBER	1 ☐ M 2 🔀 F	85 YRS. MOI	THE DAYS HOU	MIN.	NATE OF BIRTH Month, Day, Year) 1-30-190	Cour	HPLACE (State or Foreign try) t Virginia
9a. FACILITY NAME (If not institution, give street and number)  Westminster Nursing & Conv.Cntr. Westminster Carroll Counting State  10a. STATE  Maryland Howard County  10c. CITY, TOWN OR LOCATION  10c. CITY, TOWN OR LOCATION  Ellicott City  10d. INSIDE CITY  LIMITS?  FEMOLOGY  10d. INSIDE CITY  LIMITS?								
10a. s Ma	TATE 10b. COUNTY	rd County		own or Location	ity			10d. INSIDE CITY LIMITS? YES 2 NO
10a. S	BA5 Main Stre	et		10r. ZIP (	043	10	us. CITIZEN OF	WHAT COUNTRY?
10. STREET AND NUMBER  8 3 4 5 Main Street  11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO Specify Cuban, Mexican, Puerto Rican, etc.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed)  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16. KIND OF BUSI (If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 MO Specify:  16. KIND OF BUSI (If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 MO Specify:  16. KIND OF BUSI (If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 MO Specify:  16. KIND OF BUSI (If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 MO Specify:  16. KIND OF BUSI (If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 MO Specify:  16. KIND OF BUSI (If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 MO Specify:  16. KIND OF BUSI (If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 MO Specify:  16. KIND OF BUSI (If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 MO Specify:  16. KIND OF BUSI (If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 MO Specify:  16. KIND OF BUSI (If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 MO Specify:  16. KIND OF BUSI (If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 MO Specify: 1 YES						Blac	ck, White, atc.  white	
	15. DECEOENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT'S USU (Give kind of work life Do NOT use me	AL OCCUPATION done during most of w ired.)	orking	16b. KIND OF BUSINE	SS/INDUSTRY	
Ele	ementary/Secondary (0-12) unkno	Cotlege (1-4 or 5+) WN	Waitres			Food S	ervic	е
19	THER'S NAME (First, Middle, Last)	La	argent	18. 1	otner's name (F Bertha	irst, Middle, Meiden Surn		sner
100000	T. Sidney	Ennlyhouse				Number, City or Town, St		01040
20a. M	METHOD OF DISPOSITION	20	b. PLACE AND DATE OF D	SPOSITION (Name of			C1ty ON - City or 1	, MD 21043 fown, State
4 🗆 D	Burlel 2 Cremation 3 Remo		metery, crematory or other p Good Shep	herd Ce	metery	6/16/93	E11i	cott City
21, 516	SHATIME OF FUNERAL SURVICE LIC	Mel	M00535		Funera	al Home, ty, Mary		21043
Due to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Due to (or as a consequence of):						Onset and Death		
PART	Fill. Other algoliticant condition	s contributing to death	but not resulting in t	ne underlying cau	se given in Part	I. 24a. WAS AN AUTI PERFORMED 1 — YES 2	0?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
EX	AS CASE REFERRED TO MEDICAL KAMINER?	HOSPITAL:	01	26. PLACE O	F OEATN (Check or	nly one)		
27. MA	YES 2 NO NNER OF OEATH Natural 5 Pending	1 Inpetient 2 ER/Out 28a. OATE OF INJURY (Month, Day, Year)		Nursing Home 5	T 28d	Other (Specify) . OESCRIBE NOW INJUR	RY OCCUREO	
3	Accident investigation Suicida 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At horse, sem, stree			LOCATION (Street and fi City or Town, State)	Number or Rural	Route Number,
		CIAN: To the best of my known						(s) and manner as stated.
296 53	MANURE AND TITLE OF CERTIFIES				LICENSE NUMBER			D (Mogth, Day, Year)
30. Mai	ME AND ADDRESS OF PERSON WHI 1130 Balta	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Typo, Prin	estmin	ster,	and 2	157	
31. DAT	TE FILED (Month, Day, Year)	gelia Davidsor	Mandalle.					



BALTIMORE, MARYLAND 21215-0020

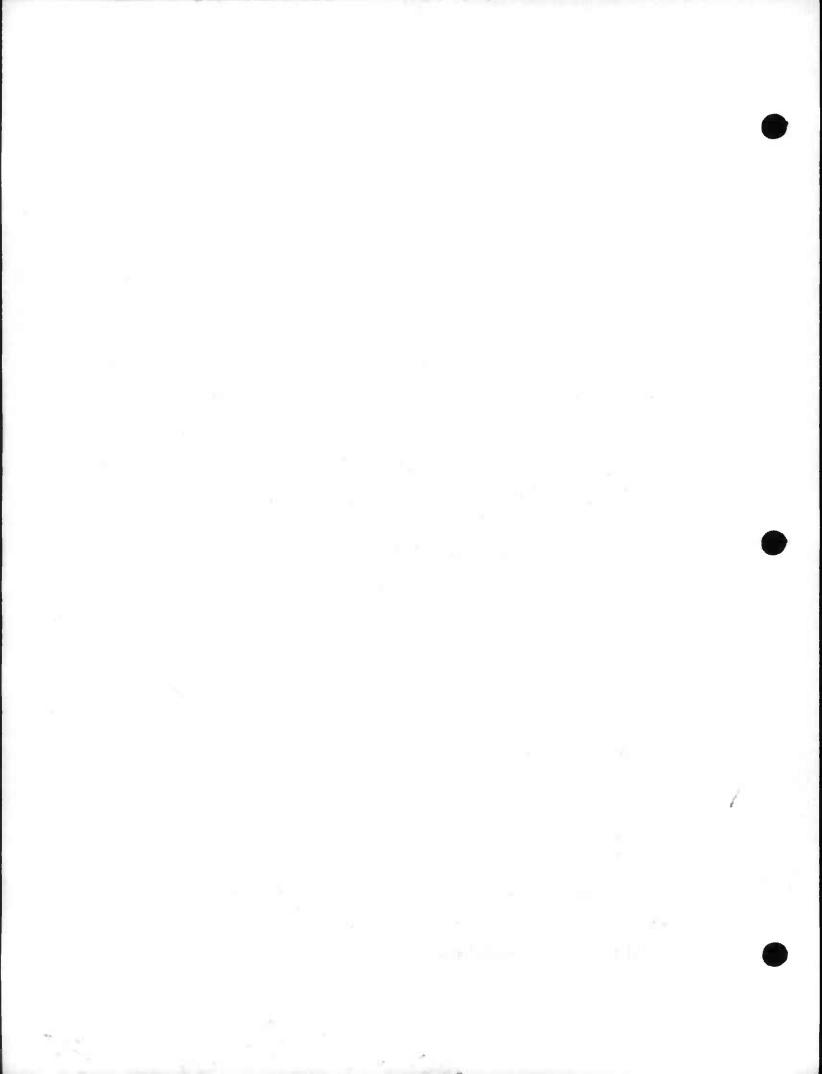
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO				
		1. DECEDENT'S NAME (First, Middle, Last)	John Harv	ey Far	rel1			AY YE.			
		4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (III	in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HAS.	7. DATE OF BIRTH	8, 6	11:05AM M		
身	l	214-12-7862		76 YRS.	MONTHS DAYS	HOURS MIN.	06 24	16 °	Maryland		
98. FACILITY NAME (If not institution, give street and number)  98. FACILITY NAME (If not institution, give street and number)  99. FACILITY NAME (If not institution, give street and number)  99. FACILITY NAME (If not institution, give street and number)  99. FACILITY NAME (If not institution, give street and number)  99. FACILITY NAME (If not institution, give street and number)  99. FACILITY NAME (If not institution, give street and number)  99. CITY, TOWN OR LOCATION OF DEAD  PRINCE GFORGES HOSPITAL CENTER  CHEVERLY  100. CITY, TOWN OR LOCATION OF DEAD  100. CITY, TOWN OR LOCATION OF DEAD  100. CITY, TOWN OR LOCATION OF DEAD  101. ZIP CODE  20784  11. MARRITAL STATUS  11. Nover Married  12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC III yee, appectly Cuben, Markican, Markican, Markican, Markican, Married  15. VAS DECENDENT OF HISPANIC III yee, appectly Cuben, Markican, Ma						ATH	PRIN	OF DEATH NCE GEORGES			
PRINCE GEORGES HOSPITAL RESIDENCE OF DECEDENT 106. STATE 106. COUNTY Maryland Prince Georg					ndover				10d. INSIDE CITY LIMITS? 1 Sty YES 2 NO		
an. ransit pern	FUNERAL	100. STREET AND NUMBER 4430 68th Place				20784		10g. CITIZEN	of what country?		
attending physician se as the burial-tra	В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	27 NO		cify Cuban, Maxica	IC ORIGIN? (Specify Year, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. SpecifiWhite		
spital or led for u	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade : Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Give kind of a life. Do NOT us		Attendant NASA					
by the	BE CO	17. FATHER'S NAME (First, Middle, Least) John Daniel Far	rell			Mamie	ME (First, Middle, Maiden Hill Far	rell			
y be retained age 5 should be notified	5	Ruth Farrell 200. METHOO OF DISPOSITION		4430	68th Pl	ace Apt		dover	Hills MD		
pe 6 may irector, pa		1 M Buriel 2 Cremation 3 Remo	wai from State	Ty Gho	Stolac Ceme	tery Ju	June 23,1993 Issue,MD ECHOLS FUNERAL HOME,INC. MD 20646				
after death. Page 6 may be by the funeral director, page smoval.		21. SIGNATURE OF FUNERAL SERVICE LICE	Elsol		<sup>22.</sup> ARE LaP	<b>HART°E</b> ( lata,MI					
within 24 hours optetely filled in cremation, or re rent, the med		23. PART I. Enter the diseases, or cashock, or heart felture. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	omplications that caused List only one cause on ea	the death. Do nich line.	to the enter the mod	de of dylng, such	n as cardlec or respi	ratory arrest,	Approximate interval Between Onset and Death		
h certificate be execu anding physician and Hygiene prior to bur or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b.									
that the ord by the h and Me	MEDICAL	PART II. Other significant conditions	T ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED?  1   YES 2   NO			24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
N: The la ficate has State De item 2:	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ellere 2 🗆 004	OTHER:	ACE OF DEATH (Che					
PHYSICIA this certil with the rked, or	PHY	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIM	4 Nursing Home E OF 28c. INJU	IRY AT	26d. DE\$CRIBE HOW II	NJURY OCCURE	0		
L OR ATTENDING PHYS  DIRECTOR: After this is hours after death with item 28 is marked	ED BY	Netural   5   Pending   Pending									
AL OR ATT AL DIRECT 2 hours a'	COMPLET	29a. CERTIFIER Check only	CIAN: To the best of my knowle								
Z F E	II	29b. SIGNATURE AND TITLE OF CERTIFIER	t: On the beels of examination	and/or investigation			1-11-11		11-3-11-31-31-31-31-31-31-31-31-31-31-31		
De filed	TO BE	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OSA	MCUL TH OTEM 270 CT	w	29c. LICENSE NUM	1274	DATE SIG	NED (Month, Day, Year)		
		ESSAM TELLAWI, M.D	).		4000	MITCHE	Sur o	. #A1	,		
, 1		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT		BOW.	IE, MD.	20710				

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	PHYSICIAN
	ATTENDING PHYSICIAN: TH

DIVISION OF VITAL RECORDS, P.O. BOX 68760,  THE HIGGOL. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the the host of the thin scartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 22 hours after death with the State Dept. of Health and Mental Hygiene prior to britist, cremation, or removal.  MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	BALTIMORE, MARYLAND 21215-0020	SJCIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should at the Charlest and Marriel Livings and the burial transition of progression of the Charlest and Marriel Livings and the burial transition of the burial t	b medical examiner must be notified at once.
## # & &	DIVISION OF VITAL RECORDS, P.O. BOX	THE HUSSIGHT OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex	The street of the attending physician and white the street of the street the street of	illed within 72 hours after death with the State Dept. Of health and welliar rygiens prior to PORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traum

TAYYAD  A. SOCIAL SECURITY INAMED A. SALE OF PAYYAD  A. SOCIAL SECURITY INAMED A. SALE OF SALE	9014	E 93	AL HYGIENE REG. NO.	H AND MENTA		TMENT OF		MARYLA	STATE OF F	FOR STATE REGISTRAR	
868-80-4952   \$\( \) \(\	3. TIME OF DEATH 6:34A M	1993 YEAR	INE 14,	2. DAT					Α.	FAYYAD	
THE JOHNS HOPKINS HOSPITAL  BALTIMORE CITY  BALTIMORE  TREGIOSINCE OF DECEDENT  199. CITY, TOWN OR LOCATION  Falls Church  Falls Church  Falls Church  190. CITY, TOWN OR LOCATION  Falls Church  Falls Church  100. 20041  10. SPOODE  10. SPOODE  10. SPOODE  10. WAS DECEDENT OF HER NAME OF DECEDENT  10. WAS DECEDENT OF HER NAME OF DECEDENT OF	estine	13 Countr	ov.6,191	MIN. (Mo	HOURS	MONTHS DAYS			1 M 2 □ F	368-80-4952	
19. STREET AND NUMBER  19. STREET AND NUMBER  19. CODE  10. ZP CODE  10. CITZEN OF W. J. S. A. S.	TORE CITY	BALTIN						PITAL		THE JOHNS HOP	TOR
Some street of more doing of the street of t	10d, INSIDE CITY LIMITS? 1 YES 2 NO			n						Virginia Fair:	
S   Wisdowed 4   Divorced   E YES, GIVE WARD OR DATES   1   YES 2 (3/NO Specify: Will 1   1   1   1   1   1   1   1   1   1		•						N	ad, #112		IERAL
Abdultaman Fayyad    Seminary Rame (PyperPrint)   19b. MAILING ADDRESS (Street and Number or Pural Foure Number. City or Town. State, 20 Code)   Seminary Rd., Falls Church, Va. 2204   20b. METHOD OF DISPOSITION   18 Burtel 2   Cremetton 3   Removal from State 4   Donaton 8   Other (Specify)   20b. PLACE AND DATE OF DISPOSITION   Non-city or Town 20b. METHOD OF DISPOSITION   18 Burtel 2   Cremetton 3   Removal from State 4   Donaton 8   Other (Specify)   20b. PLACE AND DATE OF DISPOSITION   Non-city or Town 20b. PLACE AND DATE OF DISPOSITION   Non-city or Town 20b. PLACE AND DATE OF DISPOSITION   Non-city or Town 20b. PLACE AND DATE OF DISPOSITION   Non-city or Town 20b. PLACE AND DATE OF DISPOSITION   Non-city or Town 20b. PLACE AND DATE OF DISPOSITION   Non-city or Town 20b. PLACE AND DATE OF DISPOSITION   Non-city or Town 20b. PLACE AND DATE OF DISPOSITION   Non-city or Town 20b. PLACE AND DATE OF PAULTY DeVoi. Truneral Home 2222 Wisconsin Ave., N. W., Wash., I 22 PLACE OF OEATH (Check only one)	— American Indien, , White, etc. y: . te	Black	1 Never Married 2 Merried PORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, stc.)								
Abdultaman Fayyad    Seminary Rame (PyperPrint)   19b. MAILING ADDRESS (Street and Number or Pural Foure Number. City or Town. State, 20 Code)   Seminary Rd., Falls Church, Va. 2204   20b. METHOD OF DISPOSITION   18 Burtel 2   Cremetton 3   Removal from State 4   Donaton 8   Other (Specify)   20b. PLACE AND DATE OF DISPOSITION   Non-city or Town 20b. METHOD OF DISPOSITION   18 Burtel 2   Cremetton 3   Removal from State 4   Donaton 8   Other (Specify)   20b. PLACE AND DATE OF DISPOSITION   Non-city or Town 20b. PLACE AND DATE OF DISPOSITION   Non-city or Town 20b. PLACE AND DATE OF DISPOSITION   Non-city or Town 20b. PLACE AND DATE OF DISPOSITION   Non-city or Town 20b. PLACE AND DATE OF DISPOSITION   Non-city or Town 20b. PLACE AND DATE OF DISPOSITION   Non-city or Town 20b. PLACE AND DATE OF DISPOSITION   Non-city or Town 20b. PLACE AND DATE OF DISPOSITION   Non-city or Town 20b. PLACE AND DATE OF PAULTY DeVoi. Truneral Home 2222 Wisconsin Ave., N. W., Wash., I 22 PLACE OF OEATH (Check only one)				rking	TION nost of working	work done during in retired.)	(Give kind of v		le completed)	(Specify only highest grade Elementary/Secondary (0-12)	LETED
Abdultaman Fayyad    Mariam Husin Al-Aswad   Mariam Husin Al-Aswad				THED'S NAME /El-	15 MOTHE	ss man	Dustiles				N N
196. NACHMANT'S NAME (Type/Print)  MOZAYYAN A. Fayyad  206. METHOD OF DISPOSITION 1 No. 1 Section 1 Sectio									ad		
20. BLACE AND DATE OF DISPOSITION   200. PLACE AND DATE OF DISPOSITION   Name of   200. LOCATION - City or Town   200. PLACE AND DATE OF DISPOSITION   Name of   200. LOCATION - City or Town   200. PLACE AND DATE OF DISPOSITION   Name of   200. LOCATION - City or Town   200. PLACE AND DATE OF DISPOSITION   Name of   200. LOCATION - City or Town   200. PLACE AND DATE OF DISPOSITION   Name of   200. PLACE AND DATE OF DISPOSITION   Name of   200. LOCATION - City or Town   200. PLACE AND DATE OF DISPOSITION   Name of   200. PLACE AND DATE OF DISPOSITION   Name of   200. PLACE AND DATE OF DISPOSITION   Name of   200. PLACE AND DATE OF   200. LOCATION - City or Town   200. PLACE AND DATE OF DISPOSITION   Name of   200. LOCATION - City or Town   200. PLACE AND DATE OF DISPOSITION   Name of   200. LOCATION - City or Town   200. LOCATION   Name of   200. LOCATION - City or Town   200. LOCATION   Name of   200. LOCATION - City or Town   200. LOCATION   Name of   200. LOCATION - City or Town   200. LOCATION   Name of   200. LOCATION   Name of   200. LOCATION - City or Town   200. LOCATION   Name of   200. LOCATION   Name of   200. LOCATION - City or Town   200. LOCATION   Name of		, State, Zip Code)	mber, City or Town,	ber or Rural Route Nu	end Number or	ADDRESS (Stree	19b. MAILING				
Note   1   Compared	1 #112N	Va. 2204	Church,	,Falls (	Rd., I	Seminar	5505 8		.d	Mozayyan A. Fayyad	۲
22. SIGNATURE OF BIMERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  DEVOI FUNCTION  22.22 Wisconsin Ave., N.W., Wash., I  23. PARTYL Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF	vn, State	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of									
BUDY  ONE  ONE  ONE  ONE  ONE  ONE  ONE  ON		√.,Wash.,	ome Ave.,N.W	ness of FACILITY Ineral Ho Sconsin A	AND ADDRESS Of Fune Wisco	DeVo		0	1030/	· Some E	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES NO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 90  26. PLACE OF OEATH (Check only one)  27. MANNER OF DEATH  28a. DATE OF WJURY  (Month, Day, Year)  28b. TIME OF NJURY AT WORK?  1 YES 2 NO  28c. INJURY AT WORK?  1 YES 2 NO  28c. INJURY AT WORK?  1 YES 2 NO	Approximate Interval Between Onset and Death	atory arrest,	rulac or respira	yyng, such as ca	Sold of dynig	F):	CA CONSEQUENCE OF	O (OR AS A C	a. DUE TO	enock, or heart reliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	TIFICATION
M 1 YES 2 NO	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2	MED?	PERFORM	a given in Part i.	ng ceuse giv	in the underly	it not resulting i	death but	d.	IBM CARD ASIBLE TO THE	A I
2 Accident Investigation M 1 YES 2 NO			one)	OEATH (Check only	PLACE OF DEA				HOSPITAL	EXAMINER?	S
2 Accident Investigation M 1 YES 2 NO			her (Specify)	Residence 8 - Ott	me 5 🗆 Resid	4 - Nursing Ho				1 - YES 2 70	IS
		JURY OCCURED	ESCRIBE HOW INJ		ORK?	URY				1 Naturat 5 Pending	
29e. CERTIFIER (Check only)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner ee stated.	oute Number,	nd Number or Rural R			lce	street, factory, off	— At home, ferm, s	OF INJURY — , etc. (Specify	28e. PLACE O building,	- 0 Codig not se	
2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date end piecs, end due to the ceuse(e) of	end menner ee stated.									(Check only CERTIFYING PHYSI	OMPL
29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. OATE SIGNED (A  LYBST  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	(Mogth, Day, Year)	29d. OATE SIGNED	, 2	CENSE NUMBER	29c. LICENS	Print)	Z <b>S</b> TH (ITEM 27) (Type,	SE OF GEAT	- M	Phill D	BE
31. DATE FILED (Month, Day, Year)  1. UN 1 7 1003 Fuha Dandon-Randelle						ATIA				31. DATE FILED (Month, Day, Year)	



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and the state of t	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	5	
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY 1993 Robert Flum, Sr. June 11, 8:19 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH
JULY 3, 1925 8. BIRTHPLACE (State or Foreign Country)
Indiana 1 X M 2 F 67 306-22-1143 use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Shady Grove Adventist Hospital Rockville Montgomery RESIDENCE OF DECEDEN 10e, STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Montgomery Potomac 1 YES 2 X NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11603 Georgetowne Court 20854 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerlo Rican, etc.)

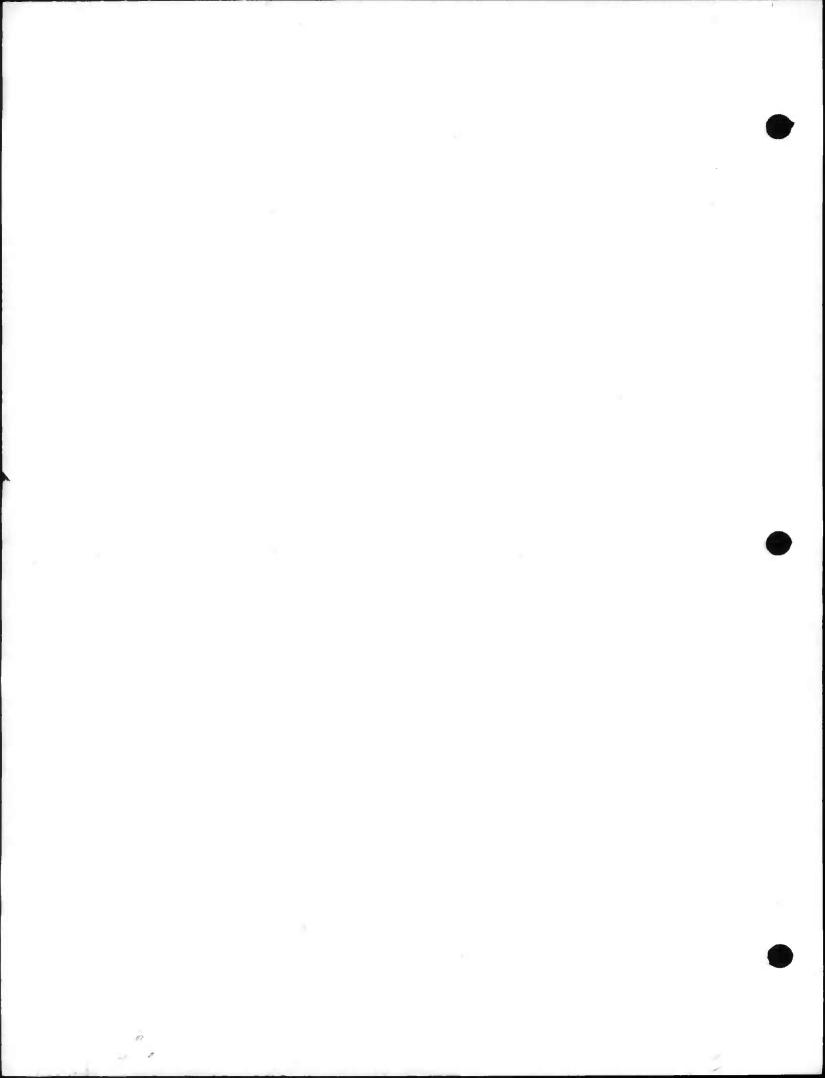
1 YES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced White WWII COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Aerophysicist Vitro 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) notified at Martin W. Flum Maud Schenck BE 19e, INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rosemarie C. Flum 11603 Georgetowne Court Potomac, Maryland 20854 pe 20e\_METHOD OF DISPOSITION
1 [\( \bar{\text{LABuriel}} \) 2 \( \bar{\text{Cormation}} \) 3 \( \bar{\text{Removal from State}} \)
4 \( \bar{\text{Donation}} \) 5 \( \bar{\text{Other (Specify)}} \) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must St. Paul's Cemetery 6/17/93 Valparaiso, Indiana examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Rockville inc. 300 West Montgomery Avenue, Rockville, Maryland 20850-2805 Dove. M00672 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heert fellure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Final Onset end Deeth the disease or condition DUE TO (OR AS A CONSEQUENCE OF): 12 HR5. resulting in death) event, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other 1 DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST 6 Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS any AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 23 shows 1 YES 2, NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO Hem 26. PLACE OF DEATH (Check only one) OTHER: HOSPITAL: 4 / 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 🗌 Nu 5 - Residence 8 - Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Natural 5 Pending Investige K/A 1 YES 2 NO B 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide .00 ETED 6 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 28 N/A Item ! COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end manner ee stated. IMPORTANT: 11 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end menner as stated. 29c. LICENSE NUMBER 1968 yu 9 PLETES CAUSE OF DEATH (ITEM 27) (Type, Print)

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A2. REDISTRAR'S SIGNATURE NA VANY ASON - RONDERS

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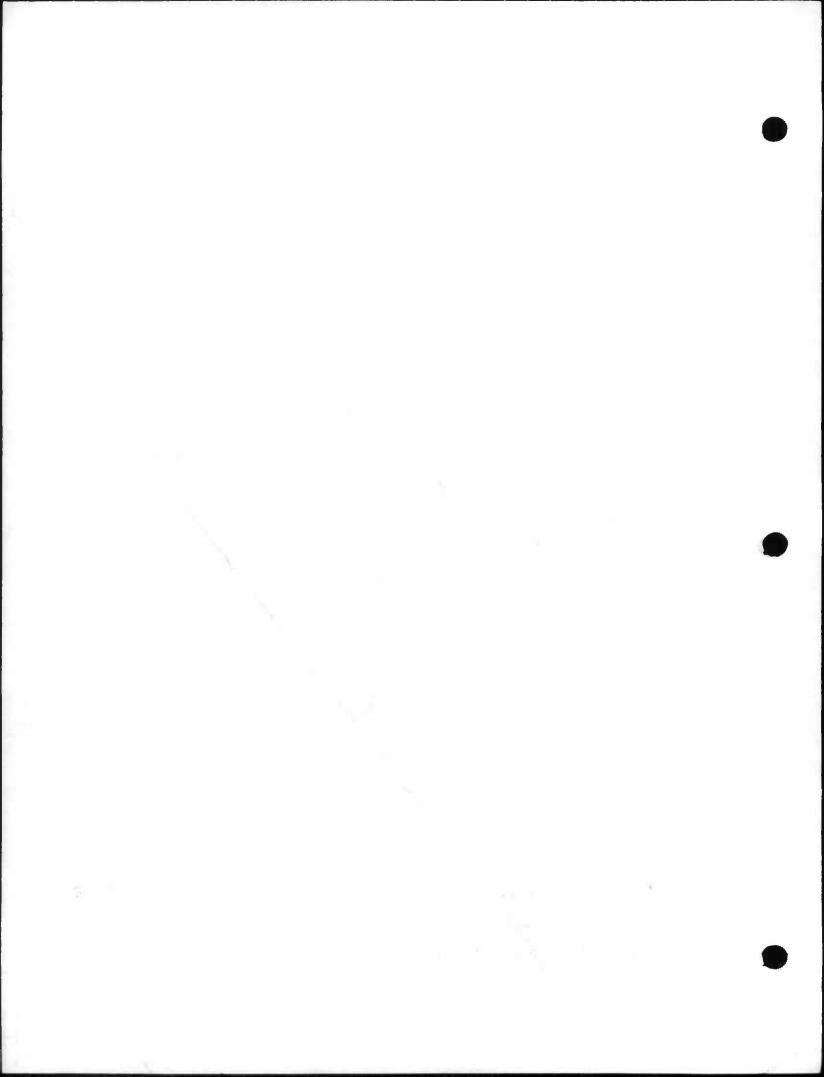
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pinou		A STATE OF THE STA	SEX 6. AGE (In yrs. less  M 2 F 29  t and number)	YRS. MONTH		IF UNDER 24 HRS. HOURS MIN.  OR LOCATION OF DE	NOV. 26,	1963	BIRTHPLACE (State or Foreign Country) Norfolk, VA.
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physician. burial-transit permit. Pages 1, 2, 3 should	DIR	Md. 100. COUNTY	1.	10c. CITY, TOW		ion 1arlboro			10d. INSIDE CITY LIMITS? 1 XYES 2 NO
n. ansit pern	IERAL	214 Graiden Stre	et		101	20772			S. A.
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al or attending for use as the	ETED	15. DECEDENT'S EDUCAT (Specify only highest grade coll Elementary/Secondary (0-12)	npleted) (G/	CEOENT'S USUAL ive kind of work do Do NOT use retire	ne durina mo:	DN st of working	16b. KIND OF BU	SINESS/INDUS	
hospit ached	COMPLET	17. FATHER'S NAME (First, Middle, Last)	4+ Res	idence	Life	Manager	Educa1		
5 2 to	BE C	Bobby Lee Faunte				Vern	ell Viola	Cunni	
5 5	2	Bobby & Vernell	Faunteroy, Sr.	214 Gr	aiden	St., Up	per Marlbo	oro, M	d. 20772
ge 6 may irector, pay		28a. METHOO OF DISPOSITION 1X Burlel 2 Cremellon 3 Remove 4 Donation 5 Other (Specify)	Linco	MODATE OF DISP	rial	Cem.	Co.	cation - cm itland	or Town, State
after death. Page 6 may be yo the funeral director, page moval.		21. SIGNATURE OF FUNERAL SERVICE LICEN  R. 72. H	1		R. N 600	Kennedy	Co. Morti Street. N.	. W.	
24 hours at filled in by on, or rem		MANAGOLITE ALLIGE (TV.	t only one cause on each line.		er the mo	de of dying, auch	as cerdiec or reepi	retory arree	Approximate interval Between Onset and Death
P 6	TION	Sequentially liet conditions, if any, leading to immediate	DUE TO (OR AS A CONSECUENT OF THE TO	DUENCE OF):	refo	acilo.	2115		
eath certificate be execut attending physician and of that Hygiene prior to burin y, or other traumatic	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSECULATION OF A PROPERTY	DUENCE OF:	rear	Y Fail	are		
w requires that the deat been signed by the att it. of Health and Menta shows any injury,	MEDICAL	PART II. Other algorificant conditions of Farty, live		saulting in the	underlying	cause given in	Part I. 24a. WAS AN PERFOR	MEO?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 PSOVES 2 \( \square\) NO
SICIAN: The lander that the State Dept. 1, or item 23	PHYSICIAN:		OSPITAL:  □ Inpatient 2 ER/Outpatient 3	DOA 4 D	ER:	ACE OF DEATH (Che			
PHY this with	ву Рну	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJU	JRY AT	28d. DESCRIBE HOW II	NJURY OCCUR	EO
TTENDI TTOR: A after d	0	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — Al hor building, etc. (Specify)	na, farm, street, f	actory, office		281. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,
로 보고 ==	COMPLETE	2 MEDICAL EXAMINER: (	N: To the beat of my knowledge, dea on the basis of axamination and/or in						suse(a) and manner as stated.
TO THE HOSPI TO THE FUNEF Do filed within	TO BE	296. SIGNATURE AND TITLE OF CERTIFIED				PAMC	5 46	29d. DATE SI	GNED (Month, Day, Year)
(C)		30. NAME AND ADDRESS OF PERSON WHO C	DMPLETED CAUSE OF DEATH (ITEM	27) (Type, Print)		panc			
		JUN 1 6 1993 9	32. REGISTRAR'S SIGNATURE	e.				<del>-</del> -	

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THE PURENAL DIRECTOR: After this certificate been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MA			TMENT ICATE				MENTAL HYG			
	1. DECEDENT'S NAME (First, Middle, Last)				OAIL	. 01	DEAL	-	2. DATE OF DEAT			3. TIME OF DEATH
	Elizabeth E.	Coclos							6/1/93	DAY	YEAR	
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last i	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRT	н	a. BIRTH	3:20 a M PLACE (State or Foreign
	220-03-0217	1 M 2 XF	75	YRS.	MONTHS:	DAY8	HOURS	MIN.	1 1 - 0 -	1917	County	à.
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY.	TOWN 0	R LOCATIO	ON OF DE			UNTY OF D	
E	Deer's Head Ce	enter				isb					comic	
15	RESIDENCE OF DECEDENT							_				
DIRECTOR	10a. STATE 10b. COUNT	TY .		10c, CIT	Y, TOWN O	R LOCAT	ION					10d. INSIDE CITY LIMITS?
		omico			Sa		sbur					1 X YES 2 NO
FUNERAL	10s. STREET AND NUMBER					10f.	ZIP CODE			10g. CI	TIZEN OF W	HAT COUNTRY?
9	Box 540 Wilso							801			US.	
5	11. MARITAL STATUS  1 Never Married 2X Married	12. WAS OECEDENT FORCES? 1	YES 2 NO	ED	13. 1	WAS DECI	ENDENT O	F HISPAN	IIC ORIGIN? (Special) n, Puerto Rican, etc	ly Yes or No-	14. RACE Black	- American Indian, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAI	R OR DATES				2- NO			,	Specif	Black
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립	7 yrs		Но	mem	akeı							
O	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First, Middle, Mi	aiden Surname)		
BE C	George Edw	ard Denn	is					Rub	y Doane	2		
TO B	19a. INFORMANT'S NAME (Type/Print)			MAILING	ADDRESS	(Street ar			Toute Number, City of		(ip Code)	
F	John Paul G	oslee		Во	x 54	10 V	Vils	on	Lane Sa	alisbu	ury,	Md.21801
	20a, METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Ren	noval from State	20b. PLACE AN	DOATE	FDISPOS	TION (Na	me of		DATE 20	c. LOCATION -		
	4 Donation 5 Other (Specify)	1	remetary, cremit Head	Öf						ead Of	E Cr	eek, Md.
	21. SIGNATURE OF FUNERAL SERVICE LI	(1)					D ADDRES				1	
	C IT fenn fear	M	00416		Bi	val	.ck	run Md	eral Ho . 21814	ome Po 4	) 61	
	23. PART I. Enter the diseases, or	complications that	aused the deel	th. Do r	ot enter	the mod	de of dyl	ng, sucl	as cardlec or i	respiratory as	rrest,	Approximate
shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel												Interval Between Onset and Death
	disease or condition resulting in death)	aC. V	V.A and	l Cor	matos	e S	tate					
	a. C.V.A and Comatose State  DUE TO (OR AS A CONSEDUENCE OF):											
No.	Sequentielly list conditions,											
E	if any, leading to immediate cause. Enter UNDERLYING	DOE 10 (0	H AS A CONSEDU	JENCE OF	·):							
윤	CAUSE (Disease or Injury that initiated events	C. DUE TO (D	R AS A CONSEQU	JENCE OF	n:							
CERTIFICATION	resulting in death) LAST	4										
	DARF II ON I - III III	u										
N N	PART II. Other significant condition								DE	S AN AUTOPSY RFORMED?	24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
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Σ	Possible pneumoni	fis and mi	and lum	dec	ubiti	ıs u	Icer	s of	'left			1 TYES 2 ND
AN	25. WAS CASE REFERRED TO MEDICAL											
	EXAMINER?	HOSPITAL:			OTHER	:			ck only one)			
일			R/Outpatient 3					sidence	6 Other (Specify			
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D BY	27. MANNER OF DEATH  1 🔯 Natural 5 🗌 Pending	28e. DATE OF IN (Month, Day,	Year)  NJURY — At home	INJ	M	1 🗌 Y	RK? ES 2 [	NO ·	28f. LOCATION (S) City or Town,	treet and Numbe		pute Number,
D BY	27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	28e. DATE OF IN (Month, Day. 28e. PLACE OF I building, etc.	Year)  NJURY — At home: (Specify)	e, farm, s	URY M treet, facto	WOI 1 TY	RK? ES 2	-	28f. LOCATION (S City or Town,	treet and Numbe State)	or or Rural R	pute Number,
D BY	27. MANNER OF DEATH  1 Neturel 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)	28e. DATE OF IN (Month, Dey.  28e. PLACE OF in building, etc.)	NJURY — At home: (Specify)	e, farm, s	treet, facto	WOI  1 Y  Pry, office	end place,	and due	28f. LOCATION (S City or Town,	treet and Numbe State)	or Rural R	
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E COMPLETED BY	27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	28e. DATE OF IN (Month, Day.  28e. PLACE OF Inbuilding, etc.)  BICIAN: To the best of management of example to the basis of example to the examp	NJURY — At home .: (Specify) y knowledge, death	e, farm, s	treet, facto	WOI  1 Y  Pry, office	end place, path occurr	and due	28f. LOCATION (Since Town, state of the cause(s) and time, date and place	treet and Number State)  d manner as states, and due to t	or or Rural R	and manner sa stated.
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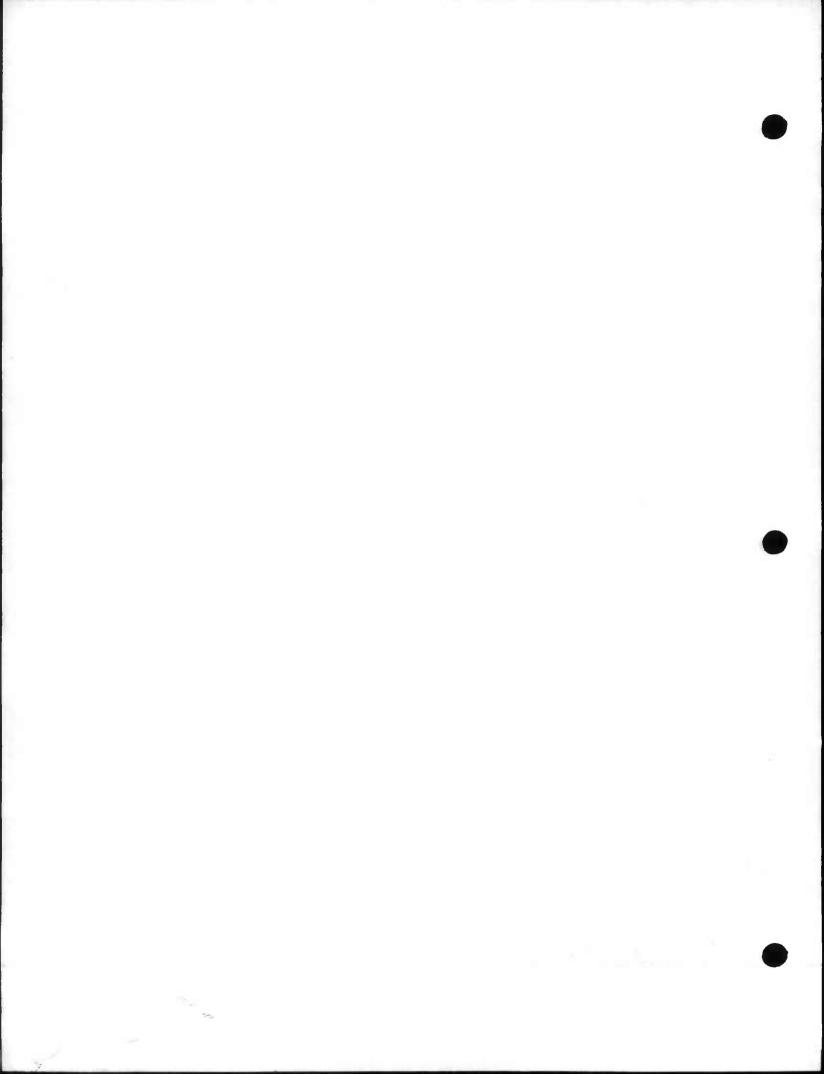


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DIVISION OF VITAL RECORDS, P.O. BOX

ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  Note: The property of the past of the past of the aftending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  Note: The property of the
DIRECT NOURS

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	NORMAN LESTER	GREEN					993	1:35 P. M
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Foreign Country)
	215-26-5663	1½ M 2 □ F 62	YRS.	MINS DATS	MOUNTS IIIM.			Mass.
oc	9a. FACILITY NAME (If not institution, give :			b. CITY, TOWN O	R LOCATION OF DE	EATH	9c. COUNTY	OF DEATH
DIRECTOR	Rt. #3 Box 130 0	<u>ld Dagsboro F</u>	Road	Delmar			Wicom	ico
) H	10e. STATE 10b. COUNT			OWN OR LOCAT	ION			10d. INSIDE CITY
	Maryland Wicon	mico	Delm	ar				1 YES 2 NO
IAL I	10s. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	Rt. #3 Box 130				21875			S. A.
E	11. MARITAL STATUS  1 Never Married 2 X Married	12. WAS DECEDENT EVER IN FORCES? 1 & YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 NO	13. WAS DECI	ENDENT OF HISPAN	NIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No— 14.	RACE — American Indian, Black, White, atc.
B	3 Widowed 4 Divorced	1948 - 1956	ATES		2 NO Specify			Specify: White
8	15. DECEDENT'S EDU	ICATION	16a. DECEDENT'S US	UAL OCCUPATIO	N	16b, KIND OF BU	ISINESS/INDUS	
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MP	7		Farming			Grain		
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malder		
BE	Sylvester Green	<del></del>				Renes Gre		
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox		de)
	Doris Jane Green					r, Md 2187		
	1 Donation 5 Other (Specify)	noval from State	petery, cremetory or other  Stephen	DISPOSITION (Na	me of	1 0 0	mar, D	
	21. SIGNATURE OF FUNERAL SERVICE LI		. scephen		D ADDRESS OF FA	Des	.mar, D.	
	DA. 11. 1 111	1114			Funeral			
Н	22 PART I Enter the discourse	AKINA	1.000 1.000 1.000	P. O.	Box 204	Delmar,	DE 199	40
		List only one cause on e	ach line.	enter the mod	de of dying, suc	h as cardiac or resp	iratory arrest	Intarvai Between
	iMMEDIATE CAUSE (Final disease or condition	Carrin	oma c	£ +	he 1			Onset and Death
1 1	resulting in death)	ung						
z		h	,					į
E	Sequentially illat conditions, if any, leading to immediate	DUE TO (DR AS A	CONSEQUENCE OF):					
2	Cause. Enter UNDERLYING CAUSE (Disease or Injury	С.						
E	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION		d						
A P	PART II. Other significent condition	ns contributing to death b	out not resulting in t	the underlying	cause given in	Part I. 24a. WAS AF	AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDIC						1 🗆 YES	2 NO	COMPLETION OF CAUSE OF DEATH?
ME						_	/ \	1 - YES 2 X NO
PHYSICIAN:								
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PL	ACE OF DEATH (Ch	eck only one)		
14S	1 TYES 2 NO 27. MANNER OF DEATH	1 D Inputiont 2 D ER/Outp	patient 3 DOA 4	☐ Nursing Home	-	6 Other (Specify)		
	1' Natural 5 Pending	(Month, Day, Year)	28b. TIME O	Y WOF		28d. DESCRIBE HOW	INJURY OCCUR	EO
BY	2 Accident Investigation 3 Suicide Could not be	28e. PLACE DF INJURY	— At home, lerm, stre			281. LOCATION (Street	and Number or I	Burtil Boute Number
E	8 Could not be determined	building, etc. (Spec	cHy)	, , , , , , , , , , , , , , , , , , , ,		City or Town, State	)	THE POOL OF STREET,
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my know	ledge death occurred a	t the time date	and place, and due	to the several and and		
M.		ER: Dn the besis of examination						tuse(s) and manner as stated
	29b/SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUN			GNED (Month, Day, Year)
B.	(11/20.C.	V V	n.D		DE CI-/	0000489	<b>D</b>	14/93
٥	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	nt)	V- 01 (	500007		1110
	Dr. Arlo Courter	1601 Kirkwo	od Hwy. Wi	lm, De	. 19805			
11	31. DATE FILED (Month, Day, Year)	22. REGISTRAR'S SIGN						
7	JUN 1 0 1993	graha Davidson	Market					

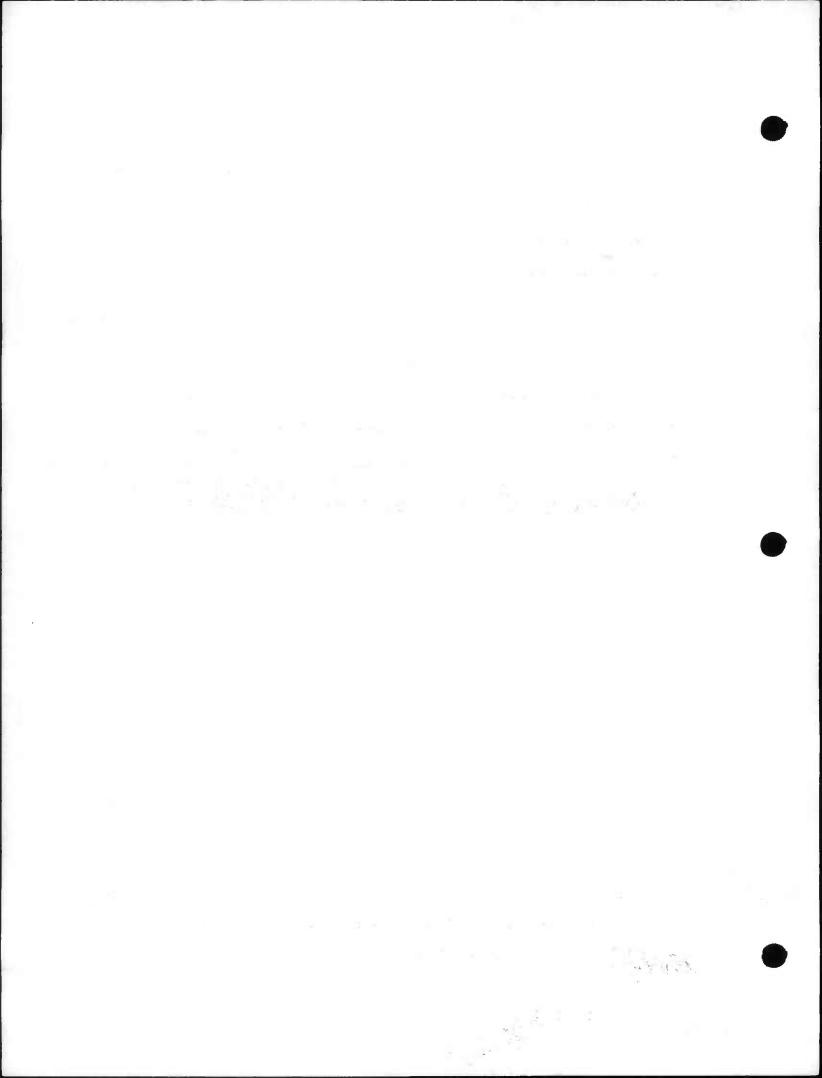


		1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT OF CERTIFICATE OI	HEALTH AND	MENTAL HYGIEN	20	19019
pp		1. OECEDENT'S NAME (First, Middle, Last)  - And First 4. SOCIAL SECURITY NUMBER  219-42-8863	5. SEX 6. AGE (In yrz. 1 1 M 2 [C] = 50	1.0	IF UNDER 24 HRS. HOURS MIN.	2. DATE OF DEATH DOWN TO A CONTROL OF BIRTH / (Month, Day, Year)	1993 42	3. TIME OF DEATH  3. TIME OF DEATH  4. 54  IRTHPLACE (State or Foreign ountry)
2, 3 should	стов	9a. FACILITY NAME (If not institution, give st PENINSULA REGIONA			OR LOCATION OF D	EATH	WICOM	DE DEATH I CO
permit. Pages 1,	DIRE	10e. STATE 10b. COUNTY  M. W.	nomico	10c. CITY, TOWN OR LOCAL	ATION			10d. INSIDE CITY LIMITS? 1 YES 2 DINO
Sit	IERAL	BOX 104 AA	2	1	01. ZIP CODE 2/830		10g. CITIZEN	OF WHAT COUNTRY?
215-0020 attending physician. se as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	HO If yes, s	CENDENT OF HISPA ipecify Cuban Maxic S 2 1 NO Speci	NIC ORIGIN? (Specify Yes an, Puerto Rican, atc.) fy:		RACE — American Indian, Black, White, atc.
2121 al or atte	APLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed)	DECEDENT'S USUAL OCCUPAT (Give kind of work done during n ine. Do NOT use retired.)	TION nost of working	16b. KIND OF BUS	SINESS/INDUSTR	Y
A the be del at on	E COMPL	17. FATHER'S NAME (First, Middle, Lest)	Morn's Sr.		18. MOTHER'S NA	AME (First, Middle, Meiden W. Corn	-/	
	TO B	19a. INFORMANT'S NAME (Type/Print)  Marian Sama		P. D. ROX 53	and Number or Rural			1826
MORE, ge 6 may be irector, page		20e. METHOD OF DISPOSITION  1 © Burlel 2 □ Cremation 3 □ Remo 4 □ Donation 5 □ Other (Specify)	cemetery, o	E AND DATE OF DISPOSITION (I		DATE 20c. LO	CATION - City of	or Town, State
BALTIMOR ter death. Page 6 ma the funeral director, p. wal.		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	LEW Wes		ATSON FUI	WERAL md 2	/ .
50, within 24 hours aft ppletely filled in by cremation, or remo		23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	DIE TO (OR AS A CONS	death. Do not enter the m		h as cardiac or reapi		Approximata Interval Batweer Onset and Daati
P.O. BOX 68 th certificate be executed physician and in Hygiene prior to bur or other traumatic	CERTIFICATION	Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS					
RECORDS  requires that the of been signed by the t. of Health and Me shows any inju	MEDICAL	PART II. Other aignificant conditions	contributing to death but not	resulting in the underlyle	ng cause given in	Part i. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
F 5 5 5 5	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1 Department 2 ER/Outpatient	OTHER:	PLACE OF DEATH (Ch			
	ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. IN INJURY	JURY AT ORK? YES 2 NO	6 ☐ Other (Specify)  28d. DESCRIBE HOW II	NJURY OCCURED	O .
TSIC TTENDI TTENDI TTOR: A after d after d		3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At P building, atc. (Specify)	nome, farm, street, factory, offi	ce	281. LOCATION (Street a City or Town, State)	nd Number or Ru	ral Route Number,
= 2 = Z	COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINER	HAN: To the best of my knowledge, of	death occurred at the time, dat r investigation, in my opinion,	e end place, end due death occured at the	to the cause(a) and man time, date and place, an	ner as stated,	se(a) and manner as stated.
ID THE HOSPI TO THE FLINER De filed within	TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	16		29c. LICENSE NUI	ABER		NEO (Month, Day, Year)
		19.67.5	Niw.	PAL C				

32 REGISTRAR'S SIGNATURE
Julia Davidson-Randoll

31. DATE FILED (Month, Day, Year)
JUN 1 1 1993

	1 - STATE REGISTRAR	STATE OF MARYLA			HEALTH AND F DEATH	MENTAL	HYGIEN		3	10020	
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE (	OF DEATH	DAY		TIME OF DEATH	_
		Helen Marte	nis Gal	laher		June			3	2040	M
	4. SOCIAL SECURITY NUMBER		yrs. lest birthdey)	IF UNDER 1 YEAR			Day: Year)	- 1	BIRTHPL Country)	ACE (State or Foreign	
	213-36-9152  9e. FACILITY NAME (If not institution, give:	1 🗆 M 2 💢 F	54 YRS.				24,		Mary		
8	Union Hospital c		у	Elkto	N OR LOCATION OF E	DEATH		9c. COUNT		тн	
ᇈ	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT	ν	400 CIT	Y, TOWN OR LOC	MILON				1.		_
DIRECTOR	Maryland Ceci			kton	ATION				- 1	Dd. INSIDE CITY LIMITS?  YES 2 X NO	
	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZE		AT COUNTRY?	_
FUNERAL	309 Cherry Hill	Road			21921			U.S	.A.		
BY FU	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	If yee,	ECENDENT OF HISPA specify Cuban, Mexic ES 2 NO Spec	en, Puerto R	(Specify Yelican, etc.)	s or No— 1	Black, \ Specify:	- American Indian, White, atc.	
8	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPA	TION	16b.	KIND OF BU	JSINESS/INDU:		WILLE	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT us		most of working						
₹ A		4	Homem	aker							
	17. FATHER'S NAME (First, Middle, Last)  Fred Boor	man Martenis			18, MOTHER'S N			Willi	ome		
	19e. INFORMANT'S NAME (Type/Print)	man narcenzo	19b. MAILING	ADDRESS /Strae	t end Number or Rura						_
TO BE	Horace Allen Gal	laher			Hill Road				2 <b>19</b> 2	1	
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Rem		PLACE AND DATE		Name of	60ATE	20c. LC	OCATION — CH	y or Town	, State	
	4 Donation 5 Other (Specify)		tery, crematory or o Bethel C	emetery	7	199	3 Ch	esapea	ke C	ity, MD	
a la	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1. 1	HI HI	AND ADDRESS OF F	for F	unera	als, P	.A.		
	Dalph	16. H	cek	E EI	J West Si	2192	n Str	reet			
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that caused List only one cause on ea	the death. Do n	not anter the m	noda of dying, au	ch aa cardi	ac or reap	elratory arrea	ıt,	Approximata interval Between	en.
	iMMEDIATE CAUSE (Final disease or condition			4						Onset and Dea	
	resulting in death)	DUE TO (OR AS A								-	_
7	_		CONSCOUENCE OF	r).							
ERTIFICATION	Sequentially list conditiona, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	F);						ļ	_
S	CAUSE (Disease or injury	C									
RTIFIC	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):							
O		d								<del> </del>	
SAL CE	PART II. Other significent condition	na contributing to deeth bu	t not resulting i	in the underlyl	ing ceuse given in	Part I.	24a. WAS AN PERFO	DAAFER	Al	ERE AUTOPSY FINDING	
EDIC							1 TYES	2 📉 NO		OMPLETION OF CAUSE F DEATH?	
2						—			1	YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C	heck only one	)				
SICI/	EXAMINER?  1 Tes 2 No	HOSPITAL: 1 X Inpatient 2 - ER/Outpar	tient 3 DOA	OTHER:	ome 5 🗆 Residence						_
PHY	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. II	NJURY AT VORK?			INJURY OCCU	RED		-
ВУ Р	1 X Natural 5 Pending 2 Accident Investigation	(1101111, 20), 1012)			YES 2 NO						
TED	3 Suicide 8 Could not be 4 Homicide determined	28a, PLACE OF INJURY - building, atc. (Specif	— At home, ferm, s	street, fectory, off	lice	281. LOCA City of	TION (Street Town, Stete	and Number or	Rural Rou	te Number,	
	AA. OFFICIER		-					·			
COMPLET	(Check only 1 CENTIFYING PHYS	ICIAN: To the best of my knowle IR: On the basic of examination									
8	29b. SIGNATURE AND TITLE OF CERTIFIE		end/or investigatio	n, in my opinion,			and place, ar				
BE COM	The of Centifie				D3239					onth, Day, Year)	
P	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type,	Print)				Jun	е 1/	, 1993	_
	Thomas E. Finuca	n, M.D 3 M	lauldin A	Avenue	- North	East,	MD 2	21901			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT									
	JUN 17'93	Julia Davidson	pandall.								



3. TIME OF DEATH

2. DATE OF DEATH

YEAR S EARLE O. GILBERT SR. 2238 6 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS 5 SEY 7. DATE OF BIRTH 219-07-3320 DAYS HOURS 1 X № 2 | F 9-22-1911 PENNSYLVANIA Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 361 RAGAN ROAD DIRECTOR CONOWINGO CECIL RESIDENCE OF DECEDENT 10h COUNTY 10d. INSIDE CITY MARYLAND CECIL CONOWINGO 1 TES 2 NO permit. FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? detached for use as the bunial-transit 361 RAGAN ROAD 21918 be retained by the hospital or attending physician. ge 5 should be detached for use as the bunal-tran USA 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 TYES 2 THO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married BY 3 Widowed 4 Divorced Spec WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working Elementary/Secondary (0-12) College (1-4 or 5+) UNKNOWN SUPERINTENDENT CANNERY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) OAKLEY B. GILBERT BE MARY HANNON notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 HARIET F. GILBERT 361 RAGAN ROAD, CONOWINGO, MD 21918 og 20s. METHOD OF DISPOSITION

1 Buriel 2 Cremetton 3 Removal from State hours after death. Page 6 may 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must funeral director, LITTLE BRITIAN CEMETERY 6-23 NOTTINGHAM, 4 Donation 5 Other (Specify) the medical examiner 21. SIGNATURE OF FUNEBAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY R.T. FOARD FUNERAL HOME attending physician and completely filled in by the material Hygiene prior to burial, cremation, or removal. RIISNG USN, MARYLAND 23. PART I. Finter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reepiratory arrest, Approximata shock, or heart fellure. List only one Interval Between IMMEDIATE CAUSE (Finel Onset and Death CARDIAL disease or condition resulting in death) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF traumatic CERTIFICATION Sequentially list conditiona, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST the atten PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY een signed by the 1 | YES 2 | MO OF DEATH? Shows 1 TES 2 NO peed has bee PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) certificate h EXAMINER? HOSPITAL OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) this c 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 5 Pending Investigation DIRECTOR; After the hours after death vitem 28 is mari 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL F H 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE FUNERA be filed within 72 IMPORTANT: II 296. SIGNATURE AND TITLE OF CERTIFIER THE H THE F 29c. LICENSE NUMBER
D376G3 29d. DATE SIGNED (Month, Day, Year) BE 93 9 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BENNEX UMON 31. DATE FILED (Month Day Year) HERISTHAR'S SIGNATURE MN 22'93

FOR STATE REGISTRAR 93 19022 CERTIFICATE OF DEATH REG. NO. George Szeven Gissin 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Stev en Greonge Gi 1101 A may 4. SOCIAL SECURITY NUMBER 5. SEY 7. DATE OF SHRTH 6. AGE (In yrs. last birthday, IF UNDER 1 YEAR IF UNDER 24 HRS. 213-78-2302 36 1 M 2 | F 25 56 Washington Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Frederick Frederick permit. 1 X YES 2 NO FUNERAL 10e, STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1660 Colonial Way signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit Health and Mental Hygiene prior to burial, cremation, or removal. 21702 USA 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2√12 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2XXNO Specify: 14. RACE — American Indian, Black, While, etc. 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES BY white Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 12 ndary (0-12) College (1-4 or 5+) mechanic Montgomery County Schools 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumeme) Donald L. Giffin, Sr. Ħ Gladys L. Ganey notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Brenda Giffin 1660 Colonial Way, Frederick, Md. 21702 be 20e. METHOD OF DISPOSITION
1 N Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must 1 M Buriel 2 Cremation 3 L 4 Donation 5 Other (Specify) Mt. Olivet Cemetery 5/25/93 Frederick. Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HOME, P.O. BOX 1819 5.2 Frederick, Md. 21702 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory erreet, Approximate shock, or heert fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Fine) Onset and Death the diseese or condition STRANGULATION BY LIGATURE DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): traumatic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 shows any injury, PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO 10 State Dept. c 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) r this certificate hi EXAMINER? HOSPITAL OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 10 27. MANNER OF DEATH L DIRECTOR: After this cer hours after death with th item 28 is marked, c 286. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation ZI PP3 BY 1100A " 1 YES 2 NO 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, facto building, etc. (Specify) 8 Could not be determined mi COMPLETED HOME to the Juneral Directs

Lico within 72 hours a

IMPORTANT: If Item 2 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death 29%. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Serte D09867 05 21/93 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) W 7 Th STREET FREDERICK MN 21701 SMD 32. REGISTRAR'S SIGNATURE Julia Vavidson Pandall

OII

away and the state

THE FLUSTRIAL DR ALTENDING PRYSOLAM: The law requires that the destinate be executed within 14 hours after death. Page 6 may be retained by the hos THE FLUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF H		MENTAL HYGIEN		13023
	1. DECEDENT'S NAME (First, Middle, Las BESSIE R	bessie	Rober	ta Gaml	ole	2. DATE OF DEATH MONTH DA	5/26/93	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-12-1008		yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	B. BH	RTHPLACE (State or Foreign untry)
	9a. FACILITY NAME (If not institution, give			95 CITY, TOWN O	R LOCATION OF OE	Sept.11,	9c. COUNTY O	Maryland F DEATH
DIRECTOR	Shady Grove I	Adventist Hosp	ital	Rochu	ille		Mont	gomery
I H	10e. STATE 10b. COUN		10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY
	Maryland Mor	ntgomery		German				1 TES 2 TNO
I A		thorpe Lane.		10f.	20876			F WHAT COUNTRY?
FUNERAL	11, MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC		IC ORIGIN? (Specify Yes		SA ACE American Indian
B	1 Never Married 2 Married 3 Kyldowed 4 Divorced	FORCES? 1 YES		If yes, spe		, Puerto Rican, etc.)	В	ACE — American Indian, leck, White, etc. pecify: White
TED	15. OECEDENT'S EC (Specify only highest gra	DUCATION de completed)	(Give kind of a	USUAL OCCUPATIO	N st of working	16b. KIND OF BUS	INESS/INDUSTR	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Poor	eptionist		7	- 0001	
NO.	17. FATHER'S NAME (First, Middle, Last)		11606	SPETOLITS		IE (First, Middle, Malden )	V Office	9
BE C	John Pi	.erce		_		ie Gray	,	
2	19e. INFORMANT'S NAME (Type/Print)					oute Number, City or Town		
-	Joseph R. Gam					Germantov		
	20e. METHOO OF DISPOSITION 125 Burlel 2 Cremetion 3 Re 4 Donation 6 Other (Specify)		tery, crematory or o	OF DISPOSITION (Nat			CATION City or	- A123 - A173
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	orge wa		D ADDRESS OF FAC	y 5/28/93 auty	Adeli	ohi. Md.
L	Olin L.	Mobsenth		01in 26401	L. Moles Ridge R	worth, P.A.	us Md.	20872
Z	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a	la e	an	my l	as cardiac or reapir	ratory arrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	)	F):		)		
AL C	PART II. Other significent condition	ons contributing to deeth bu	t not resulting	in the undarlying	ceuse given in F	Part I. 24a, WAS AN A	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA	PVC'				05-4H-00-26	PERFORM	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
2						-		1 TYES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	LICODITA!			ACE OF DEATH (Chec	ok only one)		
YSI	1 TYES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpet	ient 3 🗆 DOA	OTHER: 4 - Nursing Home	5 - Residence 8	Other (Specify)		
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. TIM	URY WOR		26d. DESCRIBE HOW IN	JURY OCCURED	
8	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, atc. (Specif)	- At home, ferm, s	street, factory, office		261. LOCATION (Street ar City or Town, State)	nd Number or Run	al Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHY	SICIAN: To the best of my knowled	dge, death occume	nd at the time, date on, in my opinion, de	ath occurad at the the	o the cause(e) end menr ime, date end placa, end	ner ee atated.	e(e) ≋nd <i>m</i> anner ee stated.
B	29b. SIGNATURE AND TITLE OF CERTIFI	ER			29c LICENSE NUME		29d. DATE SIGN	ED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W						0 1	
	10 13 1	32. REGISTRAR'S SIGNAT	152	225 Shady	7 Grove F	Rd., Rockv	ille, M	d. 20850
	31. DATE FILED (Month) 12 8	1993 Julia Savi		400				
		0						

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		es 1, 2, 3 should
21215-0020	ital or attending physician.	ompletely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
BALTIMORE, MARYLAND 21215-0020	ay be retained by the hosp	page 5 should be detached
BALTIMOR	ed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	ompletely filled in by the funeral director,
760,	d within 5	ompletely

DIVISION OF VITAL RECORDS, P.O. BOX 687

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MIL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	IN THE CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		The series of its marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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OR AT	)IREC	DULS	me
MI	3	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	H
æ	쏀	40.	نتون

	1 - FOR STATE OF MARYLAND / DEP. CERT	ARTMENT OF HEALTH AN FICATE OF DEATH	D MENTAL HYGIENE REG. NO.	93 1902
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	3. TIME OF DEATH
	1700H /t. (3A	MBRILL	6 A	93 10.06 Pm
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. lest birthde	MONTHS DAVE HOUSE M	Manth Day Mank	8. BIRTHPLACE (State or Foreign Country)
-	9s. FACILITY NAME (if not institution, give street and number)	96. CITY, TOWN OR LOCATION O		COUNTY OF DEATH
201	HARBOR HOSPITAL CENTER	BALTIMOR	E 1	BALTIMORE.
L DIRECTOR	10a. STATE  10b. COUNTY  ANNE ARUND EL  10c. 1	PASADENA		16d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	150 COTTAGE GROVE NR	2/16	2	CITIZEN OF WHAT COUNTRY?
15	11. MARITAL STATUS 1 ☐ Never Married 2 Married 12. Was DECEDENT EVED IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO	13. WAS DECENDENT OF HIS	SPANIC ORIGIN? (Specify Yes or No exican, Puerto Rican, etc.)	0- 14. RACE — American Indian, Black, White, etc.
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES.		pecify:	Specify:
TED	(Specify only highest grade completed) (Give kind	'S USUAL OCCUPATION of work done during most of working use retired.)	16b. KIND OF BUSINESS	S/INDUSTRY
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+)	LDER	ResiNeur	The CONSTRUTION
Į į	17. FATHER'S NAME (First, Middle, Last)		NAME (First, Middle, Maiden Surnar	
BE	TORNATIO N. (TAMBRI  19a. INFORMANT'S NAME (Type/Print)  19b. MAII.		ANCITE	DAVIS
2	196. INFORMANT'S NAME (Type/Print)	NG ADDRESS (Street and Number or R	· \ (	e, Z(p Code)
	20g. METHOD OF DISPOSITION 20b. PLACE AND DA	E OF DISPOSITION (Name of	POVE DR F	ASADENA I'ID
	1 Buriel 2 ☐ Cremetion 3 ☐ Removal from Stata 4 ☐ Donation 8 ☐ Other (Specify) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	r other place)	6-11 11/00	DLOWN. MA
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS O	FFACILITY 495 RITE	Ettie Huy
	Gold Soman	BARRANICO	F.H. Sewan	or AARK MD 21146
	23. PART 1. Enter the diseases, or complicatione that caused the death. Deshock, or heart fellure. List only one cause on each line.	not enter the mode of dying,	such es cardiac or reepiratory	y srrest, Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. Cavalogenic	Shock		Onset and Death
	DUE TO (OR AS-IL CONSEQUENCE	OF):		
Į Š	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE	OF:		
CAI	CAUSE (Disease or Injury			į
CERTIFICATION	that initiated events DUE TO (OR AS A CONSEQUENCE resulting in death) LAST	OF):		
CER	d			
ÄL	PART II. Other significant conditions contributing to death but not resulting	g in the underlying couse giver	In Part I. 24a. WAS AN AUTOF PERFORMED?	
MEDICA			1 X YES 2 NO	COMPLETION OF CAUSE
<u>×</u>				1 🗆 YES 2 🔀 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF DEATH	(Check only one)	
VSIC	EXAMINER?  1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA	OTHER: 4 □ Nursing Home 5 □ Resider	ice 8 Other (Specify)	
		IME OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY	OCCURED
ВУ	2 Accident Investigation 3 Suicide 28a. PLACE OF INJURY — At home, fam	T TES 2 NO	28f. LOCATION (Street and Nur	order or Rumi Boute Number
COMPLETED	4 Homicide determined building, etc. (Specify)		City or Town, State)	moer of Hural Houle Humber,
릴	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurrence one)			
00	2 MEDICAL EXAMINER: On the beals of examination and/or investige	tion, in my opinion, death occured at	the time, deta and place, and dua	to the cause(a) and manner se stated.
BE	SIGNATUREAUS TIPLE OF CENTIFIER  CASALLEVO MD	29c. LICENSE		DATE SIGNED (Morph, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (7)	oe, Print)	I DENT	-1710.
	YURI CABALLENO, 3001 S  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	. HANOUERS	T. BALTIM	ore MD
	JUN 1 4 1993 John Davidson American			

BALTIMORE, MARYLAND 21203-3146

BALTIMORE, MARYLAND	TO THE CONTROL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Secounts after death. Page 6 may be retained by the hos	TO HIGH UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to make a mining 2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	INFORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HYSIC	TOTHER DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 he are mining to hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ced,
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	FOR STATE REGISTRAR	TATE OF MARYLAND /	DEPARTMENT OF	HEALTH AND MI	ENTAL HYGIENI REG. NO.	E 9	3 19025
	1. OECEDENT'S NAME (First, Middle, Lest)	renspan			2. DATE OF DEATH DA	10 9	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 5. S	M 2 F PAGE (In yrs. lest	VRS. IF UNDER 1 YEAR	NOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		RTNPLACE (State or Foreign ountry)
	9a. FACILITY NAME (If not institution, give street e			OR LOCATION OF DEAT	10-2-1923	9c. COUNTY O	NEW YORK
DIRECTOR	Shady Grove Ac	ventist Hosp	ital Kock	ville		Moi	ntgomery
JIRE	MARYLAND MONT	GOMERY	ROCKVILLE	ATION			10d. INSIDE CITY LIMITS?  1 X YES 2 NO
	104. STREET AND NUMBER			IOF. ZIP CODE		10g. CITIZEN (	OF WHAT COUNTRY?
FUNERAL	302 PATTON PLACE			20851			D STATES
BY FU	1 Naver Married WV Married	WAS DECEDENT EVER IN U.S. ARE FORCES? 1 1 YES 2 ☐ N IF YES, GIVE WAR OR DATES	O If yes,	ECENDENT OF NISPANIC apecify Cuben, Maxican, ES XXNO Specify:			RACE — American Indian, Black, White, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	oleted) (Gh	CEOENT'S USUAL OCCUPA ve kind of work done during Do NOT use retired.)	TION most of working	18b. KIND OF BUS	SINESS/INDUSTR	ΝY
APLE	Elementary/Secondary (0-12) Co	4 + PE	IYSICIST		GOVERNI	MENT	
	17. FATHER'S NAME (First, Middle, Last) WILLIAM GREENSPAN				E (First, Middle, Maiden	Surname)	
BE	19a. INFORMANT'S NAME (Type/Print)	196	. MAILING ADDRESS (Street			n, State, Zip Code	9)
2	MARILYN GREENSPAN		2 PATTON P	LACE - ROCI	KVILLE, MA	ARYLAND	20851
	20a. METNOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal 4 Donetion 5 Other (Specify)	from State 20b. PLACE ( other pla MT • CC		cemetery, crematory or		KANDRIA	or Town, State  VIRGINIA
	21. SIGNATURE OF POWERN SERVICE LICENSE	EE .	DANZ		BERG MEMOI		APELS, INC. E,MARYLAND
	23. PART I. Enter the dieeeses, or comp	1	eth. Do not enter the I				Approximats interval Between
	IMMEDIATE CAUSE (Finel disease or condition	A	0 11.	8			Onset and Deeth
	reaulting in deeth) e	OUE TO (OR AS A CONSEC	DUENCE OF):	atom			del
N	Sequentially list conditions, b.	Intable	Blust	Como o	1		weely
ATIC	if any, leeding to immediate cause. Enter UNDERLYING	Chonic I	hulom	arocy H	ha Las	kan	years!
CERTIFICATION	CAUSE (Disease or injury thet initiated eventa resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):	1			0
SER	d.						
ZAL SAL	PART II. Other aignificent conditione co	entributing to deeth but not r	esuiting in the underly	ing cauee given in P	art i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC					1	. E∑No	OF DEATH?
N.							
SICIAN:		SPITAL:	OTHER:	PLACE OF DEATH (Chec			
PHYS	1 ☐ YES 2 ☐ NO 1 D	Popularient 2 ER/Outpatient 3  28a. DATE OF INJURY (Month, Day, Year)		ome 5 Residence 8 INJURY AT WORK?	Other (Specify) 28d. OESCRIBE HOW F	NJURY OCCURE	D
ВУР	1 Natural 5 Pending 2 Accident Investigation		M 1 {	YES 2 NO			
유	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY At ho building, etc. (Specify)	me, farm, street, factory, o	Hice	28f. LOCATION (Street : City or Town, State)	and Number or R	ural Route Number,
COMPLET	tours only to	: To the best of my knowledge, de in the basic of examination end/or					use(e) end menner ee stated.
88	29b. SIGNATURE AND THE OF CERTIFIER	m		29c, LICENSE NUME		29d. DATE SIG	SNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO CO STEPHEN J. NEWMAN					RYLAND	20852
	31. DATE FILED (Month, Day, Year)	320 REGISTRAR'S SIGNATURE JUNIO DAVIDAMANA					
	JUN 1 4 1993	June handered-Non	TORES.				

A REPORT OF THE PROPERTY OF THE RESIDENCE OF

BALTIMORE, MARYLAND 21215-0020

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO		
100000	1. DECEDENT'S NAME (First, Middle, Last)  ABERT GO  4. SOCIAL SECURITY NUMBER	dSMIT	(In yrs. last birthday)			2. DATE OF DEATH DONTH D.	3 93	3. TIME OF DEATH
100	578-05-9031	1X□ M 2 □ F 87		IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-06-190	5 RUS	NPLACE (State or Foreign
TOR	99. FACILITY NAME (If not inetitution, give stre SUBURBAN HOSPITAL			96. CITY, TOWN	OR LOCATION OF D	EATN	9c. COUNTY OF MONTGO	
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY  MARYLAND  MONTO	POMEDA		Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	COMERY	DEI	HESDA	of, ZIP CODE		10g CITIZEN OF	WHAT COUNTRY?
FUNERAL	4521 East-West Hig				20814		United	States
B	1 Never Married 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D.	2 A NO	If yes, s	CENDENT OF HISPA pecify Cuban, Mexico S 2 NO Specifi	NIC ORIGIN? (Specify Yes en, Puerto Rican, atc.) fy:	Blac	E — American Indian, ck, White, atc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	ompleted)	16a. DECEDENT'S (Give kind of v life. Do NOT us	vork done during n	ION ost of working	16b. KIND OF BU	SINESS/INDUSTRY	
MPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	SALES			APPLIA	ANCE	
	17. FATHER'S NAME (First, Middle, Last)  JOSEPH GOLDSMITH				16. MOTHER'S NA	ME (First, Middle, Maiden "Unknown"	Surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print)  JOYCE CAPLAN					Route Number, City or Tow		20852
	20g_METHOD OF DISPOSITION 1 (ABurla) 2   Cremation 3   Remov. 4   Donation 5   Other (Specify)	ral from State 20b	PLACE AND DATE	OF DISPOSITION (A	-		CATION — City or T	own, State
	IL SIGNATURE OF FUNERAL SERVICE LICES		II . IIIIIIIIII		ND ADDRESS OF FA		tpiit, na.	Tyland
	Seanh	11/14	see	DANZI	NASKY-GOI	DBERG MEMO		PELS, INC. MD 20852
	23. PART i. Enter the disease, or conshock, or heart fallure. List iMMEDIATE CAUSE (Final disease or condition resulting in death)	RESPIR	d the daath. Do nach line.  A FOR A CONSEQUENCE OF	4 1	AILU		ratory arreat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	ACUTE PRIEUN	A CONSEQUENCE OF	NAL		URE	E - A	
PHYSICIAN: MEDICAL (	PART II, Other eignificant conditions SEVELE DEREPHERA DECUBITUS	contributing to death b	ATIUS	the undariying		Part i. 24a. WAS AN PERFOR	MED?	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	LACE OF DEATH (Ch	eck only one)		
₹ ¥	1 YES 2 NO 1	Inpatient 2 ER/Outp		4 - Nursing Ho		8 Other (Specify)		
BY P	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIMI	URY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCURED	
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, term, s	itreet, factory, offi		281, LOCATION (Street a City or Town, Stete)	and Number or Rural	Route Number,
COMPLETED		AN: To the best of my knowl On the basis of examination						s) end manner se stated.
TO BE C	Markey Centifier	ung PH	YSICIA	HN	29c. LICENSE NUI		29d. DATE SIGNED	+
	MVENURY	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, EDYG (C	Print) au	e Sui	te 227	SPRIN	K ND 7090
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE 1.00					

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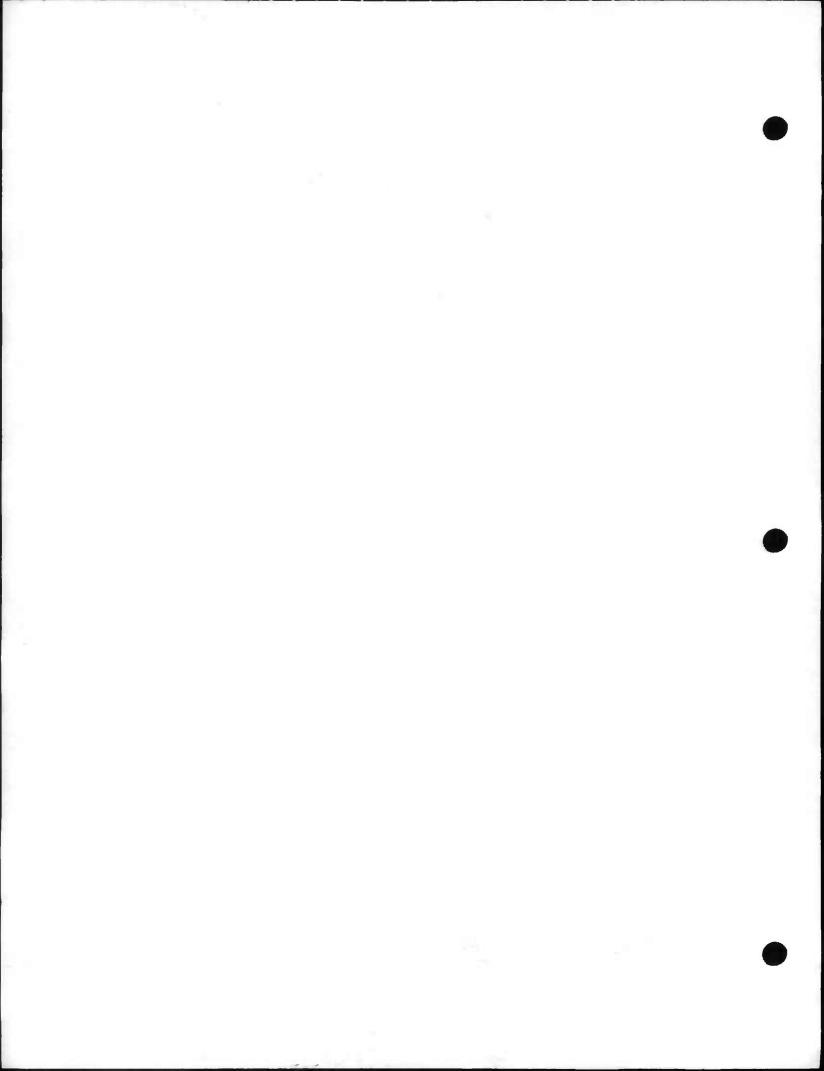
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IL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pag	LORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dis
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ge 6 may be retained by the hospital or attending physician. irrector, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netitiled at once.

. DEOLDERT O TEAME (FIN	st, Middle, Last)			CERTIF					REG. NO			3. TIME OF DEATN
		Aleida	Guille	en				Ju		AY 1	993	9:15 P.
4. SOCIAL SECURITY NUM	100717	5. SEX	6. AGE (In yrs.		IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DAT	E OF BIRTH nth, Day, Year)	-	8. BIRTI	PLACE (State or Foreign
067-62-431		1 ☐ M 2 🙀 F	83	YRS.				0c1	29,	1909		
Sa. FACILITY NAME (# not							R LOCATION OF E	EATH		9c. COL	INTY OF E	DEATN
CollingsW	OOD NU	rsing Cer	iter		Roc	ckv	ille			Me	ontgo	omery
10a. STATE	10b, COUNT	Υ		10c. CIT	Y, TOWN OR	LOCAT	ION					10d. INSIDE CITY
Maryland		gomery		Ger	mantov	wn						1 TES 2 NO
100. STREET AND NUMBER						7.50	. ZIP CODE					WHAT COUNTRY?
13019 Cher	ry Ben						20874			Pan		
1 Never Married 2	Married		YES 2 MAR OR DATES	ARMED ∑ND	If y	yes, spe	ENDENT OF NISPA	an, Puert	iiN? (Specify Yes o Rican, etc.)	s or No-	Blac	E — American Indian, k, White, etc.
3 Widowed 4 Dh	rorced	IF YES, GIVE Y	MAR ON DATES		1 12	X YES	2 NO Spec	_	amanian	1	Spec	#y: Hispanic
	CEDENT'S EDU		16a.	DECEDENT'S	USUAL OCC	CUPATIC	ON st of working		Sb. KIND OF BU		DUSTRY	punite
Elementary/Secondary		College (1-4 or 5	+)	Me. Do NOT u	se retired.)	ng mos	o. or working					
er Carrieran	****	2	I	<u>'eache</u>	r				Educati			
17. FATHER'S NAME (First,							18. MOTHER'S N	-		- '		
190. INFORMANT'S NAME				19b. MAII IN	Annesse /	Strant -	Alejano				n Cart-1	
Ileana Sla					as #		na munnudi Ui murai	- source NU	muer, unity or low	m, ordin, Zi	p (code)	
20a. METHOD OF DISPOSI	TION			CE AND DATE	OF DISPOSITI	_	me of	0/	TE 20c. LO	CATION -	City or To	own, State
1 Donation 5 Other		oval from State		opolit	ther plece)	ema	atorv	6/				Virginia
21 SIGNATURE OF FUNER	AL SERVICE LI	CENSEE					D ADDRESS OF F					
									T) TT 1	T3	. 11 1	т
IMMEDIATE CAUSE (F	heart fallure. Inal	Severe	Aspira	ne. ition	Pneumo	he mo	de of dying, su	k Dr	DeVol	ther	sbur	MD. 208 Approximate interval Betwee Onset and De
shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list condition any, leading to immeause. Enter UNDERL'CAUSE (Disease or in)	inal  itions, ediata YING	a. Severe  DUE TO  ACUTE (  DUE TO  C.	Aspira (OR AS A CONS Cerebro (OR AS A CONS	ntion SEDUENCE O DVASCU SEOUENCE O	Pneumo	oti	de of dying, suc	k Dr	., Gai	ther	sbur	Approximate interval Between
shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to Imm cause. Enter UNDERLY CAUSE (Disease or injusted events resulting in death) LA	ittions, ediata ying	a. Severe DUE TO b. Acute ( DUE TO c. DUE TO	Aspira (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS	Ine.  Ation SEDVENCE O  DVASCU SEQUENCE O	Pneumo	oti cci	tis dent	ch as ca	., Gai	ther	sbury	g, MD. 208 Approximate interval Between Onset and De
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Shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in limit in list in list of list resulting in death) LA  PART II. Other signification resulting in death) LA  25. WAS CASE REFERRED EXAMINER?  1 YES 2 XNO  27. MANNER OF DEATH  1 Netural 5 2 Accident 3 Suicide 6 4 Homicide  29a. CERTIFIER (Check only one) 1 CERTIFIER (Check only one) 2 MEI	itions, ediata ring and condition structure.  To MEDICAL  Pending Investigation  Could not be determined  RTIFYING PNYSI  DICAL EXAMINE  E OF CERTIFIE	ACUTE DUE TO  B. ACUTE DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  DUE TO  DUE TO  DUE TO  C. DUE TO  DUE	Aspira (OR AS A CONS (OR AS A	ation sepuence of OVASCU SEQUENCE of SEQUENCE of resulting  3 DOA 28b. Till IN. death occurr for investigate	OTHER: 4% Nursing Street, factory at the time on, in my opin	28. PL 28. PL WO VO WO WO WO VO WO W	de of dying, surtis  dent  cause given in  ACE DF DEATH (C  5   Residence URY AT RK7 (ES 2   NO  and place, and du eath occured at the	Part I.	24a. WAS AN PERFORM 1 YES 2  CATION (Street y or Town, State)  euse(a) and mai	AUTOPSY RMED?  TAUTOPSY RMED?  TAUTOPSY NO  INJURY OCCUPANT AND	24b	Approximate interval Between Onset and De On



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPITAL OR ATTENDING PRINCIPAL THE law requires that the death certificate by measures that the death certificate has been signed by the attending physician.

TOTHE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should by med within 72 boars when the State Dept. of should memai Hydron to burial, crimation, or removal.

MEDORITANT, If item 28 is marked, or from 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

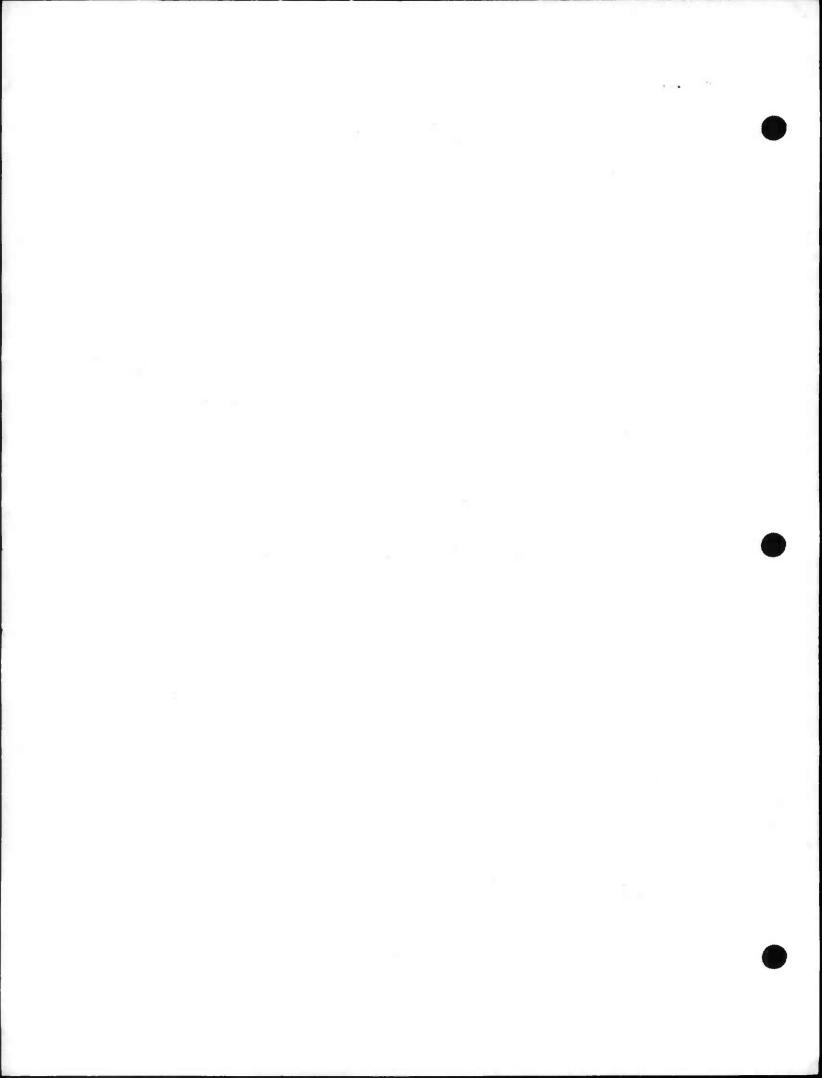
	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN		1 0 0 0			
	1. DECEDENT'S NAME (First, Middle, Last)	Antoinette I				2. DATE OF DEATH MONTH June 15,	AY YE	3. TIME OF OEATH 4:20 A M			
	4. SOCIAL SECURITY NUMBER 166-30-8529 9a. FACILITY NAME (If not institution, give sti	1 🗆 M 2 🗜 F	(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept. 17,	1921	HETHPLACE (State or Foreign country) Pennsylvania			
DIRECTOR	Suburban Hospit	Suburban Hospital Be				cry, rown or Location of Death  Section 19.0 county of Death  Montgomery					
	Maryland Mc	ontgomery	10c. CITY	, TOWN OR LOCAT	Bethes	da		10d. INSIDE CITY LIMITS?  1 YES 2 NO			
FUNERAL	5924 Johnson Ave				20817		Unite	crizen of what country? Inited States			
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 27 NO IF YES, GIVE WAR OR DATES				NIC ORIGIN? (Specify Yearin, Puerto Rican, etc.)	Yea or No-  14. RACE — American Indian, Black, White, etc.  Specify:  White				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w kine. Do NOT use  Biochemi	ork done during mo retired.)	ON st of working		BUSINESS/INDUSTRY nal Institutes alth				
	17. FATHER'S NAME (First, Middle, Last)	l	ME (First, Middle, Maiden	ŕ							
TO BE	George C. Greco				nd Number or Rural i	line Vaian: Route Number, City or Tow	n, State, Zip Code	20901			
ľ	Jacqueline A. Henson  248 Whitmoor Terrace, Silver Spring, Maryland  20s. METHOD OF DISPOSITION  150 Burdsi 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Neme of 6/19/93  20c. LOCATION - City or Town, State  2										
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERIAL SERVICE LICE		Sate of H	eaven Ce	meterv	l Nes	squehon	ing, PA			
	> Michael &	Thegin	M0084	6 Chevy Bethe	t A. Pum Chase, sda, Mar	phrey Fune Inc., 7557 yland 208	ral Hom Wiscom 14-350]	me/Bethesda- nsin Avenue			
	23. PART If Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate Interval Betw Onset and D onset										
NOIL	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  C. DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other significant conditions	contributing to deeth b	out not resulting in	tha underlying	cause given in	Part I. 24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)					
PHYS	1 VES 2 NO  27. MANNER OF DEATH	1 Inpatient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJ		8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURE	D			
ED BY	1	28e. PLACE OF INJURY building, etc. (Spec	— Al home, ferm, st	M 1 🗆 1	rES 2 NO	28f. LOCATION (Street a City or Yown, State)	and Number or Ru	iral Route Number,			
COMPLET		HAN: To the best of my know						ise(a) and manner as stated.			
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIED	usulla-	a moor invaligation	, in my opinion, a	29c. LICENSE NUN			RED (Month Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE			290	133	- 0//	3/93			
	31. DATE FILED (MORITI, Day Year)	15 225  15 AEGISHAB'S SIGN  FUNG DAVIDOON		GROVE	RD RO	CKUILLE	MD.	20850			
	JUN 1 ( 1993	yuna vavidson	-yandele								

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 8L12A DAY YEAR June 20, 1993 7:00A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 05-06-1948 1 M 2 X F 220-50-2859 45 MD should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 3908 York Drive Pages 1, 2, 3 Havre de Grace Harford RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD Harford Havre de Grace 1 YES 2 X NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3908 York Drive the funeral director, page 5 should be detached for use as the burial-transit 21078 USA hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, Whita, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 X Marrie IF YES, GIVE WAR OR DATES 1 TES 2 X NO Specify. BY 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Electrical Manufactures 12 Corporate Vice-President Representatives 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at John Joseph Scales BE Irene A. Nightengale 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. William John Haacke, 3908 York Drive, Havre de Grace, MD 21078 pe 20s. METHOD OF DISPOSITION
110 Burisl 2 Cremation 3 Ramoval from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF OISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must Rock Run Cemetery 6/25Havre de Grace, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mitchell-Smith Funeral Home, P.A. Havre de Grace, MD21078-3197 medicai 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by Approximata ahock, or heart failure. List only one cause on each line. interval Between ŏ IMMEDIATE CAUSE (Final Onset and Daath signed by the attending physician and completely fille Heatth and Mental Hygiene prior to burial, cremation, the K disease or condition 01 Umisjo PHYSICIAN: The law requires that the death certificate be executed within resulting in death) traumatic event, N OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury other t DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST 6 23 shows any injury, PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMEO) 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 2 DE DEATH? 1 - YES 2- NO has been Dept. of h 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) this certificate h Item HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO ne 5. Rasidence 6 (Other (Specify) marked, or 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 26b. TIME OF INJURY 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO death 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED item 28 is 6 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. FUNER 황 296. SIGNATURE AND TITLE OF CERTIFIE BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month Day 里 里寶 2 Selwille 23 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Louis Silverstein, M.D., 805 S.Union Ave., Havre de Grace, MD 21078 32, REGISTRAR'S SIGNATURE

Plia Davidson-Randelle

31. DATE FILEO (Month, Day, Year)

22 '93



1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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			1. DECEDENT'S NAME (First,	Middle, Last)	0.10	1 R	alph	HARDMA	AN		2. DATE OF	OEATH DA	Y	YEAR 3.	TIME OF DEATH
			4. SOCIAL SECURITY NUMBE		5. SEX	AGE (In yrs. le:					6	8		931	4 >/A M
			570 1/1	01/1	1 2 W 2 D F			MONTHS DA		F UNDER 24 HRS, OURS MIN.	7. DATE OF	BIRTH Day, Year)		Country)	ACE (State or Foreign
3	- Sages	· cc	9a. FACILITY NAME (If not igs	0161	<u> </u>	74	79 YRS.				7-2	0-1	3 1	Mary.	
9			D-00 1 1	ututon, give s	Treet and number)	1100	110	96. CITY, TO		LOCATION OF DE	A / A	0	- 0	TY OF DEAT	ince
0		DIRECTOR	RESIDENCE OF DECI	EDENT	200003	NS9	Hum	2 /1	10	topero	UTV	9	MD	Ged	ince orges
Рапес		Ä	10e. STATE	10b. COUNTY			10c. CITY	, TOWN OR L	OCATION	P				10	Id. INSIDE CITY
			Maryland	Pri	nce George	2		Chape	1 0	akes				1	LIMITS?
permit		A.	10. STREET AND NUMBER						V	P CODE			10g. CITIZ	EN OF WHA	T COUNTRY?
n. ansit		ER	1208 57th	Aven	ue					20027				USA	
15-0020 ending physician. as the burial-transit		FUN	11. MARITAL STATUS  1 Never Married 2 3 8		12. WAS DECEDENT E	VER IN U.S. AF	RMED NO			DENT OF HISPAN by Cuban, Mexica			or No-	14. RACE	American Indian, /hite, atc.
5-0020 nding physic stree buriates		BY	3 Widowed 4 Divor		FORCES? 1-	OR DATES				NO Specify		ant, arou			Black
215-0020 attending physician. se as the burial-tran		9	15. DECE	DENT'S EDU	CATION	18a DE	CEDENT'S	USUAL OCCU	DATION		465 1/	NO OF BUILD			
T 6 3		ETE	(Specify only Elementary/Secondary (0-1	highest grade	completed) College (1-4 or 5 +)	(G	ive kind of w	ork done durin	g most o	of working	100, 10	IND OF BUS	INESS/INDU	SINT	
Spital spital	OUCE.		0-6		College (14 of 5 f)		Trucl	k Driv	rer						
the hospital		COMP	17. FATHER'S NAME (First, Mid	idle, Last)					11	8. MOTHER'S NA	ME (First, Mid	dle, Maiden :	Sumeme)		
7 6 6	Ħ	BE C	Eli Hat	rdman						Lena	Gross				
TAR strained	notified	TO B	19e. INFORMANT'S NAME (Typ	oe/Print)		19	b. MAILING	ADDRESS (St	reet end i	Number or Rural I	Poute Number,	City or Town	, State, Zip (	Code)	
BALTIMORE, N after death. Page 6 may be re by the funeral director, page 5	must be no		Martha C	. Hard	man	4	20 42	20 W.	Dare	es Beac	h Rd.	Pri	nce F	red.	Md 20678
			20e. METHOD OF DISPOSITION 1 ☑ Burlai 2 ☐ Cremation		aval from State	20b. PLACE	AND DATE O	FDISPOSITIO	N (Name	of	DATE			ity or Town,	
Se o O			4 Donation 5 Other (	Specify)		ME. O	live	Church	n Ce	em. 6/1	15/93	Prin	ice Fr	reder	ick, Md
SALTIN r death. Pag to funeral dir	examiner		21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE			22. NAM	E AND	ADDRESS OF FA	CILITY	well	Fune	ral H	ome
	exa exa		Spen	car	S. lo.	120	1	145	1 Da	res Bea					rick, Md
after by th	or remove		23. PART I. Eriter the dis	eases, Or o	omplications that c	sused the de	eath. Do no								Approximate
24 hours filled in	De la		shock, or he	ert fallure, i	List only one cause	on each line	<b>.</b>							,	Interval Batween Onset and Death
	the the	ı	disease or condition resulting in death)	•	Acute.	Co	relies	d look	<u>~</u> ~ .	Arre	42				6/8/93
60, with	event,	- 1	resulting in death)	-	DUE TO (OF	R AS A CONSE	OUENCE OF	):	019	8		_			
executed within and completely		Z	Sequentially list condition		Auste	d Re	curre	4 As	pro	r. tim	Pre	umon 4	4.7		1992
X C	nor to buria	Ĕ	If any, leading to immediate									10.4 5			
	e pri	2	CAUSE (Disease or injury									1943			
.O. B. certificate ding physi	oth		that initiated events  resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  C. S. L. C.										1993		
S, P death	Mental P	CERTIFICATION	d.										1		
	P =	4	PART II. Other significan	condition	contributing to de	sth but not i	resulting in	the under	lying c	ause given in	Part i. 24	Ia. WAS AN			RE AUTOPSY FINDINGS
CORD res that the igned by th	≥ a	MEDICAL	CAH	KISP						_	_   1	YES 2	11	co	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
L KECO law requires the	Ows	W										,			YES 25 NO
aw re	Dept. of	ż													
A H B	State D	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				6. PLACE	E OF DEATH (Che	eck only one)				
F VIII	or It	Z N	1 TYES 2 NO		1 Inpatient 2 E	R/Outpatient 3		OTHER:	Home 5	5 Residence	8 Other (S	ipecify)			
ATTENDING PHYSICIAN: CTOR: After this certifical	=	H	27. MANNER OF DEATH		28e. DATE OF IN. (Month, Day		28b. TIME		WORK?		28d. DESCR	IBE HOW IN	JURY OCCU	JRED	
DING P	death with	À		ending vestigation	NDA				☐ YES	2 1 NO					
ATTENDIN ECTOR: Aft	~~	- 11		ould not be	28e. PLACE OF III building, atc.	. (Specify)	me, farm, st	reet, factory,	office		28f. LOCATI City or	ON (Street er fown, State)	nd Number o	r Rural Route	Number,
OR ATTENION DIRECTOR:	hours after	Ē,				.									
A K O	2 = 2	COMPLETED			CIAN: To the best of my										
HESPITAL FUNERAL	within TANT:	įς į	2 MEDIC	AL EXAMINE	R: On the beels of exam	ination end/or	Investigation	, in my opinio	on, death	n occured at the	time, date en	d place, end	due to the	ceuse(s) en	d manner ee stated.
	MPORTANT:	ш	296. SIGNATURE AND TITLE C						29	c. LICENSE NUM	IBER	T	29d. DATE	SIGNED (MC	onth <sub>a</sub> Day, Year)
- E	E P	0	(JUF atr	-	E (C)					777	29		<b>&gt;</b> 6	18	(93
4	4	-	30. NAME AND ADDRESS OF		4 .	OF DEATH (ITE				D.	C1			-	
1-	7		00 14		MIMO	44	Lo	esv.	116	Pil.	27 4	111	091	0	
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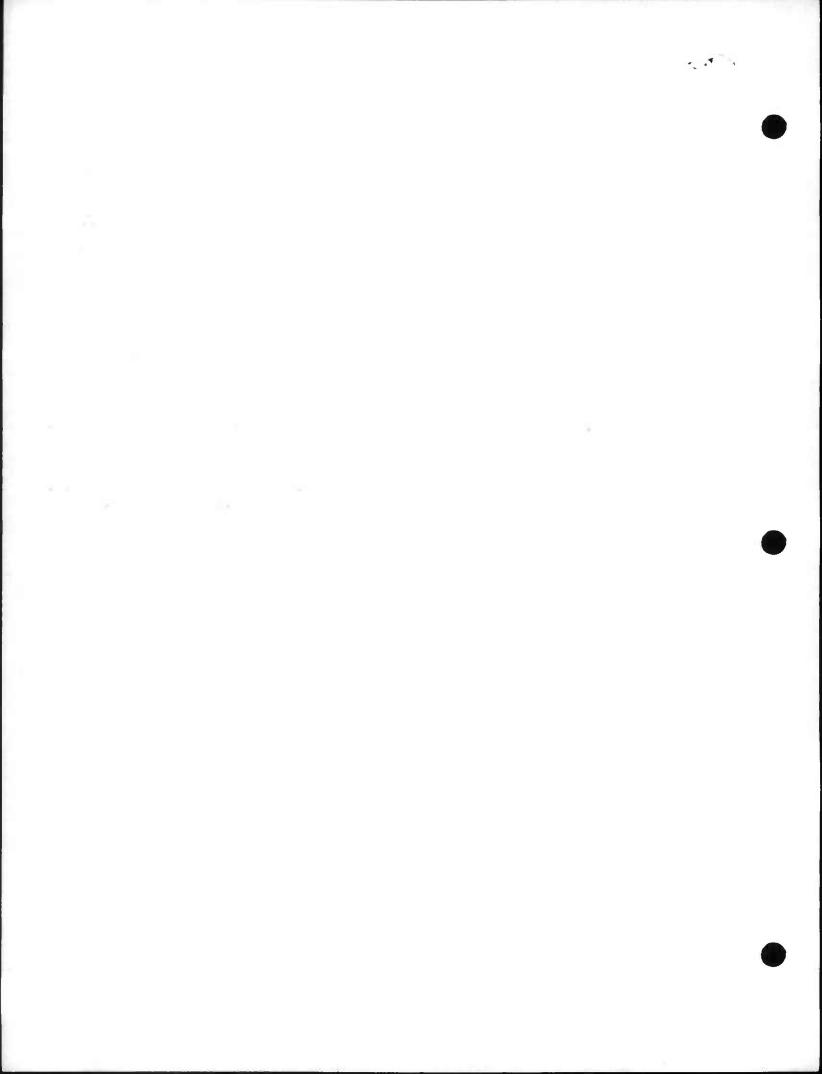
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 - FOR STATE REGISTRAR

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VIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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1. DECEDENT'S NAME (First, Middle, Last)  MAE L. HALL  MAE LEAN HALL  2. DATE OF MONTH.	F DEATH DAY YEAR 3. TIME OF DEATH 3
#4U0~Z0~U001	/1924 Mississippi
9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  FALLSTON GENERAL HOSPITAL FALLSTON  RESIDENCE OF DECEDENT	9c. COUNTY OF DEATH  14 ARFORD
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Edgewood	10d, INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO
½   ##   1545 Charlestown Drive   21040	10g. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEMBENT OF HISPANIC ORIGIN?  11. MARITAL STATUS  11. MARITAL STATUS  11. Never Married  12. WAS DECEMBENT OF HISPANIC ORIGIN?  13. WAS DECEMBENT OF HISPANIC ORIGIN?  14. WAS DECEMBENT OF HISPANIC ORIGIN?  15. WAS DECEMBENT OF HISPANIC ORIGIN?  16. YES 2 M NO Specify Cuben, Maxican, Puerto Rk  16. YES 2 M NO Specify:	(Specify Yes or No—  14. RACE — American Indian, Black, White, etc.  Specify: Black
(Specify only highest grade completed)  (Give kind of work done during most of working life. Do NOT use retired.)  (Give kind of work done during most of working life. Do NOT use retired.)	UND OF BUSINESS/INDUSTRY
🗲 🏂 🕷 🔣   William (nmn) Lauderdale   Molly (nm	n) Sykes
	M. Court, Edgewood, Md.
1 M Burlel 2 Cremetton 3 Removel from State  1 M Burlel 2 Cremetton 3 Removel from State  1 M Burlel 2 Cremetton 3 Removel from State  1 M Burlel 2 Cremeton 5 Removel from State  1 M Burlel 2 Cremeton 5 Removel from State	20c. LOCATION — City or Town, State  Bel Air, Maryland
Howard K. McComas :	III Funeral Home, P.A., Abingdon, Md. 21009
disease or condition resulting in death)  NOT THE THE COURT (THE DISE (THE D	Approximate interval Between Oneet and Death
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 2  PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 2  PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 2	44. WAS AN AUTOPSY PERFORMED?  PERFORMED?  YES 2 NO  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
4 2 2 4 AS CASE REFERRED TO MEDICAL EXAMINER? / LEXAMINER? / LEXAMINER? / LEXAMINER?	
T C to > E	RIBE NOW INJURY OCCURED
28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	ION (Street and Number or Rural Route Number, Town, State)
S S N = E	
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)  6 (15/93)
Marco A, Zamora, MD	
31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  July 17'93  July 17'93	DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

NT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

1	FOR STATE REGISTRAR
i	1. DECEDENT'S NAME
	BERNIC

	REGISTRAR		CERTIF	ICATE OF DEA	TH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DAT	E OF DEATH	3. TIME OF DEATH			
y	BERNICE	E.		HIGGINS	0 6		1993 12:05 PM			
1	4. SOCIAL SECURITY HUMBER		E (In yrs. lest birthday)							
	214-28-8458	1 🗆 M 2 🔀 F	84 YRS.	IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS	MIN. 7. DATI	E OF BIRTH  17th, Day, Year)  -13-1908	6. BIRTHPLACE (State or Foreign Country) Maryland			
HC.	90. FACILITY HAME (If not institution, give Wesleyan Cent			96. CITY, TOWN OR LOCAT	TION OF DEATH	Caroline				
5	RESIDENCE OF DECEDENT						di Gille			
DIRECTOR	Maryland Ta	lbot		y, town on Location aston			10d. INSIDE CITY UMITS? 1 4YES 2 HO			
4	10e, STREET AND HUMBER			10f, ZIP COI	DE	40- 00	TIZEN OF WHAT COUNTRY?			
FUNERAL	714 Goldsboro			2160			ISA			
BY FUR	11. MARITAL STATUS  1	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	S 2 10	13. WAS DECENDENT If yes, specify Cub 1 YES 2 480	OF HISPANIC ORIG Den, Mexican, Puerto Specify:	IN? (Specify Yee or Ho— Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify:			
	3 [A widowed 4   Divarced						White			
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	UCATION	16e. DECEDEHT'S	USUAL OCCUPATION	16	b. KIHD OF BUSINESS/IH	DUSTRY			
<b>1</b>	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT us	work done during most of work se retired.)	king					
겁	8	00.000 (1.40, 54)	D	ookkeeper	TT	and rome C	th area			
≥	17. FATHER'S HAME (First, Middle, Lest)		Б			ardware S	core			
						Middle, Maiden Surneme)				
BE	William Wesle	y Prettyma	an		Emma Si					
0	19e. IHFORMANT'S NAME (Type/Print)		19b. MAILIHG	AODRESS (Street and Number	er or Rural Route Nur	nber, City or Town, State, Zi	p Code)			
7	Nancy C. Step	hens	200 N	. Caesar r	venbor	ATTO WITTO	ming, DE 1993			
	20e. METHOD OF DISPOSITION			OF DISPOSITION (Name of	OATIEY		City or Town. State			
	1 XBuriel 2 Cremation 3 Ran	noval from State	cemelery, crematory or o	ther place)						
	4 Donation 6 Other (Specify)		Spring	Hill Cemet	ery 6	<u>-15 Easto</u>	n, MD			
	21. SIGHATURE OF FUHERAL SERVICE L	ICENSEE		22. HAME AHD ADDRI						
	<b>&gt;</b>	. =		Newnam	Funera.	1 Home, P	.A.			
	JOHN K	MERCE	RON CFS	200 S.	Harris	on St., E	aston, MD			
	23. PART I. Entar the diseases, pr	complications that cause on List only one cause on	sed tha death. Do r	ot enter the mode of d	ying, such as car	rdiac or respiratory ar	rest, Approximate			
	IMMEDIATE CAUSE (Fine)	Clat only one cause of	O O	0	11		Onset end Death			
	disease or condition resulting in death) - a. (ARW)(0 6 ULMUNAY (2)/17/152									
	resulting in death)		S A CONSEQUENCE O		11/22	The same of the sa				
	- Alahomene Duon									
CERTIFICATION	Sequentially list conditions, and the sequence of the sequence									
Ē	If any, leading to immediate									
2	CAUSE (Disease or injury									
느	that initiated events	DUE TO (OR AS	S A CONSEQUENCE OF	ን:						
	resulting in death) LAST	d.								
2										
DICAL	PART II. Other aignificent condition	na contributing to death	but not resulting	n the underlying cause	given in Part I.	24e. WAS AN AUTOPSY	24b. WERE AUTOPSY FIHDINGS			
5						PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
						1 TES 2 NO	OF DEATH?			
M							1 TYES 2 HO			
z										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26, PLACE OF	DEATH (Check only o	one)				
S	1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/O	utpatient 3 DOA	OTHER:	lasidence & Cost	er (Specify)				
<b>≟</b>	27. MAHNER OF DEATH	26e. DATE OF INJUR				er (Specify) SCRIBE HOW INJURY OC	CUREO			
	1 Netural 5 Pending	(Month, Day, Year		URY WORK?		SCHIBE HOW INJURY OC	CONEO			
B	2 Accident Investigation			" I TES 2	□ NO					
	3 Suicide 6 Could not be	26e. PLACE OF INJU building, etc. (S	RY — At home, ferm, a pecify)	treet, fectory, office	261. LO	CATION (Street end Number or Town, State)	r or Rural Route Number,			
11	4 Homicide determined				0.0					
COMPLET	29e. CERTIFIER	SICIAN: To the best of a .	audadas deset es							
₹ I		SICIAN: To the best of my kn								
ō I	Z MEDICAL EXAMIN	En: Un the beele of examina	tion and/or investigation	n, in my opinion, death occu	ured at the time, dat	e end piece, end due to ti	he cause(e) end manner ee stated.			
	296. SIGNATURE AND TITLE OF GERTIFIE	R		29c. LIC	CENSE HUMBER	29d. DAT	E SIGHED (Month, Day, Year)			
BE	Slem W.	1/20	00	pf	48155	>	,,,			
2	30 HAME AND ADDRESS OF BEREON WE	NO COMPLETED OFFICE	0	1/	10000					
	30. HAME AND ADDRESS OF PERSON WI		DEATH (HEM 27) (Type,	Print)						
	De Henry 1	) TOMMOS	o Po	BOX 122	Golds	boro MI	21636			
100	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	GNATURE							
11	31. DATE FILED (MOTHII, Day, Tear)	0								

3 3 4 g/m c.

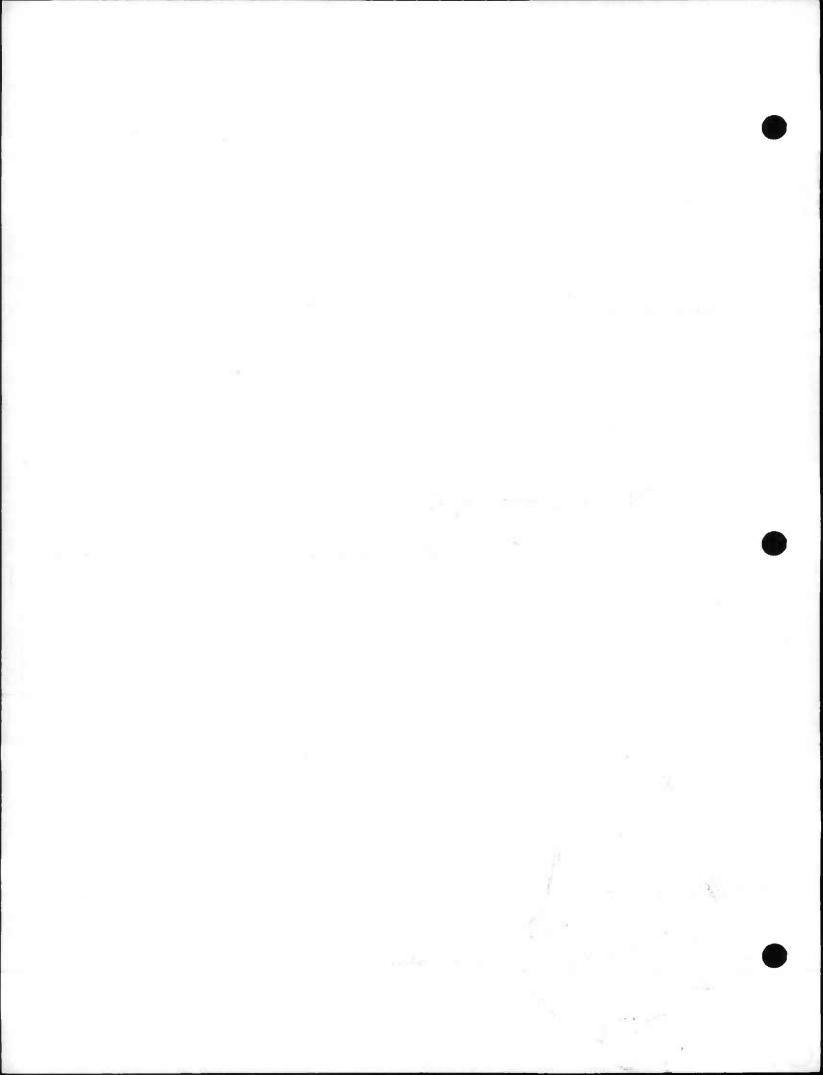
DHMH-16 Rev 1/89

		s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
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	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	e atten	lental F
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	V: The	cate h	State D
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_		FOR STATE REGISTRAR		STATE OF I	WARYL			TMENT ICATE				MENT	AL HYGIENI REG. NO.	E		13033
		1. DECEDENT'S NAME (First										2. DAT	E OF DEATH	1/6	YEAR 3	. TIME OF DEATH
		Abraha		er Hoste								61/8/73/1			12:150	
		219-01-2100	SER	5. SEX	6. AGE (1	n yrs. lasi	birthday)	IF UNDER	DAYS	TEAR IF UNDER 24 HRS. 7. DI		7. DAT	28,191	7	Country)	ACE (State or Foreign
		9e. FACILITY NAME (If not in	estitution charac				rna.	AL OFFI	701101				. 20, 191		Mary	
Œ		Residence: 8	-		hen			96. CITY, TOWN OR LOCATION OF DEATH Rising Sun						70.50	ecil	тн
CTOR		RESIDENCE OF DEC		ecower n	Joau			RISING DUI							ecri	
DIREC	1	10a. STATE	10b. COUNTY	Υ			10c. CIT	Y, TOWN O	R LOCAT	TION					1	Od. INSIDE CITY
	- 1	Maryland		Ceci	1			Ri	sin	g Sur	1				1	☐ YES 2 🖾 NO
FUNERAL	1	10e. STREET AND NUMBER							101	ZIP CODE						AT COUNTRY?
ÿ		876 Firetower Road 21911											S.A.			
5		11. MARITAL STATUS 1 Never Married 2 1	12. WAS DECEDEN FORCES? 1	X YES	2 N		l l	yes, sp	ecify Cuba	n, Mexica	n, Puerto	IN? (Specify Yes Pican, etc.)	or No-	14. RACE - Black, 1	- American Indian, White, etc.	
B		3 Widowed 4 Divo		IF YES, GIVE Y	W. I			1	☐ YES	2XX NO	Specify				Specify:	White
0			EDENT'S EDU	CATION	1	16a. DE0	CEDENT'S	USUAL OC	CUPATIO	ON		16	Sb. KIND OF BUS	INESS/INDU	ISTRY	WILLEC
ᄪ		Elementary/Secondary (0		College (1-4 or 5	+)	life.	ve kind of s Do NOT us	work done one retired.)	uring mo	st of worldn	g	W	iley Ma	nufac	turi	ng Compan
교		Twelve Year	s			Pur	chas	ing	Age	nt			ort Dep			
once. COMPLET		17. FATHER'S NAME (First, M								18. MOTI	IER'S NAI	ME (First,	Middle, Maiden	Sumame)		-
BE at		Abraham Hostetter Martha Woodrow														
100		196. INFORMANT'S NAME (Typer/Print)  Rozanne B. Hostetter  196. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  876 Firetower Road, Rising Sun, Maryland 21911														
9											id, k	_				
TE I		20a. METHOD OF DISPOSITATION OF DISPOSIT		oval from State	geme	PLACE A	nd DATE (	of DISPOSI ther place) S &	TION (No	me of		1		CATION — C		•
-	1	21. SIGNATURE OF FUNERA		DENSEE	K.	A. P	erri			D ADDRES		19/	93  Wes	t Che	ester	, PA
Ē	1	▶ 1h	m			/		Le	e A	Pat	ters	on	& Son F	unera	al Ho	me
<u>a</u>		Numar	0111.7	THE	Mr.	X.		Pe	rry	ville	, Ma	ryl	and 21	903		
medic		shock, or heart failure. List only one cause on each line.											Approximate Interval Between Onset and Dea			
Ě	disease or condition resulting in death)  a. Prostate Cancer									Surs						
New Year	DUE TO (OR AS A CONSEQUENCE OF):										170					
왕		Sequentially list conditions,														
ry, or other traumatic CERTIFICATION	1	if any, leading to immediate cause. Enter UNDERLYING														
취임		CAUSE (Disease or injury C.														
티분		that initiated events resulting in death) LAST														
S. E		d														
를 를		PART ii. Other algolifica	nt condition	s contributing to	death bu	it not re	suiting	in the un	derlyln	g cause g	lven in	Part I.	24s. WAS AN A PERFOR	AUTOPSY MED?		ERE AUTOPSY FINDING
를 일	- 11	PERFORMED? CAMAL									OMPLETION OF CAUSE					
0	Ш											_	1   YES 2	NO NO		F DEATH?
MEDICA												_	1   YES 2	₩ NO	٥	F DEATH?
												_	1   YES 2	₩ но	٥	
A A		25. WAS CASE REFERRED TO EXAMINER?	D MEDICAL	HOSPITAL:				OTHER		ACE OF D			one)	№ мо	٥	
or item 23 YSICIAN		EXAMINER?	D MEDICAL	1 Inpatient 2		itlent 3			: Ing Hom	· SYDKR		6 🗆 Ott	one) ner (Specify)		1	
or item 23 YSICIAN		EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH			INJURY	atlent 3	28b, TIM	4 🗆 Nurs	: Ing Hom 28c. INJ WO	URY AT	eldence	6 🗆 Ott	one)		1	
marked, or item 23 BY PHYSICIAN		EXAMINER?  1 YES 2 X NO  27. MANNER OF DEATH  1 X Natural 5   2 Accident	D MEDICAL Pending	28a. DATE OF (Month, D	INJURY Pay, Ybar)		26b, TIM INJ	4 D Nurs E OF URY M	: Ing Hom 28c. INJ WO 1 🔲 '	URY AT PIK?	eldence	8 🗆 Ott 28d. Di	one)  THE (Specify)  ESCRIBE HOW IN	JURY OCC	O 1	YES 2 NO
is marked, or item 23 D BY PHYSICIAN		27. MANNER OF DEATH    YES 2   NO   27. MANNER OF DEATH    Watural   5	Pending	1 Inpatient 2 28e. DATE OF (Month, D	INJURY Pay, Ybar)	— At hor	26b, TIM INJ	4 D Nurs E OF URY M	: Ing Hom 28c. INJ WO 1 🔲 '	URY AT PIK?	eldence	8  Ott 28d. Di	one) ner (Specify)	JURY OCC	O 1	YES 2 NO
is marked, or item 23 D BY PHYSICIAN		EXAMMER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5   2 Accident  3 Suicide 8   4 Homicide	Pending Investigation Could not be determined	1	INJURY lay, Year) IF INJURY etc. (Speci	— At hor	26b. TIM INJ ne, ferm, s	4 Nurs	ing Hom 28c. INJ WC 1 '	URY AT RK?	NO NO	28d. Di	pone)  ser (Specify)  ESCRIBE HOW IN  CATION (Street e. y or Town, State)	JURY OCCI	JRED  FRUIT ROUTE	YES 2 NO
is marked, or item 23 D BY PHYSICIAN		EXAMMER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5   2 Accident  3 Suicide 8   4 Homicide  29e. CERTIFIER (Check only)	Pending Investigation Could not be determined	1 Inpatient 2 Eas. DATE OF (Month, B)  28e. PLACE Cobuilding,  CIAN: To the best of	INJURY lay, Year) OF INJURY etc. (Speci	— At hor	28b. TIM INJ ne, ferm, s	4 Nurset	: ing Hom 28c. INJ W0 1 ''	e S Re URY AT RK? /ES 2  end place,	NO NO	28d. Di	pone)  Ser (Specify)  ESCRIBE HOW IN  CATION (Street e. y or Town, State)	IJURY OCCI	O 1  JRED  JRED Rural Rou	YES 2 NO
is marked, or item 23 D BY PHYSICIAN		EXAMMER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5   2 Accident  3 Suicide 8   4 Homicide  29e. CERTIFIER (Check only)	Pending Investigation Could not be determined IFYING PHYSI CAL EXAMINE	1 Inpettent 2 Eas. DATE OF (Month, D 28e. PLACE Of building,  CIAN: To the best of e	INJURY lay, Year) OF INJURY etc. (Speci	— At hor	28b. TIM INJ ne, ferm, s	4 Nurset	: ing Hom 28c. INJ W0 1 ''	e SARe URY AT RK? /ES 2  end place,	NO NO	8 Oth 28d. Di 28f. LO City	pone)  Ser (Specify)  ESCRIBE HOW IN  CATION (Street e. y or Town, State)	nd Number of the state of due to the	JRED  JRED  d.  cause(e) a	YES 2 NO
PORTANT If item 28 is marked, or item 23 BE COMPLETED BY PHYSICIAN		EXAMNER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5   2 Accident  3 Suicide 8   4 Homicide  29e. CERTIFIER (Check only one) 2  MEDI  29b. SIGNATURE AND TITLE	Pending Investigation Could not be determined IFYING PHYSI CAL EXAMINE OF CERTIFIER	28e. DATE OF (Month, D. 28e. PLACE Of building, CIAN: To the best of R. On the basie of e	INJURY ay, Year) IF INJURY etc. (Speci my knowle xamination	— At hor	28b. TIM INJ ne, ferm, s	4 Num E OF URY M street, factored at the the	: ing Hom 28c. INJ W0 1 ''	e STRe URY AT RK? /ES 2  end place, eath occur	NO NO and due	8 Oth 28d. Di 28f. LO City	pone)  Ser (Specify)  ESCRIBE HOW IN  CATION (Street e. y or Town, State)	nd Number of the state of due to the	JRED  JRED  d.  cause(e) a	te Number,
is marked, or item 23 D BY PHYSICIAN		EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 XNetural 5   2 Accident  3 Suicide 8   4 Homicide  29e. CERTIFIER (Check only one) 2 MEDI	Pending Investigation Could not be determined IFYING PHYSI CAL EXAMINE OF CERTIFIER	28e. DATE OF (Month, D. 28e. PLACE Of building, CIAN: To the best of R. On the basie of e	INJURY ay, Year) IF INJURY etc. (Speci my knowle xamination	— At hor	28b. TIM INJ ne, ferm, s	4 Num E OF URY M street, factored at the the	: ing Hom 28c. INJ W0 1 ''	e SARe URY AT RK? /ES 2  end place,	NO NO and due	8 Oth 28d. Di 28f. LO Cir. Cir. to the cotime, dat	pone)  Ser (Specify)  ESCRIBE HOW IN  CATION (Street e. y or Town, State)	nor as state of due to the	JRED  V Rural Rou  d.  cause(e) a	te Number,

31. Date FILED (Month, Bay, War)

JUN 2 1 '93

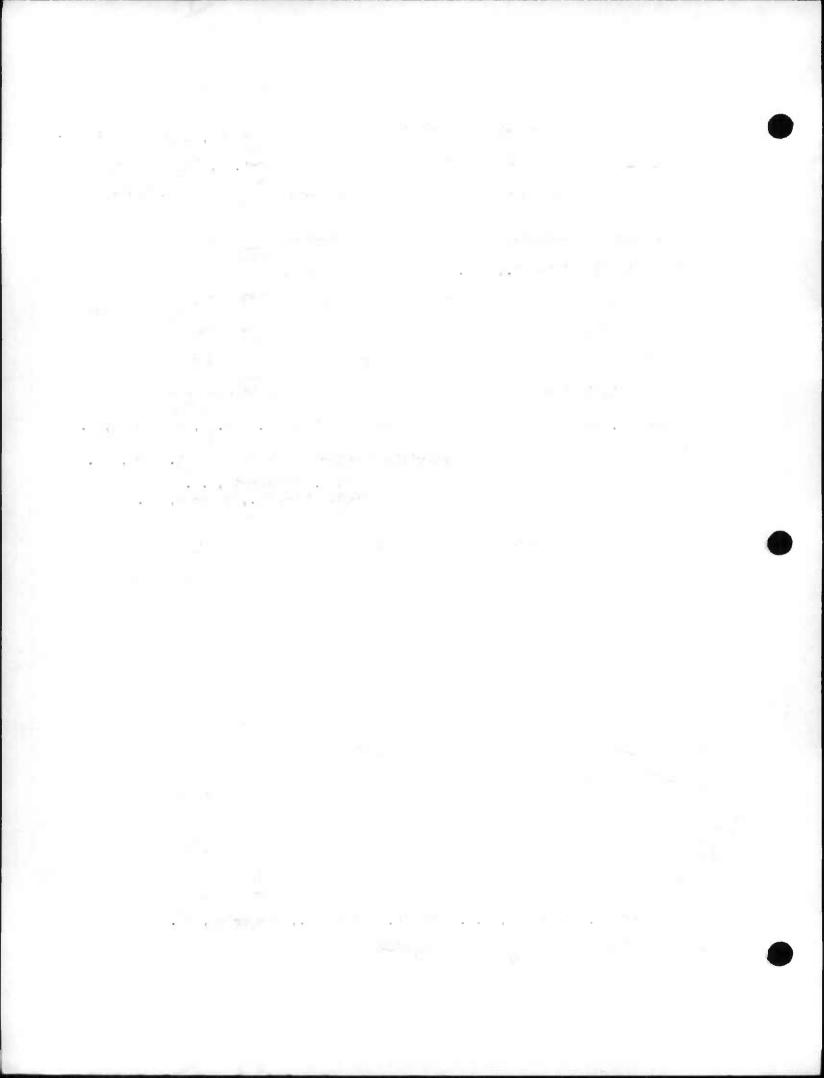


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flow and the death. Page 6 may be retained by the hospital or attending physician.

TO THE PUREDAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

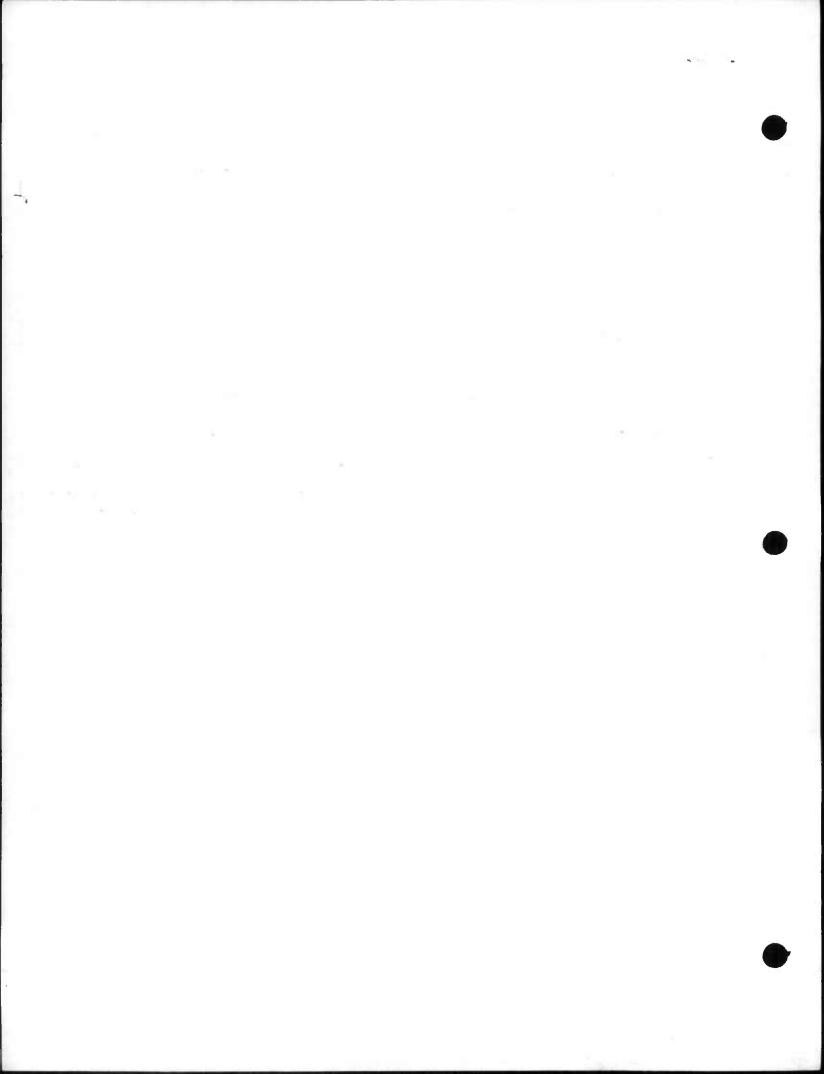
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC				IYGIENE REG. NO.	93	1903		
	1. DECEDENT'S NAME (First, Middle, Last)	Catherine	Virginia	Ноу		2. DATE OF MONTH	DAY	YEAR	TIME OF DEATH 4:22 A.		
	4. SOCIAL SECURITY NUMBER 219-07-9681 9a. FACILITY NAME (If not institution, give	1 🗆 M 2 🕏 F	77 YRS. MOI	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		1, 1915	Country) Mar	yland		
DIRECTOR	Northampden Mano			ederick	EATH		deric				
	Maryland Fr	10c. CITY, TO		derick			d. INSIDE CITY LIMITS?  XYES 2 NO				
LOISEUM	10 West All Sai	. 10	101	21701		109. CITIZEN OF WHAT COUNTRY? USA					
5	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	lever Married 2 Married FORCES? 1 YES 2 NO				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yee, specify Cuben, Mexican, Puerto Rican, etc.)  1  YES 2 NO Specify:					
	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work life. Do NOT use re Homema.	done during mo tired.)	DN st of worlding	16b. Kil	Own Home	BUSINESS/INDUSTRY			
	17. FATHER'S NAME (First, Middle, Last) Willie I				ney Peach						
	19a. INFORMANT'S NAME (Type/Print) Aaron J. Hoy			t All	Saints S		city or Town, State, Zip		,Md.2170		
	4 Donation 6 Other (Specify) Woodville Cemetery 5/29/93 Mt. Airy, Md.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Olin L. Molesworth, P. A.  26401 Ridge Rd., Damascus, Md. 20872  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.  Approximate										
	23. PART I. Enter the diseases, or shock, or heert failure immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	Hear A	re Seas	ent,	Approximats Interval Betwee Onset and Dea				
	PART II. Other significant condition	but not resulting in t	he underlyln	g cause given in		PERFORMED?	ERE AUTOPSY FINDING MILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO				
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THEB	ACE OF DEATH (C)						
	1 PYES 2 PANO  27. MANNER OF DEATH  1 Panding	1 Inpatient 2 ER/Out 26a. DATE OF INJURY (Month, Day, Year)	patient 3 DOA 4	F 28c. INJ			peally) IBE HOW INJURY OC	CURED			
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	Y — At home, farm, stre- icity)	M 1 YES 2 NO  At home, farm, street, factory, office 26f.				16f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	condition only to	SICIAN: To the best of my know							nd manner as stated.		
	29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNED (Morith, Day)										
	MOTTIS A. Wi  31. DATE FILED (Month, Day, Year)	lkinson, M.D.  32. REGISTRAR'S SIG	. 700 N.		t St., F	rederi	ck, Md. 2	21701	0		
			julson-Randal	2							



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		s has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be bett. of Health and Mental Hyglene prior to burial, cremation, or removal.	
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	The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	eral d	
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	AN: T	tificate State	
	HYSICI	ERAL DIRECTOR: After this certificate him 72 hours after death with the State C	
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	TTEND	after d	
	OR A	DIREC	
	PITAL	IERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune in 72 hours after death with the State Dept. of Health and Mental Hyplene prior to burial, cremation, or removal.	

	1 - FOR STATE REGISTRAR	STATE OF MARY	AND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTAL HYGIEN		0 19033		
	1. DECEDENT'S NAME (First, Middle, Last)	Corneliu Harr	2	Harri	ls	2. DATE OF DEATH MONTH	AY 2	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 218—18—3261	1_ <b>23</b> -44 2 □ F 6	(In yrs. last birthday) 8 vrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 20,1	.025 N	BIRTHPLACE (State or Foreign Country)  Maryland		
TOR	9a. FACILITY NAME (If not institution, give s Veterans Adminis		ital		on Location of Di		9c. COUNT	Y OF DEATH		
DIRECTOR	10a. STATE 16b. COUNTY	rford		y, town on Loca ingdon	ATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	3602 B&O Road	LA.	101. ZIP CODE 21009				10g. CITIZE	N OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR D	ES 2 NO If yes, specify Cuban, Mexic			in, Puerto Rican, etc.)	I. RACE — American Indian, Black, White, etc. Specify: Black			
COMPLETED	(Specify only highest grade	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of v. We. Do NOT, us BUS DILL	vork done during m re retired.)	ION ost of working	US-Government				
TO BE CON	17. FATHER'S NAME (First, Middle, Last) William Franklin			18. MOTHER'S NA	ME (First, Middle, Meiden	Surname)				
TO B	19a. INFORMANT'S NAME (Type/Print)  Grace V. Harris			196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3602 B&O Road, Abingdon, Md. 21009						
THUSE O	20a. METHOD OF DISPOSITION  1 1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	b.PLACE AND DATE ( metery, cremetory or or or ONN Wesle	OF DISPOSITION (A	lame of	DATE 20c. LC	CATION — CI	y or Town, State		
מימווווסו וווחפר הפ	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE We Cor	n. 0 5 12:	Howar			uneral	Home, P.A.		
CERTIFICATION	IMMEDIATE CAUSE (Final	DUE TO (OR AS	ageal A consequence of	Bleed ancer				Interval Between Onset and Death		
BY PHYSICIAN: MEDICAL CE	PART II. Other aignificant condition	a contributing to death i	but not resulting I	n the underlylr	ng cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	patient 3 DOA	OTHER:	LACE OF DEATH (Ch					
BY PHY	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26e. DATE DF INJURY (Month, Day, Year)	28b. TJM	E OF 28c. IN	JURY AT ORK? YES 2 NO	284. DESCRIBE HOW	NJURY OCCUI	RED		
	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, etc. (Soe	IRY — At home, farm, street, factory, office pecify)		ce ·	26f. LOCATION (Street end Number or Rural Route Number, City or Town, State)				
COMPLETED		CIAN: To the best of my know R: On the basis of examination						:suse(e) and manner se stated.		
8	296. SIGNATURE AND TITLE OF CERTIFIER SUS ASSAULE C. M.	unger NO			29c. LICENSE NUI	MBER		IGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE			00 (-	rene		, 9, 19		
	JUN 1 4 93	A HOSP 32. REGISTRAR'S SIGN Lia Davidson-1	Pandalle			, 415	),			



## by the hospital or attending physician, be detached for use as the burial-transit permit. Pages 1, 2, 3 should 1YLAND 21215-0020

BALTIMORE, MARYLAND	after dearn. Page 6 may be retained by the hosp	by the tuneral director, page 5 should be detached	ical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE PROPERTY OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after four. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Deet, of Health and Mental Hodiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR 1 - STATE	STATE OF MARYL	AND / DEPART	MENT OF I	IEALTH AND	MENTAL HYGIE	NF	93	190	36
	REGISTRAR		CERTIFIC			REG. N				
	1. DECEDENT'S NAME (First, Middle, Last)	7			DEATH		0.	_		
						2. DATE OF DEATH SYEAR 3. TIME OF DEATH				
	Betts B. H	iggins				June 1	1 1	993	5:55	A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		LA BIRTH	PLACE (State or Fr	omian
	359-01-2485	1 M 2 XX 7/	YRS.	IONTHS DAYS	HOURS MIN.	April 15		Count	ny)	or orgin
							1917	Oh	io	
	9e. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION									
Œ.										
DIRECTOR	Anne Arundel Medical Center Annapolis Anne Arundel									
S	STATE SAL COUNTY									
<u>~</u>	100, INSIDE CITY								4	
	MD Anne Arundel Annapolis						1 YES 2 □ NO			
FUNERAL	10e. STREET AND NUMBER			10	. ZIP CODE		10- 01	TIZEN OF V	-	
A	40 Williams Drive 21401					10g. CITIZEN OF WHAT COUNTRY?				
<u> </u>	40 williams vieve 21401					United States				
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II	U.S. ARMED	13. WAS DEC	ENDENT OF NISPA	NIC ORIGIN? (Specify	en or No	14 BACI	F _ American Indi	0.0
	1 Never Married 2 Married	FORCES? 1 YES	2/XNO	If yes, so	ecify Cuban, Mayle	an, Puarto Rican, etc.)		Black	E — American Indi k, White, etc.	art,
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	t 🗌 YES	2 XNO Spec	rty:	Specify: White			
									wruce	
COMPLETED	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S U	SUAL OCCUPATION	ON .	16b, KIND OF B	USINESS/IN	IDUSTRY		
h l	(Specify only highest grade of		(Give kind of wo	rk done during mo	st of working					
7	Elementary/Secondary (0-12)	College (1-4 or 5+)					ducat			
7		4	Teacher			t t	aucaa	con		
0	17. FATNER'S NAME (First, Middle, Last)				16 MOTHER'S N	AME (First, Middle, Maide	n Sumamal			
	Ctaralan Drolom									
BE	Stanley Brehm					ine Thomps				
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural	Route Number, City or To	wn, State, Z	io Code)		
2	John H. Higgins								01101	
			40 WCC	cairs v	uve AV	inapolis,	naryx	ana i	21401	
	20a. METHOD OF DISPOSITION 1 Burial 2 Commetten 3 Remo	20b	PLACE AND DATE OF	DISPOSITION (Na	ma of	DATE 20c. I	OCATION -	- City or To	wn, Stata	
	4 □ Donation 6 □ Other (Specify)	val from State	etery, crematory or other	r place)	taku 01	5-11-93 B	Howtu	and	Manulau	ad
	21. SIGNAYOR OF PUNETRACKETWICE/LIGH	77	c. Lineur	n Chema	cong ve	0-11-73 0	renu	100a,	Maryear	ıa
	21. STUTING OF POSETIVE SERVICES LIGHT	MOEE //		22, NAME AF	D ADDRESS OF F	ACILITY John	M. Ta	ulon	Funeral	Ho
	DOMMY.	tails		117 0	uha al (	Gloucester	C+	Amar	polic 1	in
_	72/20-	1wgv							pous, i	10
	23. PAYT I. Enter the diseases, or co	omplications that caused	the death. Do no	enter the mo	de of dying, su	ch as cardiac or rea	piratory a	rrest	Approxim	ete
- 1	/ Pariock, or fleat latter. L	ist only one cause on e	ach ilne.		,		,		Interval B	
- 1	IMMEDIATE CAUSE (Finel								Onset and	d Death
	disease or condition	115	CARDA	c 1	LDATT.	CANZE	76		64	001
- 1	resulting in death)		11-2/01/15	- (	2010	CLANCE			6W	<u> </u>
		DUE TO (OR AS A	CONSEQUENCE OF):							
Z										
9	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF):						+	
<b>1</b>	if any, leeding to immediate cause. Enter UNDERLYING	(							i	
0	CAUSE (Disease or Injury									
드	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):							
E	resulting in deeth) LAST									
CERTIFICATION	d									
· .	PART ii. Other aignificant conditions	contribution to death b	ut and regulting in	the readed at	anne element	D. 41				_
₹ 1		obstationaling to death b	at not readiting in	the underlying	cause given in		N AUTOPSY	24b.	. WERE AUTOPSY FI AVAILABLE PRIOR	INDINGS
일							8 0		COMPLETION OF	
ᆸᅵ					1 TYES 2 NO			OF DEATH?		
Σ						[			t 🗌 YES 2 🗌 NO	
ž l								- 1		
₹∥	25. WAS CASE REFERRED TO MEDICAL			20 24	ACE OF PEATURE	and and and				
SICIAN: MEDICAL	EXAMINER?	HQSPITAL:	10	THER:	ACE OF DEATH (C	reux only one)				
5	1 TES 2 NO	Inpatient 2 - ER/Outp			5 🗆 Rasidence	6 Other (Specify)				
PHY	27. MANNER OF DEATN	28a. DATE OF INJURY	28b. TIME				INJUDY O	CUBED		_
								INT OCCURED		
B	2 Accident Investigation			M 1 1	ES 2 NO	_				
	3 Suicide 6 Could not be	26s. PLACE OF INJURY	- At home, farm, atre	et, factory, office	)	281. LOCATION (Street	and Number	or or Rural R	loute Number	
	4 Homicide determined	building, atc. (Spec	ffy)			City or Town, Stat	e)			
13 H										
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the heat of my knowl	adna death commit	at the time of a	and plant and the	40.46				
<u> </u>		IAN: To the best of my knowl								
ō	Z MEDICAL EXAMINER	On the beals of examination	and/or investigation,	In my opinion, d	eath occured at the	time, date and place,	ind dua to t	he cause(s	) end menner ea s	tated.
	296. SIGNATURE AND TITLE OF CERTIFIER	()					_			
111	V/20/2	0 200	1111		29c. LICENSE NU	MDEH	29d, DA	IE SIGNED	Month, Day, Year)	
面 II	10/100//									
TO BE	poter	D1000	W(I)		DIE	1564	<b>•</b>	6111	193	

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OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Prince
CRER R GRAVE W)

32. REGISTRAR'S SIGNATURE Junia Davidson Amdala

31. DATE FILED (Month, Day, Year)

JUN 1 4 1993

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1	The
2 70	PHYSICIAN:
DIVISION OF VILAL RECORDS, P.O. BOX 68/60	INL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death
5	9
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

4 Homicide

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	parmit Page	Danie - alle	
priysician.	burial-transit	100	
or attending	use as the		
THE HOSDING	detached for		once.
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E 57 110073 0	ely filled in b	nation, or ren	t, the medi-
The Politicary	п алд сотрів	to burial, crei	matic even
on amount on	ding physician	Aygiene prior	r other trau
2000	I by the atten	and Mental F	ny injury, or
a constant	is been signed	ept. of Health	23 shows a
	certificate ha	ath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	'ked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
The state of the s	OR: After this	ifter death wit	8 is marke
	HAL DIRECT	72 hours after death v	ITANT: If Item 28 is mark
6	E	Ĭ	TAN

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR						41.00						33	19037	
1 - STATE REGISTRAR		STATE OF N	MARYLA	ND / CE	DEPAR	TMENT ICATE	OF H	EALTH A	ND I	WENTAL HYGIEN REG. NO.	E			
1. DECEDENT'S NAME (First	, Middle, Last)									2. DATE OF DEATH			3. TIME OF DEATH	
Antonio	Berna	abe He	redia	a-Fı	ındoı	a				монтн ви 06 1		YEAR 93	11:30 P M	
4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In	yrs. last	birthday)	IF UNDER		IF UNDER 24		7. DATE OF BIRTH		B. BIRTHPLACE (State or Foreign		
212-98-8456		1XXM 2 □ F	9	2	YRS.	MONTHS	DAYS	HOURS	WIN.	(Month, Day, Year) 06-11-19(	)1	Countr	"Cuba	
9a. FACILITY NAME (If not in						9b. CITY	TOWN C	R LOCATION	OF DE	ATH	9c. COL	INTY OF D	EATH	
Medlantic M	anor N	Nursing H	ome			Si	lver	Spri	ng		Mo	ntgo	merv	
RESIDENCE OF DEC	10b. COUNT	v			10- 017	Y, TOWN C						- 0		
	14-52-4411												10d. INSIDE CITY LIMITS?	
Maryland	Monte	omery			Sil	ver_							1 YES 2 NO	
4003 Post G	ata Ta						101	ZIP CODE	,		10g. CIT		VHAT COUNTRY?	
11. MARITAL STATUS	ate le							2090				Cu		
1 Never Married 2	Married	12. WAS OECEDEN' FORCES? 1 IF YES, GIVE W	YES	2 N	NED O	13.	WAS DEC	ENDENT OF I	HISPAN Mexice:	IC ORIGIN? (Specify Years, Puerto Rican, etc.)	or No-	14. RACE Black	— American Indian, t, White, etc.	
3 🕅 Widowed 4 □ Divo	roed	IF YES, GIVE W	AR OR DATI	ES **			XXYES	2 NO	Specify	Cuban		Specif	White	
15, DEC	EDENT'S EDU	CATION	1	6a. DEC	EDENT'S	USUAL O	CCUPATIO	N		16b, KIND OF BUS	IMESS/IM	DIFFER	MILLE	
(Specify only Elementary/Secondary (0	y highest grade	College (1-4 or 5 +		(Gh		vork done		st of working		TODA TATIVO OF BOOK	M1235/114	DOSINI		
4					Mech	anic				Sugar	Cane	Ref	inery	
17. FATHER'S NAME (First, Mi	iddle, Last)							18. MOTHER	r'S NAI	WE (First, Middle, Meiden				
Antonio He										undora				
19a. INFORMANT'S NAME (7)	,, ,									loute Number, City or Town			00006	
Georgina G		Z		4	003	Post	Gat	e Ter	rac	e Silver S	prin	g, Ma	ary1and	
20a. METHOD OF DISPOSITI		oval from State	20b. Pl	LACE A	ND DATE C	F DISPOS						City or To		
4 Donation 5 Other			Gra	ce1	and					-15-93 Mia	mi,	Flor	ida	
21. SIGNATURE OF FUNERAL	L SERVICE LIC	CENSEE						D ADDRESS		Funeral Ho				
Blex	de V	Capel	e							shire Ave.			3	
23. PART I. Enter the di	soosos or c	omplications that	csused ti	hs dea	rth. Do n	ot enter	the mo	is of dying	, such	as cerdiac or reeni	OIL	reet.	Approximata	
shock, or he IMMEDIATE CAUSE (Fin	esit ianure.	List only one caus	se on saci	h iins.				,					Interval Between	
disease or condition	101	Par	0	44		- 3							Onset and Death	
resulting in death)		DUE TO	OR AS A C	ONSEO	JENCE OF	1:						_	days	
		160	mi	1			-	hiTI	S				URS	
Sequentielly list conditi		DUE TO	OR AS A C	ONSEQ	JENCE OF								1/23	
cause. Enter UNDERLYI	NG	Cheor	11c /	96	STIL	coll	ve	Pic	m	mary i	Dick	000	100 5	
CAUSE (Disease or injust that initiated events	D.	DUE TO	OR AS A C	ONSEO	JENCE OF	):				4	136		1	
resulting in death) LAST	г .	d.												
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24, MES AN AUTOPPEY														

Anemia

PERFORMEO? 1 - YES 2 - NO

WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t 🗌 YES 2 🗌 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 - Residence 6 - Other (Specify) t | Inpatient 2 | ER/Outpatient 3 | DOA 26a. OATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK?
1 YES 2 NO 26b. TIME OF 26d. OEȘCRIBE HOW INJURY OCCUREO 1 Netural 5 Pending Investigation 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28I. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined

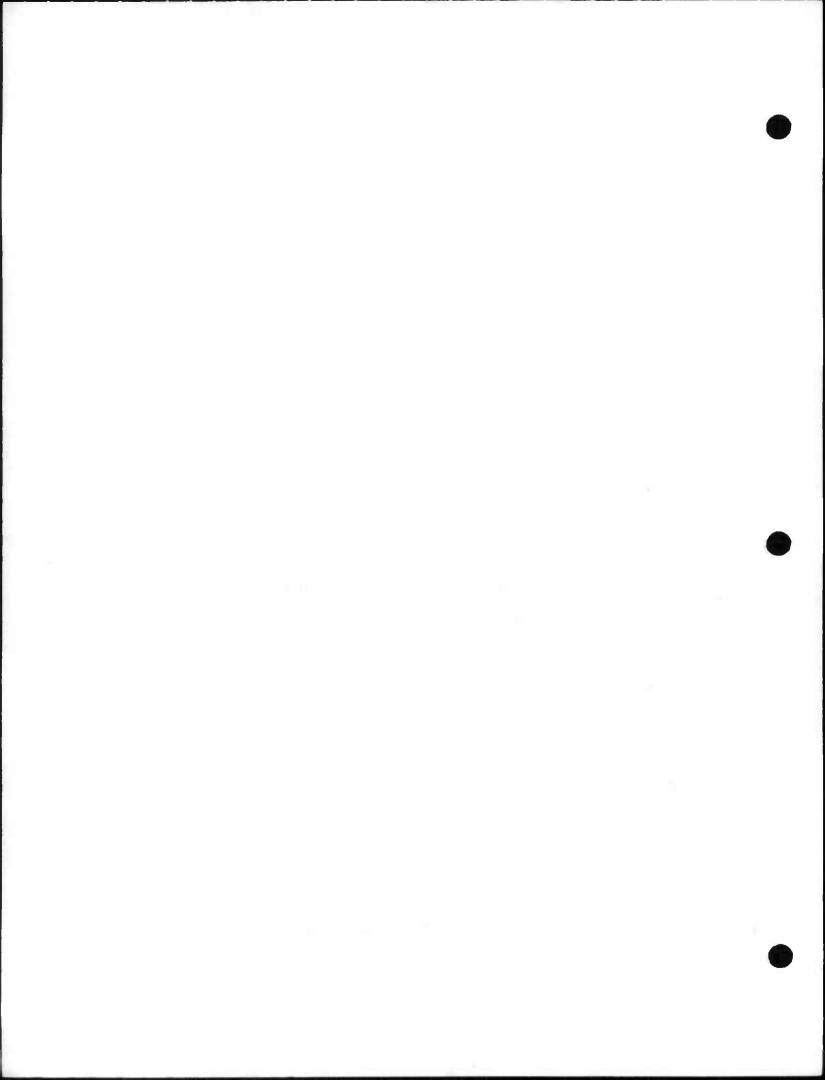
29s. CERTIFIER
(Check only one)

ARDICAL EXAMINED On the best of my knowledge, death occurred at the time, data and place, one)

29b. SIGNATURE AND ENTE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

D53

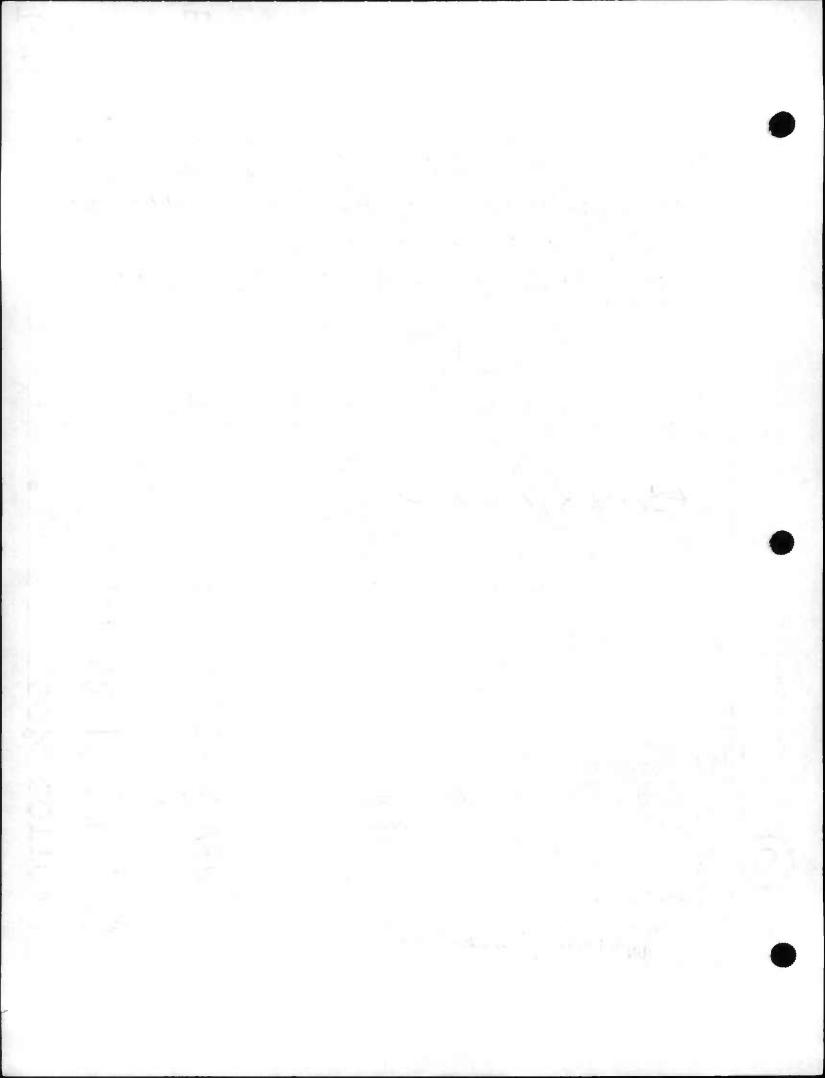
#15en	of	um	
O. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF D	EATH (ITEM 27) (Type, Pri	int)



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IVISION OF VITAL RECORDS, P.O. BOX 68760,	

The law requires that the beach certificate be executed within 24 hours after beach. May be letained by the hospital of attending physician.	ate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	istate Dept. of Health and Mental Hyglene prior to burital, cremation, or removal.	tem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	10	13	=	1

1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTMENT O		ENTAL HYGIENE REG. NO.	(0)
DECEDENT'S NAME (First, Middle,     SOCIAL SECURITY NUMBER	JOHNNIE	W. Hendrix		66-1-1939	JEAR 3-JIME OF DEATH D
175-30-3123	1 2 F 53	YRS. MONTHS D	AYS HOURS MIN.  OR LOCATION OF DEAT	Month, Day, Year)  B-73-35  H  9c. COUNT MON	BHTHPLACE (State or Foreign Country) Pennsylvania YOF DEATH LGOMERY
	Ontgomery WI	10c. CITY, TOWN OR	antown /	CE MOD	10d. INSIDE CITY LIMITS? ND VES 2 \( \text{NO} \) NO
19280 C1101	e Cate Drive	Apt apt 302	101, ZIP CODE 208747	U.S	N OF WHAT COUNTRY?
3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? LESTES IF YES, GIVE WAR OR DA	2 NO If y	S DECENDENT OF HISPANIC es, specify Cuben, Maxican, YES 2 NO Specify:	ORIGIN? (Specify Yes or No.— 19 Puerto Rican, etc.)	4. RACE — American Indian, Black, Whita, atc. Specify: Black
15. DECEDENT (Specify only highest Elementary/Secondary (0-12)  10th Grade  17. FATHER'S NAME (First, Middle, L.	S EDUCATION It grade completed) College (1-4 or 5+)	16a. DECEDENT'S USUAL OCCU (Give kind of work done duri life. Do NOT use retired.)  Bus Driv	ing most of working	Montg Coun	
17. FATHER'S NAME (First, Middle, L.	est)		18. MOTHER'S NAME	(First, Middle, Maiden Surname)	
Unkn 19a. INFORMANT'S NAME (Type/Prin Miss Lena	(Daughter)		Street and Number or Rural Roo	Mae Daniels  Jee Number, City or Yourn, Stelle, Zip of  Terrace, Ga	
20e. METHOD OF DISPOSITION 1	206	PLACE AND DATE OF DISPOS cemetary, crematory, or other place tarks funer	ITION (Name	DATE   20c. LOCATION — CH	ty or Town, State
21. BIONATURE OF FUNERAL SERV	R. Mine	/ Sn		eral Home P.	A, 20850 ockville, Md
23. PART I. Enter the disease ehock, or heert for immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	Arterlosci b. FRI FRI OF OF AS A	ich line. Lial Infar  (b//// / / / / / / / / / / / / / / / / /	ction UFARCT	10W	Approximate Interval Between Onset end Death  ACUTE  ACUTE  ACUTE
PART II. Other significent con	anditions contributing to death b		arlying cause given in Pr	Brt I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MED EXAMINER?  1- YES 2 NO  27. MANNEB OF DEATH  1 Notural 5 Pendin 2 Accident Investi	HOSPITAL:	OTHER:	26. PLACE OF DEATH (Checking Home 5 - Residence 8		
3 Suicide 8 Could 4 Homicide determ	getton  28e. DATE OF INJURY (Month, Day, Year) getton  28e. PLACE OF INJURY building, stc. (Spec	28b. TIME OF NUTURY M  At home, term, street, factory	8c. INJURY AT WORK? 1 YES 2 70	28d. DESCRIBE HOW INJURY OCCL  28d. DESCRIBE HOW INJURY OCCL  28d. LOCATION (Street and Number of City or Town, State)	AT House.
one) 2 MEDICAL E	AMINER: On the basic of examination	ledge, death occurred at the time			
286 SHOMATURE AND TITLE OF CE	ON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)	29c. LICENSE NUMB	er 99 20d, DATE	SIGNED (Month, Day, Year)
31. DATE FILED (Month, Dey, May)	193 Jula 10215	(LIRNA) OX	AN E	ETHESDA.	Modes / )

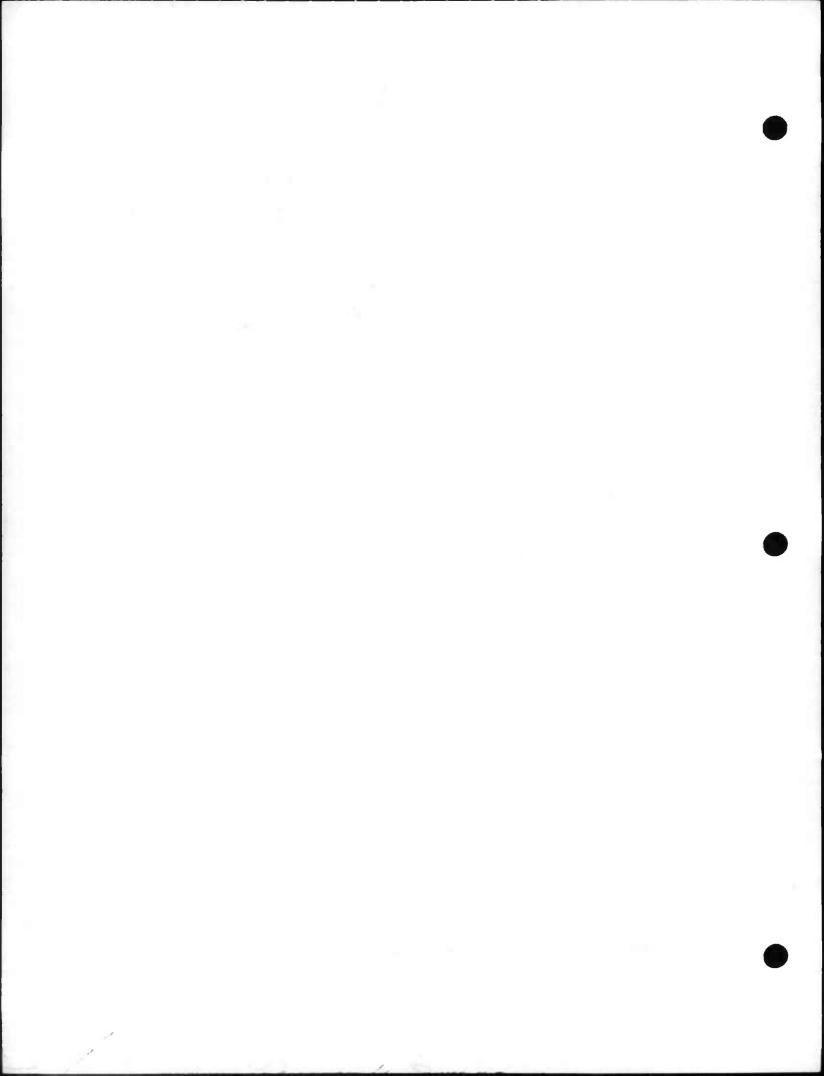


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

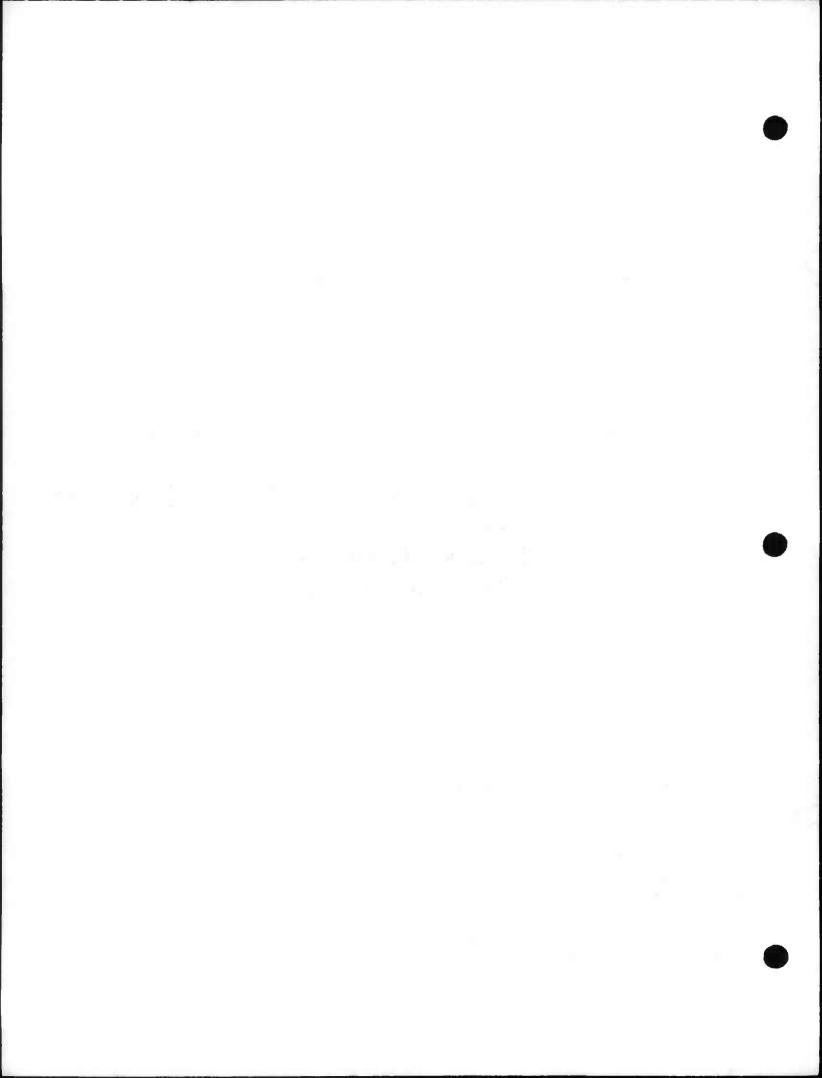
	HEGISTRAN				CERTIF	ICALE	OF D	EAIH		REG. NO.			
	1. DECEDENT'S NAME (FI	rst, Middle, Last) ALL	FN	HOLL	ISER				2. DATE O	DA		YEAR	TA OO
- 9	4. SOCIAL SECURITY NU		5. SEX	6. AGE (In yrs.		IF UNDER 1	VEAR E	UNDER 24 HRS.	JUNE 7. DATE O	,	199		7:00  LACE (State or For
- )	215-52-726	(2	1 M 2 JF		YRS.			URS MIN.	(Month,	Day, Year)	004	Country)	
- 1	9a. FACILITY NAME (If no		^	92		Sh CITY 1	TOWN OR L	DCATION OF DE		20, 1	901	TTT OF DEA	inois
Œ									-2011				
DIRECTOR	9600 Kensi	ECEDENT	Talkway			Ken	singt	UH			MOF	ntgome	ery
RE	10e. STATE	10b, COUNT			10c. CIT	Y, TOWN OR	LOCATION					- 1	Od. INSIDE CITY
	Maryland		gomery		Ke	nsing	ton					1	YES 2 X
₹ AL	10e. STREET AND NUMBE						10f. ZIP	CODE			10g. CITI	ZEN OF WH	AT COUNTRY?
Ä	9600 Kens	ington					208	395			Uni	ted S	tates
FUNERAL	11. MARITAL STATUS 1 Never Married 2	Married		YES 2	ARMEO			ENT OF HISPAN Cuben, Mexica			or No-	14. RACE - Black,	- American India White, etc.
BY	3 X Widowed 4 D		IF YES, GIVE Y	MAR OR DATES		1 (	YES 2	NO Specify	y:			Specify:	White
0	15. D	ECEDENT'S EDI	JCATION	16a.	DECEOENT'S	USUAL OCC	UPATION		166	KIND OF BUS	UNESS/IND	HISTRY	MILLICE
E	(Specify of Elementary/Secondary	only highest grad	College (1-4 or 5	4)	(Give kind of life. Do NOT u	work done du se retired.)	ring most of	working	1				
AP.			4		ousewi	fe				Own Ho	me		
COMPLETE	17. FATHER'S NAME (First,	Middle, Last)					16.	MOTHER'S NA	ME (First, M.	iddie, Maiden	Surnama)		
ш	Frank	D.	<u> </u>	Aller	<u>1</u>		E	īva		Car	T		
TO B	19a. INFORMANT'S NAME							lumber or Rural i		-			
	Allen Hou		(Son)		2005	Coler	idge	Dr #10	13, Si	llver	Spri	ng, M	D 2090
	20a. METHOD OF DISPOS 1 Burial 2 X Crema	tion 3 🗆 Ren	noval from State	cemetery.	CEAND DATE	ther place!			OATE			City or Town	
	4 Donation 5 Oth		CENOCE	_   Sút	ourban	Crem			6-1	2 Si	ver	Sprin	g, MD
-	21. SIGNATURE OF YORE	HAL SERVICE LI	O DI	//		Ra	DD FL	DORESS OF FA	Servi	ices.	P.A.		
	,2).	ch- 1	s. ewi	MOC	0827			st Ave,				. MD	20910
CERTIFICATION	Sequentially flat condificant, leading to immorause. Enter UNDERI CAUSE (Disease or in that initiated events	nediate LYING njury	Dehy	OP AS A CONSTITUTE OF AS A CONST	SEDUENCE O	F):							
	resulting in death) L/	IST	d										
	PART II. Other signifi	cant conditio	ns contributino to	death but no	ot resulting	in the und	ertylna ca	use alven in	Part I	24a, WAS AN	AITMORY	245 4	VERE AUTOPSY FI
EDICAL							oriying ca	use given in		PERFOR	MED?	A	MAILABLE PRIOR
			_						- 1	1 TYES 2	NO		F DEATH?
Σ.									- 1			'	☐ YES 2 ☐ 6
PHYSICIAN:	25. WAS CASE REFERRED	TO MEDICAL				-	26. PLACE	OF DEATH (Ch	eck only one	)			
Sic	EXAMINER?		HOSPITAL:	ER/Outpetlent	3 🗆 DOA	OTHER:		Residence					
ξ	27. MANNER OF DEATH		26a. DATE OF (Month, D	INJURY	28b, Till	E OF 2	8c. INJURY		_	RIBE HOW II	UJURY OCC	CURED	
ВУР	1 Natural 5 [	Pending Investigation	(MONTH), L	ray, rourj	IN.	JURY	WORK?	2 NO					
ED B	3 Suicide 6	Could not be	28e. PLACE C	OF INJURY — At	home, farm,	street, factor	y, office		281. LOCA	FION (Street a	nd Number	or Rural Rou	rte Number,
1	4 Homicide	determined		, -, -, -, -, -, -, -, -, -, -, -, -, -,					Ony or	Town, State)			
COMPLET	29e. CERTIFIER	RTIFYIND PHYS	ICIAN: To the best of	my knowledge,	death occurr	ed at the tim	e, data and	place, and due	to the caus	e(a) and man	ner as state	ed.	
N			ER: On the basis of s										and menner as s
- 1	GNATURE AND TIT							c. LICENSE NUA					Aonth, Day, Year)
BE	(man)	Ja	+ true				1	392	56		<b>-</b>		
일	30. NAME AND ADDRESS	OF PERSON W	O COMPLETED CAU	SE OF OEATH (I	TEM 27) (Type	, Print)		7 - 10				June	Ball
	JAMES	VH. T	ARVER	TIT	NN	MC-	Dunt	M. FAI.	ed 25	(O) W.	Scons	in Ann	mo a
	31. DATE FILED (Month, De		32 REGISTRA	AR'S SIGNATURE	E		-		271		3.0.10		
- 1	JUN 1	4 1993	gulia Do	widson-A	andelle								



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P.O.	
RECORDS	
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ION OF	
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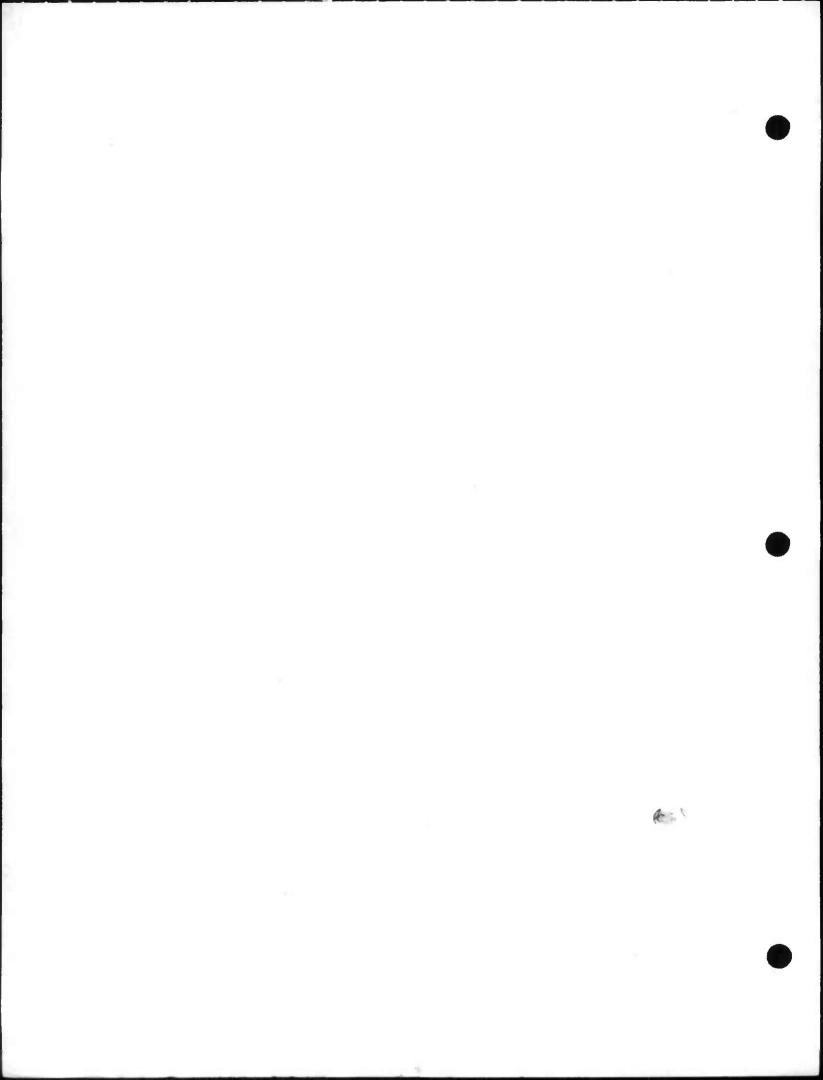
1, 2, 3 should
sit permit. Pages
5-0020 rding physician. s the burial-trans
ND 2121: hospital or atter tached for use a
BALTIMORE, MARYLAND 21215-0020 for feath. Page 6 may be retained by the hospital or attending physicist the funeral director, page 5 should be detached for use as the buriah-loval.
TIMORE,  Page 6 may be ral director, page
BAL. hours after death ed in by the fune or removal. medical exam
68760, ecuted within 24 nd completely fill burial, cremation
Certificate be exiding physician a hygiene prior to r other traum
DIVISION OF VITAL RECORDS, P.O. BOX 68760, IL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 1. DIRECTOR: After this certificate has been signed by the attending physician and completely 2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremati il item 28 is marked, or Item 23 shows any injury, or other traumatic event, the
ITAL REC I: The law requiricate has been si State Dept. of He
ON OF V DING PHYSICIAN After this certifi death with the s marked, or
DIVISION OF VITAL RECORDS, P.O. BOX 68760,  BALTIMORE, MARYLAND 21215-0020  BE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  Filed within 72 hours after death with the State Dept. of Health and Memial Hygiene prior to burial, cremation, or removal.  WPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO TE HOSI TO HE FUNE Filed within

31	1 - FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTI	MENT OF H	EALTH AND	MENT	AL HYGIEN		JU	19040	
9	1. DECEDENT'S NAME (First, Middle, Last)						E OF DEATH			3. TIME OF DEATH	
	Christopher Da	vid Hurd				Ju	ine 8,	1993	YEAR	11:55 P ×	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH nth, Day, Year)		8. BIRTH	IPLACE (State or Foreign	
	219-68-6576	1 🔀 M 2 🗆 F 4:	3 YRS.	ONTHS DAYS	HOURS MIN.		. 2, 1	949	Wash	mington, DC	
_	9a. FACILITY NAME (If not institution, give street	et and number)	9	b. CITY, TOWN	R LOCATION OF D			-	NTY OF D		
DIRECTOR	Bowie Health C	enter		Bowie				Pri	nce	George's	
REC	10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	TON					10d. INSIDE CITY LIMITS?	
		e George's	В	owie						YES 2 NO	
FUNERAL	10e. STREET AND NUMBER	-		101	. ZIP CODE			10g. CITI	ZEN OF	VHAT COUNTRY?	
Ä	3312 Memphis Lane			2	0715			U	nite	d States	
5		2. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2		13. WAS DEC	ENDENT OF HISPA	NIC ORIG	HN? (Specify Yes		14. RACI	— American Indian, c, White, etc.	
BY	1XX Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TES	2 X NO Specif	lfy:	o rircani, atc.)		Spec	ty:	
	15. DECEDENT'S EDUCAT	TION 146-	. DECEDENT'S US	THAT COCHEREN		1				White	
	(Specify only highest grade co.	mpleted)	(Give kind of world life. Do NOT use n	k done during mo		"	Sb. KIND OF BU	SINESS/IND	USTRY		
PL	8	College (1-4 or 5+)	None				No	ne			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		None		16. MOTHER'S NA	AME (First					
	Donald B. Huro	4					A. Beve		0		
BE	19a. INFORMANT'S NAME (Type/Print)		196. MAILING AC	ODRESS (Street a	nd Number or Rural				_		
٩	Susan L. Brown									yland 21666	
	20a. METHOD OF DISPOSITION	20b.PLA	CE AND DATE OF	DISPOSITION (Na				CATION —			
	1 Donation 6 Other (Specify)		tgomery or other	Cremat	orium,					ryland	
	21. SIGNATURE OF FUNERAL SERVICE LICEN										
	Whichand d.	0100,00	M00846	Chevy	Chase,	Inc.	7557	Wisc	ons	Bethesda- n Avenue	
$\neg$	23. PART I Enter the diseases, or con	nolications that caused the	death Do not	Betne:	sda, Mar	yLan	id 208	14-35	OT	1 40 000 1000	
Į	shock, or neart lanure, Lie	it only see Cause on each	line.	onter the mo	ue or aynig, suc	on an ce	rulec or resp	ratory arr	vat,	Approximate Interval Between	
1	IMMEDIATE CAUSE (Final disease or condition										
ŀ	resulting in death)	DUE TO (OR AS A CON	VSEQUENCE OF	ruy 1	14/2						
-	disease or condition resulting in death)  a. CARDIAC ARRHYD mia  DUE TO (OR AS A CONSEQUENCE OF):  Arterios Cherotic Cardia Varia Disease  Due TO (OR AS A CONSEQUENCE OF):										
<u> </u>	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A COM	SEQUENCE OF):	- CU-CI	uo Va	in an	- 12,44	400			
CERTIFICATION	cause. Enter UNDERLYING										
Ē	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CON	SEQUENCE OF):							-	
	resulting in death) LAST										
	PART II. Other algolificant conditions of	contribution to death but a	ot reculting in t	the read about		D. A.I.	T				
SAL S	CONFULSING 1	Pilatel a	or resulting in t	uia uiiuariying	cause given in	Part I.	24a. WAS AN PERFOR		246	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
	100000	JAU U-V					1 TYES 2	NO		OF DEATH?	
Σ	-						l			1 YES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL										
ᅈᆘ	EXAMINER?	OSPITAL:    Inputiont 2   ER/Outpution		THER:	ACE OF DEATH (Ch						
Ě	27. MANNER OF DEATH	28e, DATE OF INJURY	28b. TIME 0		5 - Realdenca	_	er (Specify)	N III III OOO	NIDED.		
	1 Natural 5 Pending	(Month, Day, Your)	INJUR	Y WO	RK?	20u. Di	EŞCRIBE HOW I	NJUHT OCC	OHED		
B A	2 Accident Investigation 3 Suicide & Could get be	28e. PLACE OF INJURY - A	t home, farm, stre-			28t. LO	CATION (Street o	and Number	or Burnt F	Inutta Mumber	
ᇤ	4 Homicide 6 Could not be	building, etc. (Specify)				Cit	y or Town, State)	and IVOINDA	Or Florer	core number,	
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIA	No To the best of a stand of						-			
볼		N: To the best of my knowledge On the besis of exemination and									
		A A	earryerrorr, I	my opinion, o			and place, an	o oue to the	- cause(e	and manner as stated.	
H	296. SIGNATURE AND TITLE OF CERTIFIER	10 Dep	vity Med	ing	29c. LICENSE NUI	MBER		29d. DATE	SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO C	JAW E	camin	~	D01852			Jı	ine :	1993	
	Paul A. DeVore, M. 31. DATE FILED (Month, Day, Year)			Road,	iyattsvi	Ile,	Maryl	and 2	078.		
	JUN 1 4 1993	32. HEGISTRADIO SIGNATUR	- Handell								

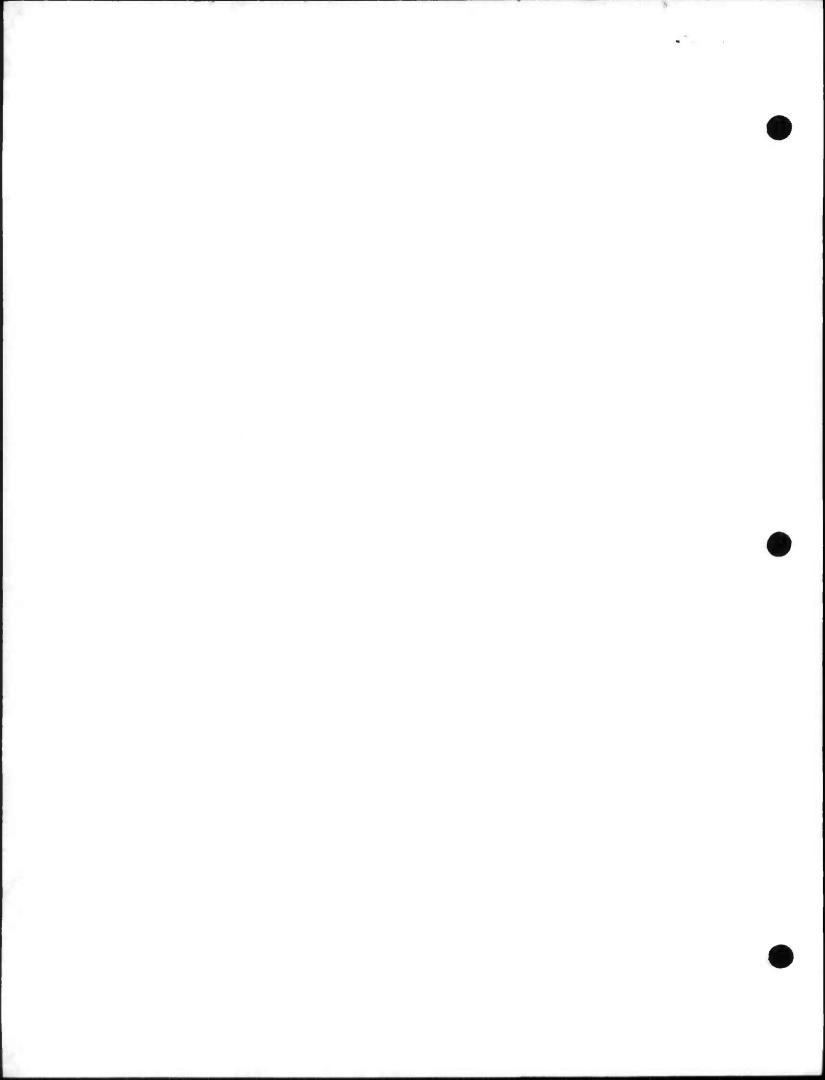


BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. or Heath and Mental Hygiene prior to burial, cremation, or removal.	s medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE INSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remained.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			IENTAL HYGIEN				
		Hillsman				2. DATE OF DEATH MONTH D		3. TIME OF DEATH	M	
		1 🔯 M 2 🗆 F	78 YRS. MC	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 2, 19	914 Vir	NPLACE (State or Foreign stry) ginia		
CTOR	Shady Grove Advent	le,	Montgomery							
L DIRECTOR	Maryland Montgo	mery		own or Locat hersbur	g			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	108 Duvall Lane,			2	. ZIP CODE . 0877		U.S.A.	WHAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Diverced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 $\times$ YES 2 $\setminus$ NO IF YES, GIVE WAR OR DATES 1941 to 1945			cify Cuban, Maxican	Puerto Rican, etc.)	Blac Spe	CE — American Indian, ck, White, atc. city: Vhite		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	CTION ompleted) College (1-4 or 5 +)	18a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during mo etired.)	N st of working	16b. KIND OF BUSINESS/INDUSTRY				
OMF	17. FATNER'S NAME (First, Middle, Last)		Sale	esman	16 MOTNED'S NAM		Retail Business			
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ORESS (Street a				ode)		
198. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Aural Route Number, City or Town, State, Zip Code) Theresa Hillsman 108 Duvall Lane #104, Gaithersburg, MD										
20e. METNOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE Of DISPOSITION (Name of cemetery, cremetory or other place) Parklawn Memorial Park 6/19/93 Rockville, MD										
	22. NAME AND ADDRESS OF FACILITY DeVol Funeral Home 10 East Deer PArk Drive Gaithersburg, MD 20877									
	23. PART I. Entar tha diseases, or conshock, or heart feilure. Lit iMMEDIATE CAUSE (Finel disease or condition resulting in death)	st only ona cause on a	tha death. Do not ach lina.					Approximate Interval Betwee Onset and Deat		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF):  TETYS   D  CONSEQUENCE OF):  CONSEQUENCE OF):					E		
PHYSICIAN: MEDICAL	PART II. Other significant conditions	contributing to deeth b	ut not resulting in t	the underlying VNG	DISE	PERFOR	AUTOPSY 24I	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	3	
NA	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Chec	k only one)			-	
SIC		HOSPITAL:		THER:	5 - Residence 8				$\exists$	
H	27. MANNER OF DEATN	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c, INJ	JRY AT	28d. OEŞCRIBE NOW II	NJURY OCCUREO		7	
B	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 NO				1	
	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, atc. (Spec	- At home, ferm, stree	et, factory, office		281. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,		
COMPLET	290. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my knowl On the best of examination						a) and manner as stated.	1	
TO BE C	29b. SIGNATURE AND TITLE OF CHRITIFIER	Thu	n M		29c. LICENSE NUME	1589	29d. DATE SIGNED	16, 1993		
	30. NAME AND ADDRESS OF PERSON WHO I	IN PLOTS	Kĭ	9711	MEDI	AL CET	UTER D	PLIVE ROCK	14	
	31. DATE FILE (Month, Day, New)	22. REGISTRAR'S SIGN	Ande 12						٦	



_	1 - FOR STATE REGISTRAR	STATE OF N					IEALTH DEAT		MENTAL HYGIEN			, , , , , , , , , , , , , , , , , , , ,
1	1. DECEDENT'S NAME (First, Middle, Lest)  MARIE Kay	Deal		JOH	NSON				JUNE 19,	1993	YEAR	3. TIME OF DEATH 10:14 A M
	216 76 0462	5. SEX 1 M 2 X F	6. AGE (In yrs. les		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 01-26-19		8. BIRTH Country	PLACE (State or Foreign
TOR	96. FACILITY NAME (If not institution, give stre THE JOHNS HOPKIN RESIDENCE OF DECEMENT		AL	96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY						BALTIMORE CITY		
DIRECTOR	10e. STATE 10b. COUNTY	arford		10c, CIT	Y, TOWN C		rdee	n				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 139 Farm Road			101. ZIP CODE 21001					10g. CITIZ		HAT COUNTRY?	
В	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 MIF YES, GIVE WAR OR DATES									or No—	14. RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+	(G	CEDENT'S ive kind of a Do NOT us	USUAL Of work done of se retired.)	CCUPATIO	ON st of workin	g	16b, KIND OF BUS	SINESS/IND	USTRY	
OMP	17. FATHER'S NAME (First, Middle, Last)		Sec	reta	ry					ovei	rnment	
Samuel A. Deal, Jr.  Rosalee F. Cole  19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Co							eman					
							0 Code)					
Mr. W. Frank Johnson 139 Farm Road, Aberdeen, MD 21								001				
	1 N Burial 2 Cramation 3 Ramon 4 Donation 5 Other (Specify)		cemetery, cre Hari	matory or o	Memo	rial	Gar	den	s 6/23 Ab	erdee	n, I	Maryland
1X Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Hariord Memorial Gardens 6/23 Aberdeen, Maryl: 21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Witchell-Smith Funeral Home, P.A. Havre de Grace, MD 21078-3197									Α.			
	23. PART I. Enter the diseases, or co shock, or heart feliure. Li	mpilestions that ist only one ceu	ceused the de se on each line	eth. Do r	not enter	the mo	de of dyi	ng, such	as cardlec or respi	ratory srre	est,	Approximate interval Between
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	de	ment	ia								Onset and Death
	DUE TO (OR AS A CONSEQUENCE OF):											
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CERTIFICATION	CAUSE (Disesse or injury that initiated events resulting in deeth) LAST	DUE TO	OR AS A CONSEC	PUENCE OF	F):							
AL CE	PART II. Other significent conditions	contributing to	death but not n	esuiting	in the un	deriying	) cause o	lven in I	Part I. 24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
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AN	25. WAS CASE REFERRED TO MEDICAL					26 DI	ACE OF DE	ATH (Cho	ck only one)			
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	t:			8 Other (Specify)			
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF (Month, Da		26b. TIM INJ		28c. INJ			28d. DESCRIBE HOW II	NJURY OCC	URED	
TED BY	Accident    Accident   Investigation	28a. PLACE OF building,	FINJURY — At horate, (Specify)	me, farm, s	streat, facto				28f. LOCATION (Street a City or Town, State)	and Number o	or Rural A	oute Number,
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICI											
	2 MEDICAL EXAMINER:	On the basis of ax	amination and/or I	nvestigatio	n, in my o	pinlon, di			time, data and place, an			
TO BE	Charlotte OV	1. MC	lun	Me	nde	ut	29c. LICE	NSE NUM	BER	29d. DATE	SIGNED	(Month, Day, Year)
	30 NAME AND ADDRESS OF PERSON WHO  . MCKEE 600	DAB. G	201fe St	. 7	Print)	110	Bo	ich	riore, H	1) 2	120	5
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marked, or item 23 shows any injury, or other traumatic event,

MPORTANT: If item 28 is

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31. DATE FILED (Month, Day,

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DELLEGISTRA PORCHARS

508 South Division St.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	LURGINOR. And this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	É

93 19043 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH RUSS JUHNSON MARIE 8 4 6 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 39 1 🗌 M 2 💢 F 145-44-2231 SALÍSBURY, MD. AUG. 12, 1953 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO RESIDENCE OF DECEDENT 10a STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? WORCESTER **BERLIN** MD. 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 109. CITIZEN OF WHAT COUNTRY? USA 10f. ZIP CODE 21811 10305 HENRY ROAD 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-II yes, specify Cuben, Maxican, Puerto Rican, etc.)
 U YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced **BLACK** COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5 +) MOORE' BUSINESS FARM MAINTANENCE CREW 14 yrs 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden S JEANETTE CHAPMAN JOHNNY H. VICTOR BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or ILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
105 S. ROSS STREET, SNOWHILL, MD. 21863 9 JEANETTE VICTOR 20s. METHOD OF DISPOSITION

1) Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE OF CHURCH CE. 6-20 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Steta MD. DIGHTON AVE. SNOWHILL, 21. SIGNATURE OF TUNERAL SERVICE LICENSEE JOYNEY MEMORIAL CHAPEL, RTE. 2, BOX 920 Jarella SALISBURY, MD. 21801 23. PART I. Enter the diseases, or complications that vaused the deeth. Do not enter the mode of dying, such as cardiec or reapiratory errest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition CERSBATE INFARCTION resulting in death) DUE TO (OR AS A CONSEQUENCE OF) SUBALACHUUID HEMOMPHOS PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events 6days RUPTUREN POSTERIOR COMMUNICATING ARTENT ANEUMYSM DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO OF DEATH? 1 TYES 2 THO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Dispetient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO me 5 Residence 6 Other (Specify) 4 🗌 Nu 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end manner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.

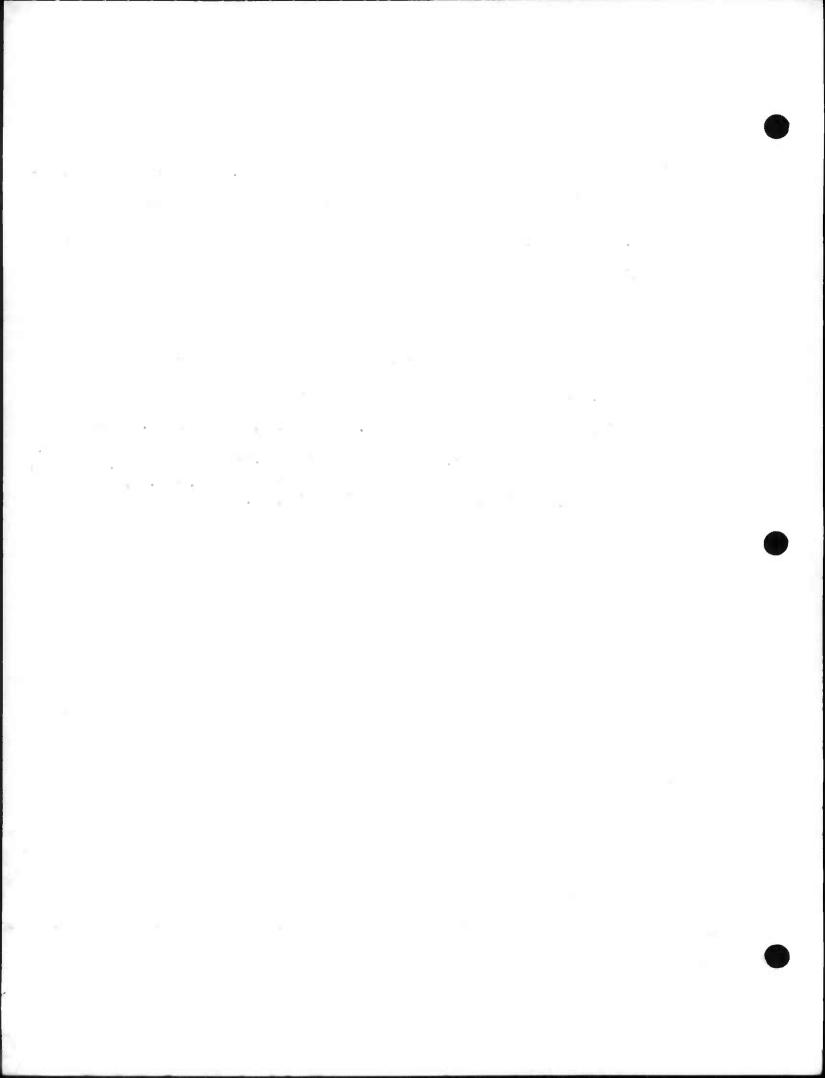
29c. LICENSE NUMBER

128587

29d. DATE SIGNEO (Month, Day, Year)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cardificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova	
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93 19066 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH May 25, 1993 Mary Elizabeth JOHNSON YEAR 11:45 AM 4. SOCIAL SECURITY NUMBER 5. SFX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. June 3, 1909 219-34-5310 83 1 M 2 XXF Maryland Se. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Frederick Memorial Hospital Frederick Frederick RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Frederick I jamsville 1 TES 2 1 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9739 Firetower Road 21754 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Marrie 1 TES 2 NO Specify BY White 3 🔀 Widowed 4 🗌 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KING OF BUSINESS/INDUSTRY ondery (0-12) College (1-4 or 5+) Homemaker Home examiner must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Maurice Ricketts Bertha Sadonia Warfield BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Ann Boyko 17510 Prince Philip Drive, Olney, Md. 20832 20a METHOD OF DISPOSITION

A Burial 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE Monocacy Cemetery May 28, 1993 Beallsville, Md. 22. NAME AND ADDRESS OF FACILITY
Keeney and Basford P.A. Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Richar Dia MO0255 106 East Church St., Frederick, Md. 21701 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Approximata interval Between IMMEDIATE CAUSE (Final Onset and Death # disease or condition resulting in death) Phenuma other traumatic event, OUE TO (OR AS A CONSEQUENCE OF) BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST is marked, or item 23 shows any injury, or PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? Cance 1 - YES 2 NO OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 Dipetient 2 - ER/Outpatient 3 - DOA OTHER: 1 YES 2 NO me 5 - Residence 8 - Other (Specify) 4 - Nursing Ho 27. MANNER OF DEATH 26a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 April 2 Accident 5 Pending Investigat M 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 3 Sulcide 6 Could not be TO THE FUNERAL DIRECTOR: be filed within 72 hours after IMPORTANT: If Item 28 Is 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2/ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 51

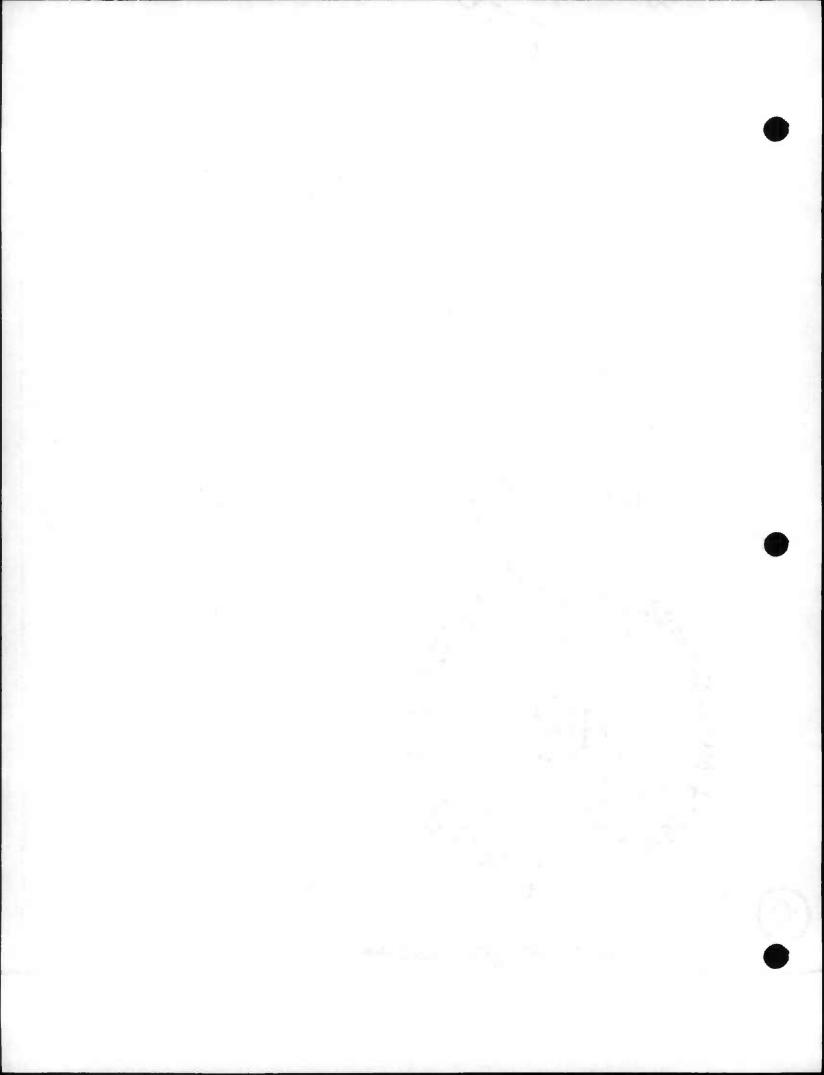
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NESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Lulia Lavidson-Randall

MAY 28

21788



3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Garner

Approximate

10 do

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

1 TYES 2 T NO

29d. DATE SIGNED (Month, Day, Year)

5. 2653

Interval Between

Onset and Death

1 YES 2 NO

8. BIRTHPLACE (State or Foreign

4:00 P

YEAR

1913 Maryland

Washington

10g. CITIZEN OF WHAT COUNTRY? U.S.A.

White

9c. COUNTY OF DEATH

ISABEL .

9a. FACILITY NAME (If not institution, give street and number

4. SOCIAL SECURITY NUMBER

214-28-1167

**JOHNSON** 

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

9b, CITY, TOWN OR LOCATION OF DEATH

2. DATE OF DEATH

7. DATE OF BIRTH

(Month, Day, Year) NOV • 28

May

DAY

25,

1993

RECORDS, P.O. BOX 68760, DIVISION OF VITAL

Pages 1, 2, 3 should DIRECTOR Avalon Manor Home Inc. Hagerstown RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Maryland Frederick Thurmont. permit. FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE use as the burial-transit 144 Water St. 21788 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married 1 YES 2 NO Specify: BY 3X Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ò Elementary/Secondary (0-12) College (1-4 or 5+) detached 1 8 N/A Homemaker once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Ti C. the funeral director, page 5 should be Keefer Mamie Trene BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Betty L. Brice 144 Water St., Thurmont, MD 21788 (Daughter) pe 20e. METHOD OF DISPOSITION

1 Durial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State must Smithsburg Crematory 5/26 Smithsburg, Maryland 21. SIGNATURE OF FUNERAL SARVICE LICENSE examiner 22. NAME AND ADDRESS OF FACILITY Robert E. Dailey & Son Funeral Homes, P.A. 615 E. Main St., Thurmont, MD 21788 medical PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, signed by the attending physician and completely filled in by . Health and Mental Hygiene prior to burial, cremation, or remo shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final traumatic event, the disease or condition resulting in death) CVA BOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within PLINERAL DIRECTOR; After this certificate has been signed by the attending physician and completely within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremati DUE TO (OR AS A CONSEDUENCE OF): CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE DE). if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? any Hopertern 1 YES 2 NO shows a PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 | YES 2 | -NO me 5 Residence 8 Other (Specify) 4 (1)-100 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Autural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 00 3 Suicide 6 Could not be COMPLETED 28 4 Homicide IMPORTANT: If Item 29s. CERTIFIER
(Check only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL C TO THE FUNERAL D IN THE WITHIN 72 HO 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE D(8017 Vantante mo 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print) VASANT DATTH MO 334 MILL ST 41< MD 21740 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Saigdson Randoll

STELTER

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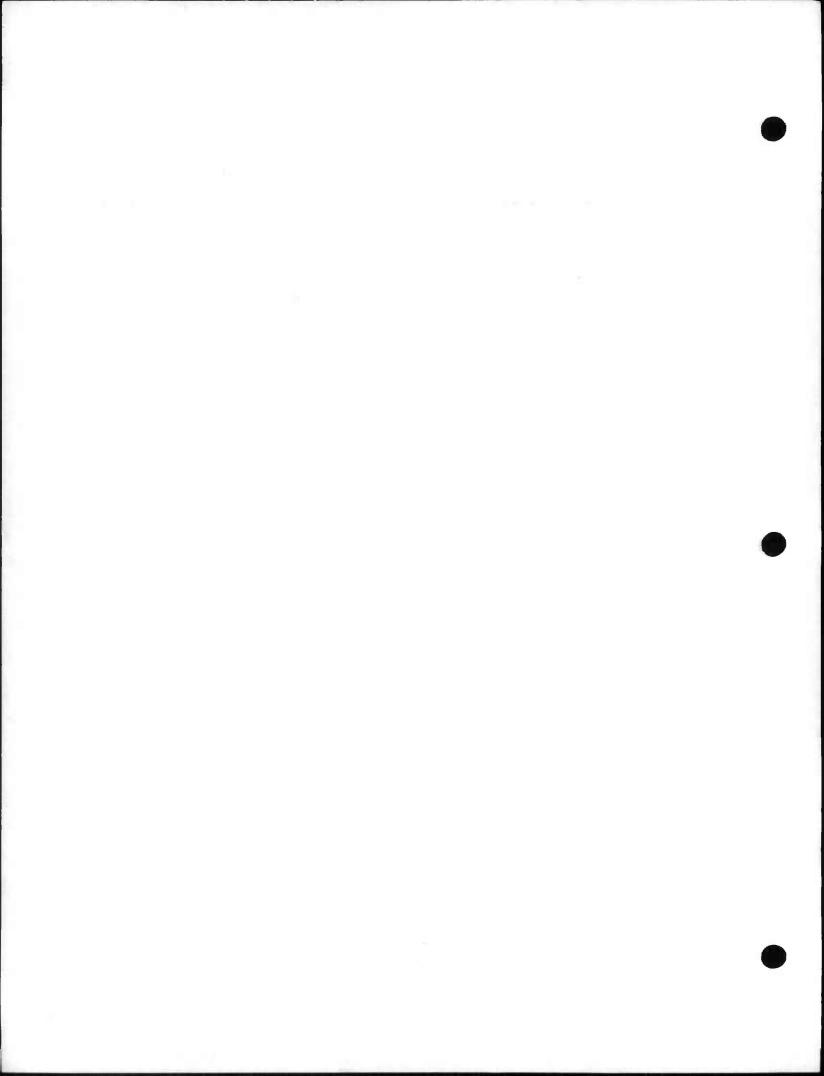
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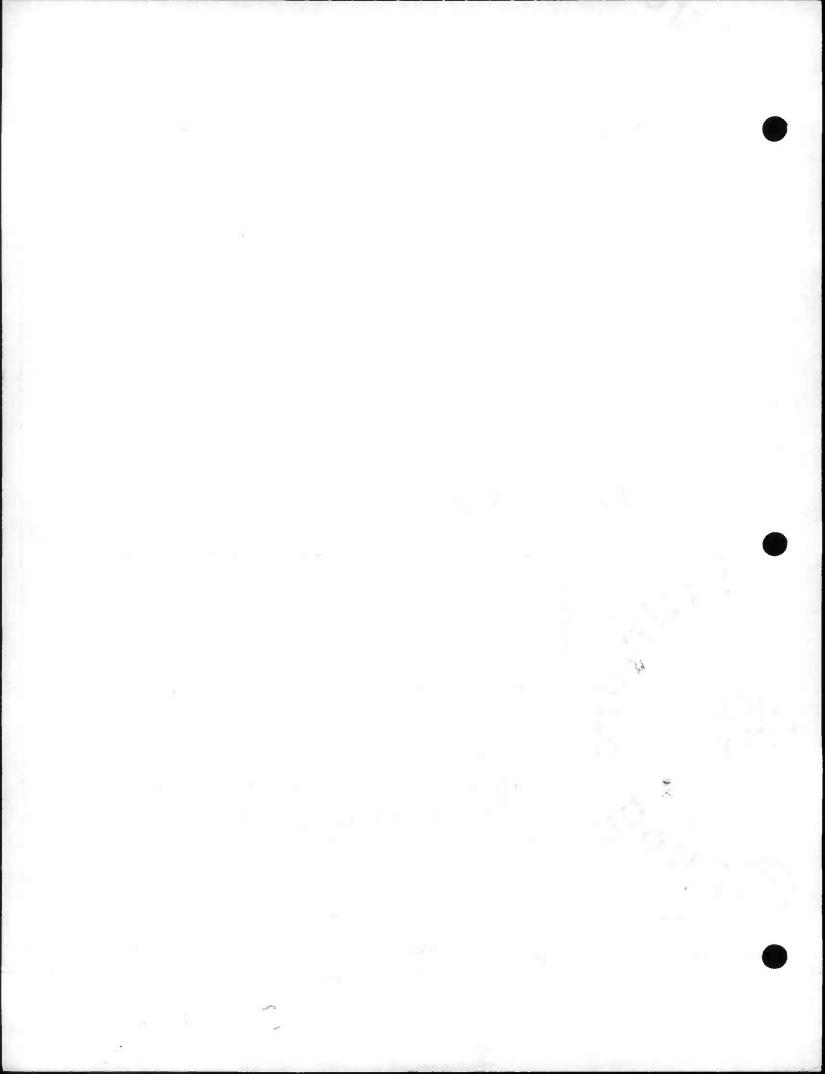


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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IAL UR ALLENDING PHYSICIAN: THE LAW REQUIRES THAT THE GRATH CERTIFICATE DESCRIPED WITHIN 24 HOURS ARRE OBARD. PAGE 5 MAY DE RETAINED BY THE HOSPITAL OF ATTENDING PHYSICIAN.	SCTOF	s afte	90
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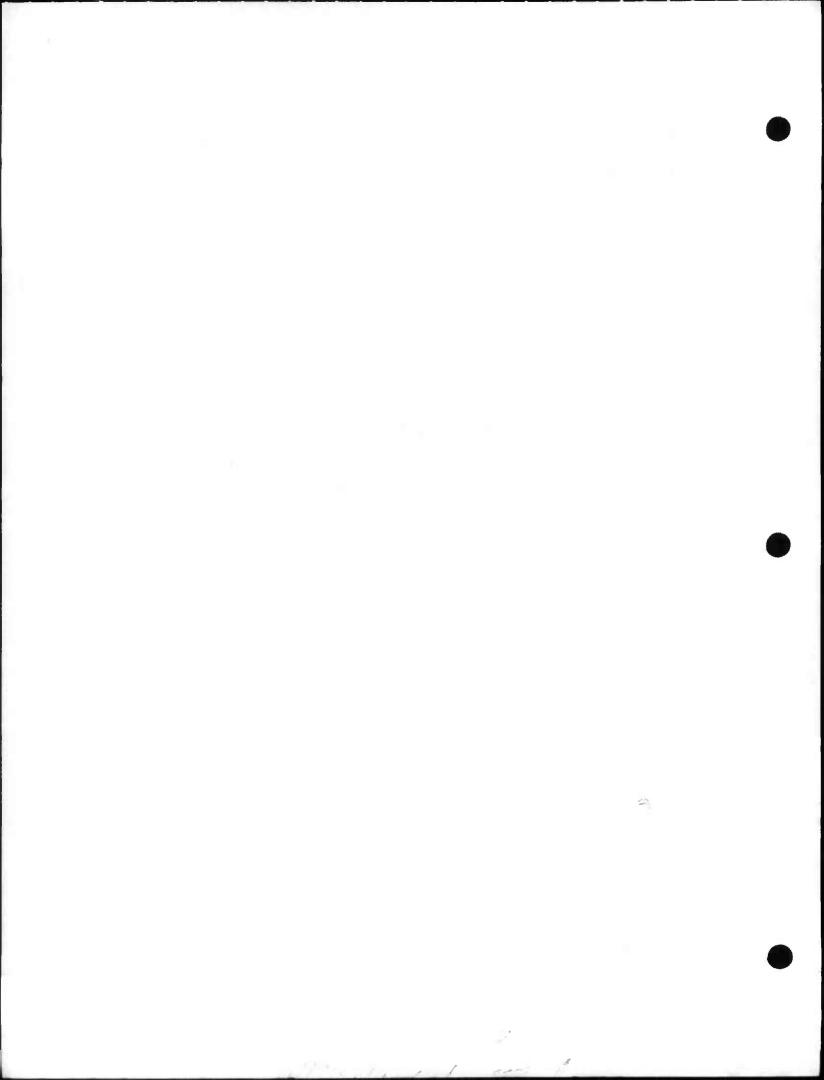
Pages 1, 2, 3 should

FOR 1 - STATE	STATE OF MA	ARYLAND / DEPARTI	MENT OF HEALTH AND	MENTAL HYGIENE	93 190	46		
1. DECEDENT'S NAME (First, Middle, Lat.  JOHN JEN C	John E	dward JENC	CATE OF DEATH	REG. NO.  2. DATE OF DEATH MONTH 05 2	YEAR 3. TIME OF D	HEATH 13 M		
4. SOCIAL SECURITY NUMBER 109-05-6609	1 M 2 □ F	81 YRS.	F UNDER 1 YEAR	Jan. 10, 1912	a. BIRTHPLACE (State of Country) Pennsylvar			
90. FACILITY NAME (If not institution, gh. Frederick RESIDENCE OF DECEDENT	Memorial 1		Frederick	DEATH 9c.	9c. COUNTY OF DEATH Frederick			
	ambria		Johnstown		10d. INSIDE ( LIMITS? 1 YES 2	M) NO		
10s. STREET AND NUMBER  8 51 Le	eisu <b>r</b> eAvenue	e	101. ZIP CODE 15904	10g	U.S.A.	Y7		
3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 IF YES, GIVE WAF	YES 2 NO	13. WAS DECENDENT OF HISPI If yee, specify Cuben, Mexic 1 YES 2 NO Specific		o— 14. RACE — American Black, White, etc. Specify: Whi			
15. DECEDENT'S E (Specify only highest on Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Lest)					ethlehem Steel Company			
				AME (First, Middle, Meiden Sume		arry		
19a. INFORMANT'S NAME (Type/Print)		Unknown 196. MAILING A	n Unknown  ILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)					
Mrs. Charlotte	Jenc	8.51 Le:	isure Avenue,					
20s. METHOD OF DISPOSITION  1  Burial 2  Cremation 3 Re 4  Donation 5 Other (Specify)	smoval from Stats	20b. PLACE AND OATE OF cemetery, crematory or other			ON — City or Town, Stats	a1		
21. SIGNATURE OF FUNERAL SERVICE	01 .	100703	Keeney & Bas		eral Home			
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (O		IC CARDION	ASCULAR DI	Onset	al Between and Daath		
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				<del></del>	1 🗆 YES 2	□ NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  Yes 2  NO  27. MANNER DF DEATH	HOSPITAL:		26. PLACE DF DEATH (CTHER:  Nursing Home 5 - Residence					
Natural 5 Pending	26s. DATE OF IN (Month, Day,	Year) INJUR	PF 28c. INJURY AT WORK?  M 1 YES 2 ND	MVA - HA	AD DY COLL	1510~		
	28e. PLACE OF I	NJURY — At home, farm, atre	281, LOCATION (Street and N					
			it the time, dets and place, and do			es stated.		
296 BIGNATURE AND TITLE OF CERTIF	Roberts	MD	29c. LICENSE NI	JMBER 29d	DATE SIGNED (Month, Day, M. 05/27/93	iter)		
RRRROBER	RTS MD 1.	5 W 773	ST FREDE	RICK Ma	21701-9	1599		
31. DATE FILED (MONTE), Day, Year 1993	GENERAL WELL	s signature	1					



BALTIMORE, MARYLAND	er death. Page 6 may be retained by the hosp	the funeral director, page 5 should be detached wal.	il examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	FOTHE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	TOTRE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	STATE OF MARY			TMENT				MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)		Ann	Τ.	Jane	SCO			2. DATE	OF DEATH	v	YEAR	3. TIME OF DEATH
		12500				-000				-14-	- 0	TEAR	1030 P.H
			GE (In yrs. lest		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	(Mont	OF BIRTH h, Day, Year)	'	Country	PLACE (State or Foreign
	177-42-7020		42	YRS.	10,000		1420 M.M.			8, 195		Penn	sylvania
oc.	9e. FACILITY NAME (If not institution, give street						R LOCATIO		ATH		4.4.	TY OF DE	
ᅙ	Holy Cross Hospita	11			Sil	ilver Spring M					Mon	tgom	ery
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	R LOCAT	ION				10d, INSIDE CITY		
ā	Maryland Prince	e George's		Bov	vie								LIMITS?  1 YES 2 X NO
AL	10e. STREET AND NUMBER					10f.	ZIP COO				10g. CITIZ	EN OF W	HAT COUNTRY?
FUNERAL	14420 Mount Oak Ro	oad				2	20716	5			Uni	ted	States
5		2. WAS DECEDENT EVE FORCES? 1   Y	R IN U.S. ARE	MED	13.	MAS DEC	ENOENT O	F HISPAN	IC ORIGI	1? (Specify Yes Rican, etc.)	es or No.— 14. RACE — American Indian, Black, White, etc.		
B	1 X Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OF					2 XNO	Specify:		rican, etc.)		Specif	v:
60	15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL O						AL OCCUPATION 18b, KIND OF BUSINESS/INDU						White
(Specify only highest grade completed)  (Sie kind of work done duting most of werking life. Do NOT use retired.)							USTHY						
딥	12	conege (14 til 5+)	Mar	nagei					l F	Retail	Stor	P	
COMPLET	17. FATHER'S NAME (First, Middle, Last)		1100	age.			18. MOTH	ER'S NAM	_	Middle, Malden			
Michael P. Janesco Pauline Steffanic							ic						
19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
radilite Gallo (Sister) 547 North Inird St, Minersville, PA								17	954				
	20s. METHOD OF DISPOSITION 1 ☐ Burlel 2 ☐ Cremation 3 ☐ Remove		20b. PLACE Al			ITION (Na	me of		OAT		CATION — C		FIGURE
	4 Donation 5 Other (Specify)  21. SIGNATURE OF UNERAL SERVICE LICEN		Subu	ırbar	Cre				6-1	5 Sil	ver S	prin	ng, MD
	21. SIGNATURE OF UNERAL SERVICE LICEN	O A					FUNE			vices,	P.A.		
	2016/5.	Cal	M008		9	33 0	aist	Ave.	Si	lver Śr	rina	. MD	20910
23. ART LEnter tha diseases, or complications that caused the deeth. Do not anter tha mode of dying, such ea cardisc or reapiratory screet,									Approximate				
	IMMEDIATE CAUSE (Finel				,	1							Onset and Daath
	disease or condition resulting in death)	Chrone	e N	exp	ul fle	sele	w			_			5 4/3
	DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentisity list conditions, if sny, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):												
AT	cause. Enter UNDERLYING				,,.								
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR A	S A CONSEQU	UENCE OF	F):								
ERI	resulting in death) LAST												
	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
CAL				- Conting	iii tile uii	derrying	cause g	iveli ili r	ait i.	PERFOR	WED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
									-	1 TYES 2	XNO.		OF DEATH?
Ξ.									-				1 TYES 2 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL			-		26. PL	ACE OF DE	ATH (Chec	ck only or	10)			
SIC		IOSPITAL:	utpatient 3 [	DOA	OTHER 4 Num	1:	5 🗆 Rei						
Ě	27. MANNER OF DEATH	28e. OATE OF INJUR	ry T	28b. TIM	E OF	28c. INJU	JAY AT			CRIBE HOW IN	JURY OCC	UREO	
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year	″	INJ	URY M	1 📋 Y	4K7 ES 2 □	NO					
	3 Suicide 8 Could not be	28e. PLACE OF INJU building, etc. (S	IRY — At hom	o, farm, e	street, facto	ory, office			261. LOC	ATION (Street er or Town, State)	nd Number (	or Rural Ro	oute Number,
	4 Homicide determined	AUG=35 III A							Ony	or rown, state,			
COMPLETED	29a. CERTIFIER (Check only	N: To the best of my kn	owledge, deal	th occurre	d at the ti	me, date	and place,	end due t	to the cau	rse(s) and menr	or es state	d.	
Ö	one) 2 MEDICAL EXAMINER:	On the basis of examina	tion end/or in	vestigatio	n, in my o	olnion, de	ath occur	d at the t	ime, date	end place, end	due to the	ceuse(s)	and manner as attated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIED	,					29c. LICE	NSE NUM	BER	/	29d. DATE	SIGNED	Month, Day, Year)
0	Menou X. Ser	ulu Mo					DO	66	79		10	/15	193
-	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF	OEATH (ITEM	27) (Туре,	Print)	00	309	3	5/40	NEFI	200	190	
	17 YRON L. LENK	4N	2000				WH	EA	701	0 /	Up	200	702
	JUN 1 6 1993	Julia David	GNATURE DA	nd-00									
	0011 10 1993	1	Mai anh	Comment									1



## DIVISION OF VITAL RECORDS, P.O. BOX 68760,

2

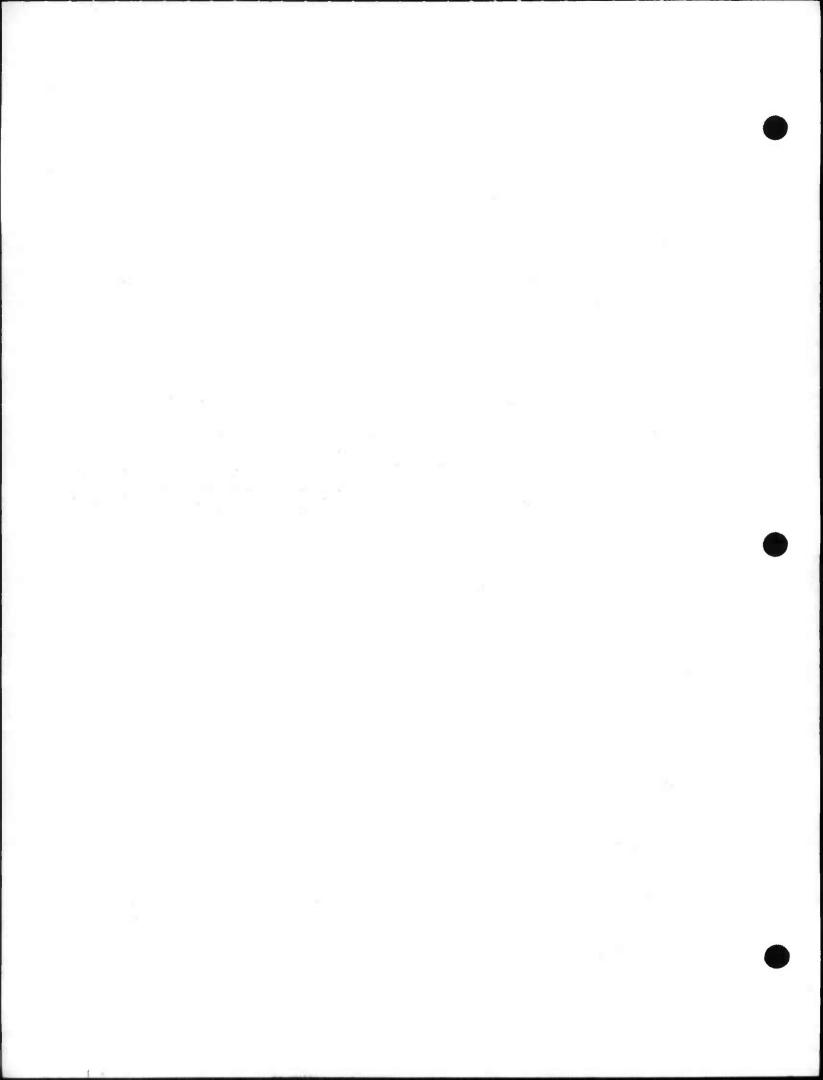
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retrained by the hospital or attending physician.

AL SECURITY NUMBER  -26-9508  -26-9508	reet and number)  ospital  Montgomery  enbrook Roa  12. Was Decebert ever FORCES7 1 1 VEF FORCES7 1 CVEF FORCES7 1 CVEF CORDER (1-4 or 5+)  3	SE (In yrs. lest birth  58  100  100  100  100  100  100  100	Ph. CITY, TOWN  13  Ph. CITY, TOWN  13  Ph. CITY and a control of the control of	ER 1 YEAR IF UI DAYS HOU  TY, TOWN OR LOC  BE  OR LOCATION  BC  101. ZIP C  1 UPS OECENDER  If yes, specify C 1 UPS 2 Z.	thesd. thesd. 208.	7. DATE OF (Month, LAUGU)  EATH  a  1.4  NIC ORIGIN? (BIR, Puerto Ric.	BIRTIN 1993 BIRTIN 1993 ST. 1934 10g. CITE Un Specify Yes or No.—	S. BHATTNPL Country)  I NTY OF DEAN MON t  10 12 ZEN OF WHA  1 ted 14. RACE	TIME OF DEATN  1:15 pm.  ACE (State or Foreign  1linois  TN  GOMERY  Dd. INSIDE CITY LIMITS?  VES 2 M NO  AT COUNTRY?  States  American Indian, White, aic.				
AL SECURITY NUMBER  -26-9508  -26-9508	s. SEX 1  M 2  SF reet and number) ospital  Montgomery  enbrook Roz 12. WAS DECEDENT EVER FORCES7 1  YE FORCES7 1 YE FORCES7 (SEVE WAR OF	SE (In yrs. lest birth  58  100  100  100  100  100  100  100	Ph. CITY, TOWN  13  Ph. CITY, TOWN  13  Ph. CITY and a control of the control of	ER 1 YEAR IF UI DAYS HOU  TY, TOWN OR LOC  BE  OR LOCATION  BC  101. ZIP C  1 UPS OECENDER  If yes, specify C 1 UPS 2 Z.	thesd.	7. DATE OF (Month, LAUGU)  EATH  a  1.4  NIC ORIGIN? (BIR, Puerto Ric.	BIRTIN  Interpretation (Note of the Control of the	8. BIRTINPL Country)  I INTY OF DEAT  MONT  ICA  IZEN OF WHA  ited  14. RACE— Black, V	ACE (State or Foreign  llinois  IN  gomery  od. INSIDE CITY LIMITS?  yes 2 🗶 NO  AT COUNTRY?  States  American Indian.				
PENCE OF DECEDENT  SUBURBAN H  SUBURBAN H  DENCE OF DECEDENT  ITE 10b. COUNTY  TYLAND  REET AND NUMBER  7905 G1  ITAL STATUS  ITAL STAT	neet and number)  ospital  Montgomery  enbrook Roa  12. Whis Decedent ever FORCES? 1 1 YE IF YES, GIVE WAR OF  College (1-4 or 5+)  3	3.d  R IN U.S. ARMED  S 2 NO R DATES  16a. OECEDE  (Give kir.	PS. MONTHS  9b. CIT  9c. CITY, TOWN  13  13  17  17  18  19  19  19  19  19  19  19  19  19	DAYS HOU  TY, TOWN OR LOC  Be  OR LOCATION  BC  101. ZIP C  1  Yes, specify C  1  Yes 2  A	thesd.	AUGUITA  AUGUITA  AUGUITA  A  A  A  A  A  A  A  A  A  A  A  A	10g. CITE Un Specify Yes or No.—	Country)  I  NTY OF DEAN  MONT  IC  1  ZEN OF WHA  ited  14. RACE — Block, W	Ilinois  gomery  d. Inside city Limits?  ves 2 2 no Ar country?  States				
Suburban H DENCE OF DECEDENT  TO 10b. COUNTY  TY 10b. COUNTY	Montgomery  enbrook Roz  12. WAS DECEDENT EVE FORCES? 1 VE IF YES, GIVE WAR OF  CATION Completed)  College (1-4 or 5+)  3	R IN U.S. ARMED ES 2 X NO R DATES  16a. OECEDE (Give kir.	c. CITY, TOWN  13  ENT'S USUAL 1 d of work done (Of use retired.	Be OR LOCATION Be 101. ZIP (	thesd.	a  14  NIC ORIGIN? (	10g. CITE Un Specify Yes or No —	Mont  10 11 ZEN OF WHA  ited  14. RACE — Black, V	gomery  d. INSIDE CITY LIMITS?  YES 2 M NO NY COUNTRY?  States American Indian.				
TYLAND   enbrook Roz  12. WAS DECEDENT EVER FORCES? 1 VER FORCES? 1 VER FORCES? 1 CORR FORCES? 1 VER FORCES.	R IN U.S. ARMED ES 2 X NO R DATES  16a. OECEDE (Give kir.	INT'S USUAL of or work done	Be  101. ZIP (  104. ZIP (  11 yes, specify (  1 Yes 2 Z   OCCUPATION  10 during most of w	208 IT OF NISPA	14 NIC ORIGIN? (	Un Specify Yes or No.	ited  14. RACE — Black, V	od. INSIDE CITY LIMITS?  YES 2 M NO NT COUNTRY?  States American Indian.					
7905 G1 ITAL STATUS  ver Married 2 [X Married dowed 4 Divorced  15. OECDENT'S EDUC (Specify only highest grade ventary/Secondary (0-12)  ER'S NAME (First, Middle, Last)  Ulric  ORMANT'S NAME (Type/Print)	enbrook Roz  12. WAS DECEDENT EVE FORCES? 1 1 1 1 1 IF YES, GIVE WAR OF  Completed)  College (1-4 or 5+)  3	R IN U.S. ARMED ES 2 NO R DATES  16a. OECEDE (Give kir.	ENT'S USUAL of of work done	101. ZIP (	208 IT OF NISPA	14 NIC ORIGIN? (	Un Specify Yes or No.	ited  14. RACE — Black, V	States				
7905 G1.  ITAL STATUS  ver Married 2 [X] Married dowed 4 [Diverced]  15. OECEDENT'S EDUC (Specify only highest grade ventary/Secondary (0-12)  ER'S NAME (First, Middle, Last)  Ulric  ORMANT'S NAME (Type/Print)	12. WAS DECEDENT EVER FORCES? 1 VE IF YES, GIVE WAR OF CATION completed)  College (1-4 or 5+)  3	R IN U.S. ARMED ES 2 NO R DATES  16a. OECEDE (Give kir.	ENT'S USUAL of of work done	i. WAS OFCENDED If yes, specify C 1 YES 2 A OCCUPATION Is during most of w	208 IT OF NISPA	NIC ORIGIN? (	Un Specify Yes or No.	ited  14. RACE — Black, V	States American Indian.				
ITAL STATUS  ver Married 2 [X Married  dowed 4 Divorced  15. OECEDENT'S EDUC (Specify only highest grade  vertary/Secondary (0-12)  ER'S NAME (First, Middle, Last)  Ulric  ORMANT'S NAME (Type/Print)	12. WAS DECEDENT EVER FORCES? 1 VE IF YES, GIVE WAR OF CATION completed)  College (1-4 or 5+)  3	R IN U.S. ARMED ES 2 NO R DATES  16a. OECEDE (Give kir.	ENT'S USUAL of of work done	If yes, specify C	IT OF NISPA	NIC ORIGIN? (	Specify Yes or No-	14. RACE — Black, V	American Indian.				
ver Married 2 [X] Married dowed 4 Divorced  15. OECEDENT'S EDUC (Specify only highest grade sentary/Secondary (0-12)  ER'S NAME (First, Middle, Last)  Ulric  ORMANT'S NAME (Type/Print)	FORCES? 1 YES, GIVE WAR OF COMPleted)  College (1-4 or 5+)	ES 2 NO R DATES  16a. OECEDE	ENT'S USUAL of of work done	If yes, specify C	uban, Mexic	en, Puerto Ric	specify Yes or No — in, etc.)	Black, V	American Indian, Thita, alc.				
(Specify only highest grade sentary/Secondary (0-12)  ER'S NAME (First, Middle, Last)  Ulric  ORMANT'S NAME (Type/Print)	College (1-4 or 5+)	(Give kir.	nd of work done IOT use retired.	e during most of w			- 1		White				
entary/Secondary (0-12)  ER'S NAME (First, Middle, Last)  Ulric  ORMANT'S NAME (Type/Print)	College (1-4 or 5+)	(Give kir.	IOT use retired.	e during most of w )	15. OECEDENT'S EDUCATION (Specify only highest grade completed)  16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working								
Ulric ORMANT'S NAME (Type/Print)	Clarence F												
ORMANT'S NAME (Type/Print)	Clarence H	17. FATNER'S NAME (First, Middle, Last)  18. MOTNER'S NAME (First, Middle, Maiden Surna											
ORMANT'S NAME (Type/Print)	Ulric Clarence Foster Elizabet												
The state of the s													
lair Francis J	ones	790	5 Gle	nbrook	Road	Bethes	da, Maryl	and 2	0814				
TNOD OF DISPOSITION rial 2 X Cremation 3 A Ramo nation 5 Other (Specify)	oval from State	20b. PLACE AND D	ATE OF DISPO	SITION (Name of June	12, 1	993 <sup>0ATE</sup>	20c. LOCATION —	City or Town	, State				
ATURE OF FUNERAL SERVICE LIC	ENSEE	1	22	NAME AND ADI	DRESS OF EA	CHITY							
23. PART I. Enter the diseases, pr.complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart feliure. List only one cause on each line.  Approximate interval Between													
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):													
I. Other aignificant conditions	contributing to death	h but not result	ting in the u	inderlying ceu	se given in	Part i. 24			ERE AUTOPSY FINDING MILABLE PRIOR TO				
						_   1		OF	OMPLETION DF CAUSE DEATH?  YES 2 NO				
CASE REFERRED TO MEDICAL				26. PLACE O	F DEATN (CA	eck only one)			-				
YES 2 XNO		outpatient 3 🗆 De			Residence	8 Other (S	pecify)						
NER OF DEATN  Natural 5 Pending	28a. DATE OF INJUR (Month, Day, Year	(Y 28b		28c. INJURY A' WORK?	r			CURED					
2 Accident Suicide 6 Could not be 26e. PLACE OF INJURY — At home, ferm, street, factory, office 28i.								or Rural Rout	a Number,				
THE STATE OF THE S	TI. Enter the dideases, prosence of the conditions of the conditio	ATURE OF FUNERAL SERVICE LICENSEE  AT I. Enter the diseases, pr.complications that cau shock, or heart feliure. List only one ceuse of ATE CAUSE (Final or condition g in death)  ATURE OF FUNERAL SERVICE LICENSEE  ATE CAUSE (Final or conditions)  BUE TO (OR A OUE TO	ATURE OF FUNERAL SERVICE LICENSEE  ATT I. Enter the diseases, pr.compilications that caused the death. ahock, or heart feliure. List only one ceuse on each fine.  ATE CAUSE (Final or conditions, eading to immediate enter UNDERLYING (Disease or Injury lated events g in death) LAST  Other algnificant conditions contributing to death but not result in interest the conditions of the conditions contributing to death but not result in interest the conditions investigation investigation and contributing to death but not result in interest the conditions of the conditions	ATT I. Enter tha diseases, pr. complications that caused the death. Do not enter shock, or heart feliure. List only one ceuse on each line.  ATE CAUSE (Fineline or condition grin death)  Due to (or as a consequence of):  Cornary Aconsequence of):  Due to (or as a consequence of	ATT I. Enter the diseases, pr. complications that caused the death. Do not enter the mode of shock, or heart feliure. List only one ceuse on each line.  ATE CAUSE (Finel or condition g in death)  Due to (or as a consequence of):  Carmany  Due to (or as a consequence of):  Due t	MONTONEOUS CONTROL SPECIAL MANAGER AND ADDRESS OF FIRE CONTROL A. Pum Bethesda-Chev Robert A. Pum Bethesda-Chev Be	MONTGOMERY CREMATORIUM INC.  NOTURE OF FUNERAL SERVICE LICENSEE    MONTGOMERY   22. NAME AND ADDRESS OF FACILITY   Robert A. Pumphrey   Bethesda - Chevy Chas   Avenue Bethesda, Ma   Avenue Bethesda,	MONTGOMERY CREMETICS IN SERVICE LICENSEE    22. NAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral H Bethesda. And ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral H Bethesda. And And ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral H Bethesda. And And ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral H Bethesda. And And ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral H Bethesda. And And ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral H Bethesda. And Facility And Address of Facility Robert A. Pumphrey Funeral H Bethesda. And Facility And Address of Facility Robert A. Pumphrey Funeral H Bethesda. And Facility And Address of Facility Robert A. Pumphrey Funeral H Bethesda. And Facility And Address of Facility Robert A. Pumphrey Funeral H Bethesda. And Facility And Address of Facility Robert A. Pumphrey Funeral H Bethesda. And Facility And Address of Facility Robert A. Pumphrey Funeral H Bethesda. And Facility And Address of Facility Robert A. Pumphrey Funeral H Bethesda. And Facility And Address of Facility Robert A. Pumphrey Funeral H Bethesda. And Facility And Address of Facility Robert A. Pumphrey Funeral H Bethesda. And Facility And Address of Facility Robert A. Pumphrey Funeral H Bethesda. And Fac	MONTGOMERY CYCHILLIANS AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral Home/ Bethesda_Chevy Chase_Ing. 20514_3  TI Lenter the, diseases, pr. complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart felture. List only one cause on each fine.  ATE CAUSE (Fine) or conditions, each fine or conditions, out to fine the mode of dying, such as cardiac or respiratory arrest,  ATE CAUSE (Fine) or to (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  d.  Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part i.  24a. WAS AN AUTOPSY PERFORMEOT 1 YES 2 (XNO  DUE TO (or as a consequence or):  1 YES 2 (XNO  DUE TO (or as a consequence or):  25. PLACE OF DEATN (Check only one)  16.  OTHER: WERT THE MORE OF DEATN (Check only one)  16.  OTHER: WERT THE MORE OF DEATN (Check only one)  16.  OTHER: WERT THE MORE OF DEATN (Check only one)  16.  OTHER: WERT THE MORE OF DEATN (Check only one)  16.  DUE TO (or as a consequence or):  26. PLACE OF DEATN (Check only one)  16.  OTHER: WORK THE MORE OF DEATN (Check only one)  17.  28. PLACE OF DEATN (Check only one)  18.  DUE TO (OR AS A CONSEQUENCE OF):  19.  DUE TO (OR AS A CONSEQUENCE OF):  29.  AND THERE OF DEATN (Check only one)  10.  20.  DUE TO (OR AS A CONSEQUENCE OF):  20.  DUE TO (OR AS A CONSEQUENCE OF):  21.  22.  24.  24.  24.  24.  24.  24.				

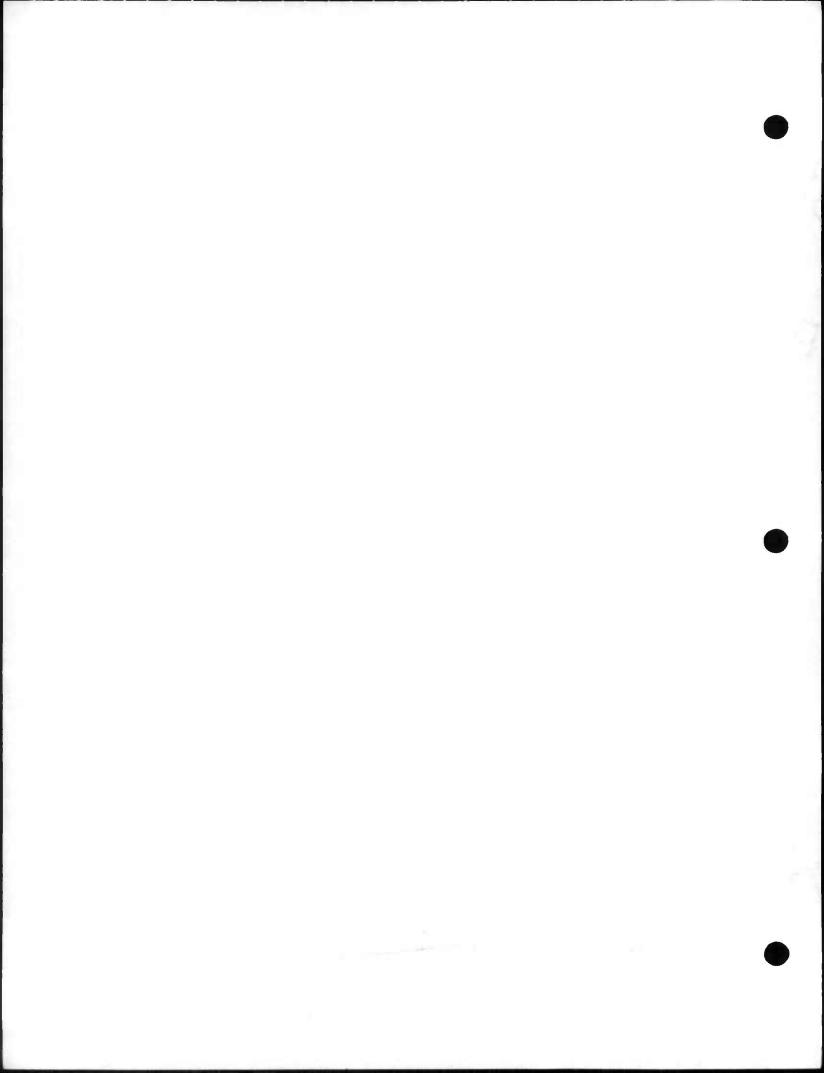
CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 TONO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 M inpatient 2 - ER/Outpatient 3 - DOA OTHER: I WES 2 XNO 4 - Nursing N 27. MANNER OF DEATN

1 Natural 5
2 Accident 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 YES 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 6 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 4 Nomicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, det to the ceuse(a) and manner as stated. D 258/8 CAUSE OF OEATN (ITEM 27) (Type, Print) 5530 Wisconsin Are CHEVY



BALTIMORE, MARYLAND 21215-0020	CIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	erificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE SECOND ALTON After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMI			MENTAL HYGIEN	E	13045		
	1. DECEDENT'S NAME (First, Middle, Last) EDNA M	1. STEED JO	HNSON			2. DATE OF DEATH JUNE I	J, 199	3. TIME OF DEATH 2:38 P M		
	4. SOCIAL SECURITY NUMBER 579-14-9739	1 □ M 2 🔀 F	89 YRS. MONT		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MAY 4, 19	a	IRTHPLACE (State or Foreign purity) SHINGTON, D.C.		
TOR	9a. FACILITY NAME (If not institution, give si  SUBURBAN I  RESIDENCE OF DECEDENT		96,		R LOCATION OF DE	EATH	MONTG			
DIRECTOR	10a. STATE 10b. COUNTY	GOMERY	12.5	NO OR LOCAT	SPRING			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	321 UNIVERSITY BO	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECI	20901 ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	US or No.— 14, F	A RACE — American Indian,		
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, spe		n, Puerto Rican, etc.)		Specify: WHITE		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)					16b. KIND OF BUS	SINESS/INDUSTR	W		
OMC	1.7. FATHER'S NAME (First, Middle, Last)		SECRETARY		18 MOTHER'S NA	FEDERAL GOVERNMENT				
BE C	ZOLO V. LESTER					P. GRAHE				
TO B	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip C									
	WILLIAM S. STEED 14604 GEORGIA AVENUE ROCKVILLE, MARYLAND 20853  29. METHOD OF DISPOSITION OATE 20c. LOCATION — City of Town, State									
	1 A Burial 2 Cremation 3 Remarks 4 Donation 5 Other (Specify)	cem GA	etery, crematory or other pl TE OF HEAV	EN CEM	ETERY	1	•	ING, MARYLAND		
	21. SIGNATURE OF FUNERAL SERVICE LIC	2 Comment	111	FRANCI	S J. COI	LINS FUNE	RAL HOM	E, INC.		
23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. Liet only one cause on each line.										
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death)		SEPSIS					Onset and Death		
	DUE TO (OR AS A CONSEQUENCE OF):  Cardio Repintry arrest									
NOL	Sequentially list conditions, if any, leading to immediate	0081								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):		A					
CER	resulting in death) LAST									
MEDICAL	PART ii. Other significent condition	s contributing to death be	ut not resulting in the	underlying	cause given in	Part i. 24a, WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ž							_1	1 TES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		HER:	ACE OF DEATH (Che	6 Other (Specify)				
	27. MANNER OF DEATH  1 Natural 5 Pending	26e. DATE OF INJURY (Month, Dey, Year)	26b. TIME OF	28c. INJU	JRY AT	28d. DESCRIBE HOW II	NURY OCCURE	•		
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, street,		ES 2 NO	281. LOCATION (Street a City or Town, State)	nd Number or Ru	ral Route Number,		
LET	AND CERTIFIER	CIAN: To the best of my knowle	arina, death occurred at a	the time date	and alone and due	to the country and				
COMPLETED		R: On the basis of examination						se(e) and manner se stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	I Shelu	lly		29c. LICENSE NUM D434	9 6	29d. DATE SIG	NED (Month, Dey, Year)		
TO	30. NAME AND ADDRESS OF PERSON WHO 1299- Lamber	ton Drine	STUNESTINE	2/81	Bing	m 20	902			
	31. DATE FILED (Month, Day, Year)  JUN 1 4 1993	30. REGISTRAR'S SIGNA	Pandell		U		,			

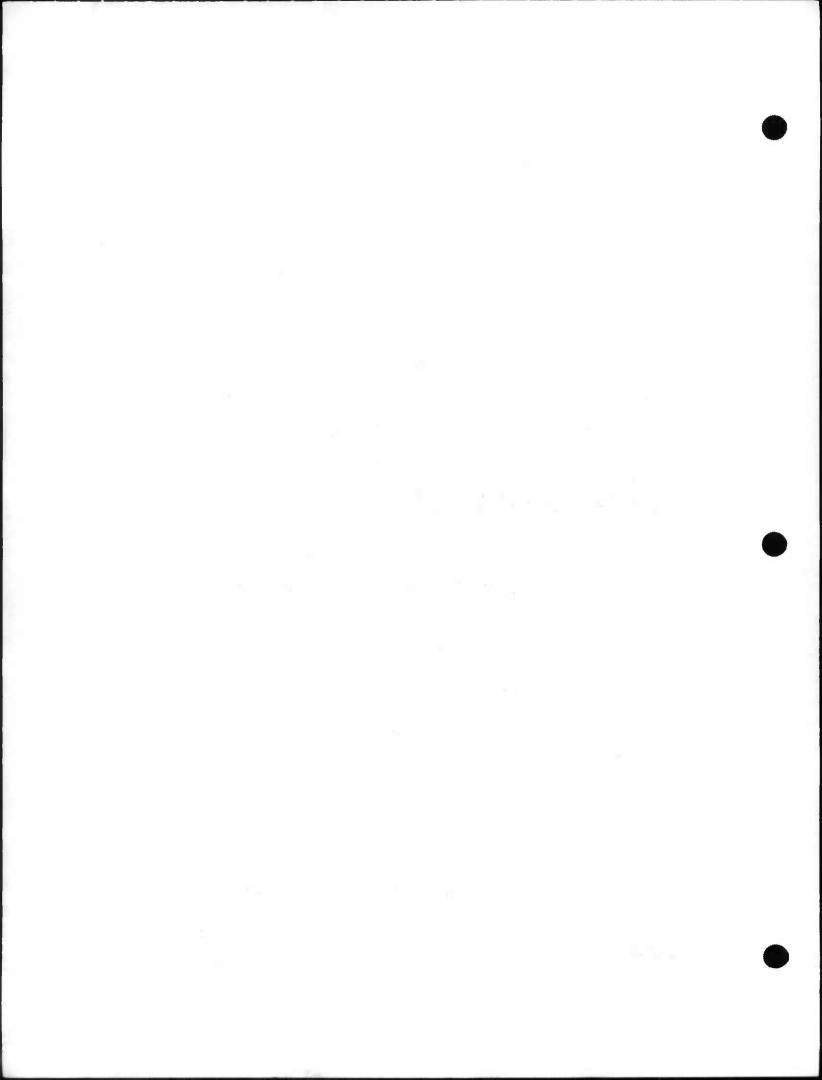


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al examiner must be notified at once.  TO BE COMPLETED BY FUNERAL DIRECTOR	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.  TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COMP
al examiner must be notified at once.	TANT: If Nem 28 is marked, or Nem 23 shows any injury, or other traumatic event, the medic
After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 beath with the State Deor, of Health and Merital Hydielle prior to burial, criemation, or removal	The FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed with the State Debt. of Health and Mental Molene prior to build. cremation, or removal
fler death. Page 6 may be retained by the hospital or attending physician.	TO THE POSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
BALLIMORE, MARTLAND ZIZIS-0020	Citizen of Milat neconds, r.C. Box 89780,

	FOR  1 • STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF HI	ALTH AND	MENTAL HYGIEN REG. NO	E	3 19050	
	1. DECEDENT'S NAME (First, Middle, Last)		OLITTI	TOATE OF	DEATH	2. DATE OF DEATH	•	3. TIME OF DEATH	
	Randolph Randolph	Patrick		Ke	erin		1 199		
	220-50-4383	5. SEX 6. AGE (In yrs. last birthday) 1 M 2 F 44 YRS.		IF UNDER 1 YEAR MONTHS DAYS				BIRTHPLACE (State or Foreign Country) Florida	
	9e. FACILITY NAME (If not institution, give :	street end number)		96. CITY, TOWN OF	LOCATION OF DE			OF DEATH	
CTOR	PENINSULA REGION	AL MEDICAL C	ENTER	SALIS	BURY		WI	COMICO	
DIRECTOR	10a. STATE 10b. COUNT Maryland	v Vorchester		Ocean Cit				10d. INSIDE CITY LIMITS?  YES 2 NO	
A	10a. STREET AND NUMBER			101.	ZIP CODE	10g. CITIZEI	OF WHAT COUNTRY?		
FUNERAL	9830 Keyser Poir	it Rd.			21842		USA	A	
2	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. ARMED	13. WAS DECE	NDENT OF HISPAN	NIC ORIGIN? (Specify Yes	or No- 14	. RACE — American Indian, Black, White, etc.	
9 8 ₹	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			NO Specifi			Specify: White	
E	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give kind of s	USUAL OCCUPATION work done during most	of working	16b. KIND OF BUS	SINESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	carpe			const	ructio	on	
BE COI	17. FATHER'S NAME (First, Middle, Lest) William Carl Ke	erin	-			ME (First, Middle, Meiden Cet Ann Mur	-,		
TO B	19e. INFORMANT'S NAME (Type/Print) 19b. M.				I Number or Rural I	Aoute Number, City or Tow	n, State, Zip Co		
1	Margaret Kerin								
	1 ☐ Buriel 2 ☑ Cremelion 3 ☐ Removal from State cametery, crematory or			ther place)		CATION - City or Town, State  1 isbury, MD			
	21. SIGNATURE OF FUNEDAL SERVICE LIC	CENSEE	Salisbur		ADDRESS OF FA	CILITY	IIISDUI	y, MD	
	· Gran.	Hollow	ul	501 8	Snow Hil	neral Home 1 Rd., Sal	isbury	, MD. 21801	
	23. PANTA Enter the diseases, or shock, pr heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Liat only one cause on a	ach sina.	mot anter tha mod			ratory arrest	Approximate Interval Batween Onset and Daath	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):								
	PART II. Other significant condition	s contributing to death h	ut not resulting	in the underlying	cause alven in	Boot I Day und au	447000V		
MEDICAL	11 Phanad	Reclina	?	tha anderlying	cause given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
요	2) excloring	e mist	x ars			1 _ YES 2	Sho	OF DEATH?	
	3) melos/asin		87 Bra					1 D YES 2 NO	
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		- 12 cm		CE OF DEATH (Che	ack only one)			
Sic	1 YES 2 NO	HOSPITAL:	patient 3 DOA	OTHER: 4 Nursing Home	5 Residence	6 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM		TA YE	28d. DESCRIBE HOW II	NJURY OCCUR	ED	
BY	1 Netural 5 Pending 2 Accident Investigation			M 1 TYE	S 2 NO		•		
ETED !	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, a	street, fectory, office		28f. LOCATION (Street a City or Town, State)	and Number or I	Rural Route Number,	
COMPLE		CIAN: To the best of my know						suse(s) and manner se stated,	
	296. SIGNATURE AND TITLE OF CERTIFIE		1-1		P9c. LICENSE NUM				
TO BE	N. Cha	ill la	BAIN	6	D 1319	7/	▶ 6/	GNED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WH 560 Blod	RENECK C	ATH (ITEM 27) (Type,	Print) 5/	16151	Burg.	mo	l.	
6	6 JUN 1993	32. BEGISTBAR'S SIGN	ATURE - Acade 12						



pital or attending physician.	d for use as the burial-transit permit. Pages 1, 2, 3 should	
MYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shoul with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	id, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
94THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires the	3. THE CONERAL DIRECTOR: After this certificate has been signed in fine within 72 hours after death with the State Dept. of Health	APORTANT: It Item 28 is marked, or Item 23 shows an

	1 - FOR STATE REGISTRAR		MARYLAND C	DEPAR	TMENT OF I	HEALTH AND	MENTA	L HYGIEN REG. NO.		0 1500	) i
1	1. DECEDENT'S NAME (First, Middle, Lest)	JULIUS	COMILLO	US	K	NG	2. DATI			3. TIME OF DEATH	P (
	4. SOCIAL SECURITY NUMBER  228-28-3662  9a. FACILITY NAME (If not institution, give	5. SEX	6. AGE (In yrs. le 64	st birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	DECI	OF BIRTH	, 28	BIRTHPLACE (State or Fore Country). VIRGILINA,	VA.
TOR	PENINSULA REGION		AL CENTE	R		SBURY	EATH		WICO	MICO	
DIRECTOR	10a, STATE 10b, COUNT	SOMERSET		t0c. CIT	Y, TOWN OR LOCA PRIN	TION CESS ANN	E			10d. INSIDE CITY LIMITS? 1 YES 2 X N	10
FUNERAL	100. STREET AND NUMBER 29550 DEAL	ISLAND F	ROAD		10	t. ZIP CODE	853		10g. CITIZEI	OF WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES?	NT EVER IN U.S. AI 1 YES 2 X WAR OR DATES		If yes, sp	CENDENT OF HISPA Hecity Cuban, Maxic 3 2 NO Speci	an, Puerto	N? (Specify Yea Rican, atc.)	or No — 14	. RACE — American Indian Black, White, atc. Specify: BLACK	ì,
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	ASCONDING COMPLETE OF 5		tive kind of v	USUAL OCCUPATION OF MAINTENANCE PROPERTY OF THE PROPERTY OF T	ON OST OF WORKING CCOUNTAN	_	NUBLIC		NTANT & TAX	ŒS
BE CON	17. FATHER'S NAME (First, Middle, Last)	NORMAN F	R. KING			16. MOTHER'S N		Middle, Melden IRGIE		S	
10 B	190. INFORMANT'S NAME (Type/Print) MARTHA KING		19			and Number or Rural E AS ABO	Route Nun				
	206. METHOD OF DISPOSITION 1 Dention 5 Other (Specify) BAPTIS CHURCH CEMETERY 6-20 VIRGILINA, VA.										
_ 3	21. SIGNATURE OF PUNERAL SERVICE U	b. Jou	les		SALI	SBURY, M	D. 2	18-1		2, Box 920	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Ceve by ova icute a CCC i deut										
TION	Sequentially list conditions, if sny, leading to immediate  Due TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  d.										
A P	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO										
4: MEDIC								1 🗌 YES 2	NO	COMPLETION OF CAL OF DEATH? 1 YES 2 TO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL:			26. PI	ACE OF OEATH (C)	eck only o	ne)			
HYS	1 YES 2 NO 27. MANNER OF CEATH		ER/Outpatient 3	DOA 26b, TIM	4 - Nursing Hom	e 5 🗆 Residence	_	****			
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, E	Day, Year)	INJ	URY WO	IC. INJURY AT WORK?  1   YES 2   NO			EO		
8	3 Suicide 6 Could not be determined	28a. PLACE C building,	OF INJURY — At he atte. (Specify)	eme, farm, a	treet, lectory, offic	•	261. LOC City	CATION (Street a or Town, State)	nd Number or	Rural Route Number,	
COMPLET		ICIAN: To the bast of ER: On the basis of a								nuse(a) and manner as stat	ted.
TO BE (	200. SIGNATURE AND TITLE OF CENTIFIE	1. ms			1	29c. LICENSE NU	MBER 74		29d. DATE SI	GNED (Month, Day, Year)	
Ĕ	100 Power	COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type.	eury.	nd	2	180	,		
12	JUN 1 6 1993	22. BEGISTRI	AR'S SIGNATURE								

BALTIMORE, MARYLAND 21215-0020

permit. Pages 1, 2, 3 should

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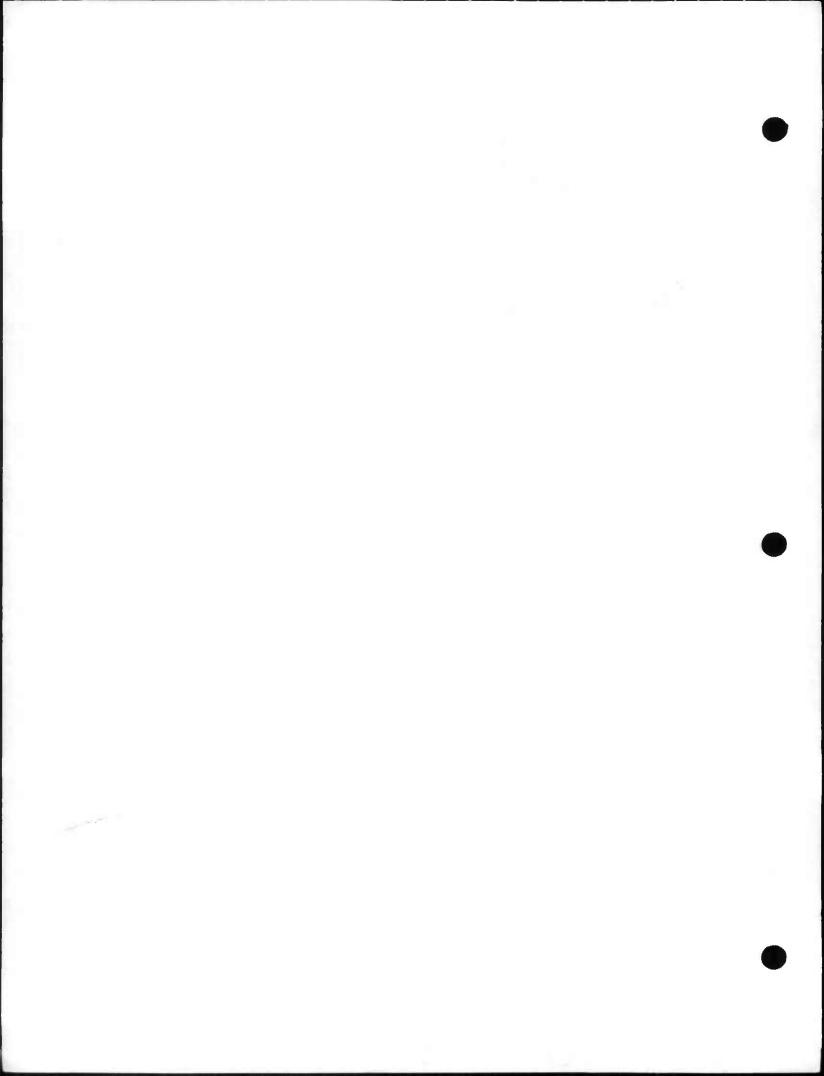
(	STATE OF THE RECORDS, F.O. BOX 68/80,	DALLIMORE, MARTLAND ZIZID-0020
MA B	In The MENTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physici	24 nours after death. Page 6 may be retained by the hospital or attending physici
日本	TO THE MINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-	filled in by the funeral director, page 5 should be detached for use as the burial-
1	mental Hygiene prior to burial, cremation, or removal.	tion, or removal.
IMPOR	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	the medical examiner must be notified at once.

1993

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Violet W. Jones Violet 2130 Weeks June Jones 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 - M 2 KF 214-30-8640 85 8-2-1907 Va 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HealthCare Center Salisbury Wic 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Wic. Tyaskin 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE Md. Rt.352 21865 US. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2-NO 1 Never Married 2 Marrie 1 YES 2 NO Specify BY Specify:Black 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 8yrs Homemaker 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Weeks Selinda Taylor BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jannie J. Smith 23525 Tyaskin, Md. 21865 Capitolia Rd 20a. METHOD OF DISPOSITION

1½ Burlal 2 Cremation 3 Ret

4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE John Wesley Cem. 6+19-Tvaskin, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Messick Funeral Home PO BOX61 · C Afenn fessicher m00416 Bivalve, Md. 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, **Approximate** shock, or heart failure. List only one cause on each line. Interval Betwe **IMMEDIATE CAUSE (Final Onset and Death** disease or condition resulting in death) Ru TELLA SOLLANTICO 4200 BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? ans 1 - YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 | YES 2 NO e 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 26a, DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) COMPLETED 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day 8 UnmD. Malic 08008 06 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M MAS 7 32. REGISTRAR'S SIGNATURE wha Davidson-Kandera 31. DATE FILED (Month, Day, Year)

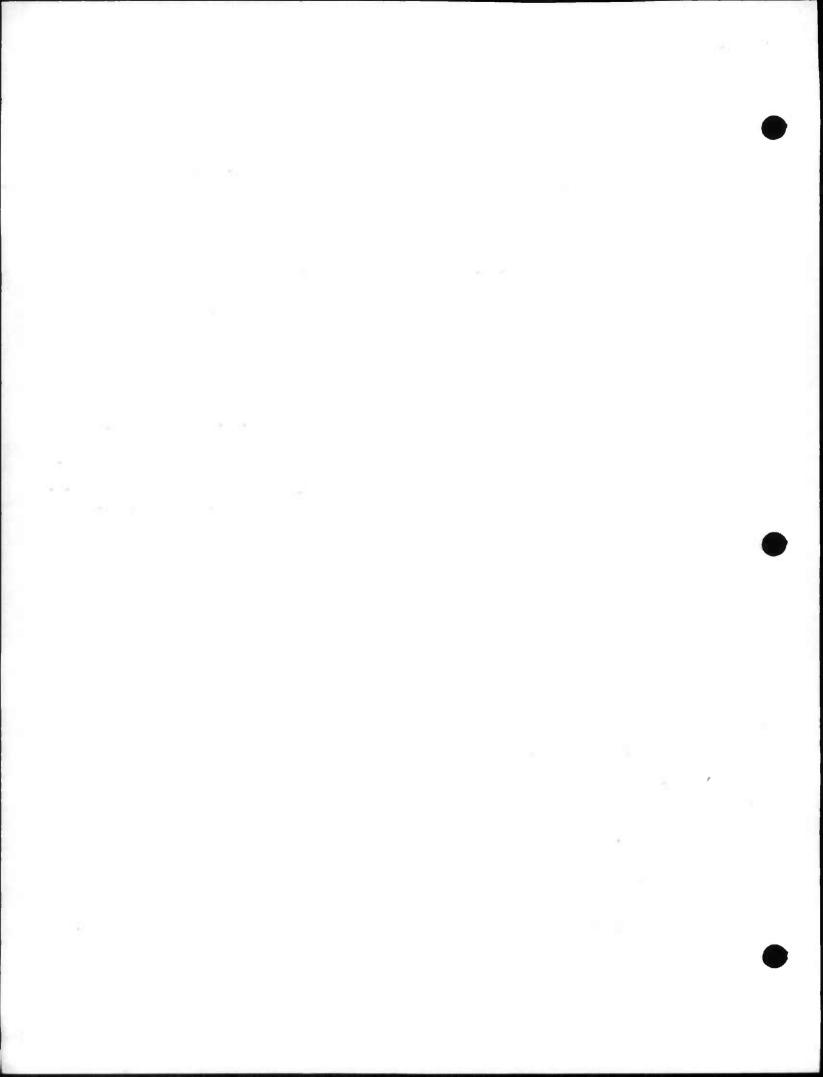


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

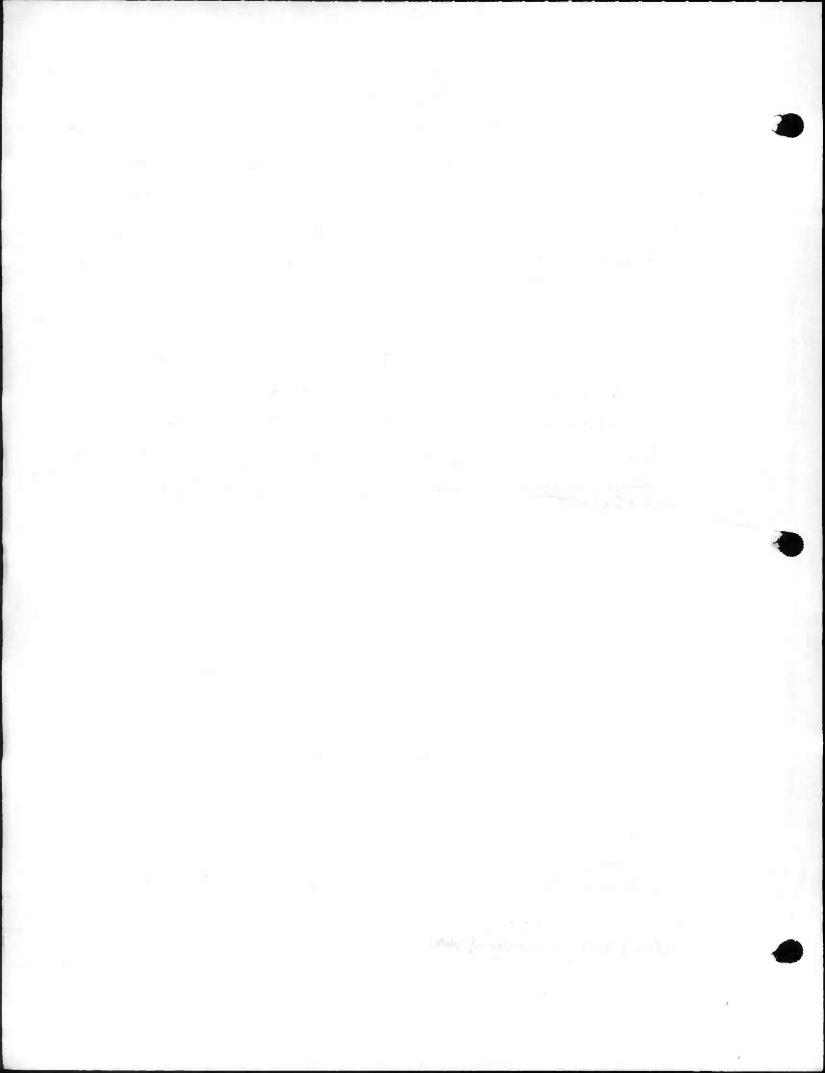
FTO THE HOGENTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and compelled filled in the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 set filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. Intern 28 is marked, or flem 23 shows any Injury, or other traumatic event, the medical examiner must be motified at once.
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	REGISTRAR		CERTIF	ICATE OF	DEATH	F	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Timothy D	avid	King		2. DATE OF MONTH	DEATH	YEAR	3. TIME OF DEATH
		d King				6	18	93	70 M
		The state of the s	yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF	BIRTH	a DIE	THPLACE (State or Foreign
	214-56-5963	M2□F 41	YRS.	MONTHS DAYS	HOURS MIN.	Aug.	23,195	Mar	vland
3	Sa. FACILITY NAME (If not institution, give street a			96. CITY, TOWN	OR LOCATION OF DE			ec. COUNTY OF Harf	
O.	Fallston General H	ospitai		Fa.	llston			Hari	ora
등	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		10.00	Y, TOWN OR LOCA	WANT .				
E	Maryland Harf	ord		el Air	IION				10d. INSIDE CITY LIMITS?
2	10s. STREET AND NUMBER				f. ZIP CODE				1 YES 2 NO
BY FUNERAL DIRECTOR	951 Richwood Road,	Apt. J.		10	21014		Ι,	USA	F WHAT COUNTRY?
ž		WAS DECEDENT EVER IN U	U.S. ARMED	13. WAS DEG	CENDENT OF HISPAN	NIC OBIGIN? (S	Coacify Yes or	Mo 14 BA	ICE — American Indian,
F	2635-rese manifes 1   manifes	FORCES? 1 YES		If yes, ap	ecify Cuben, Mexica 2 NO Specify	in, Puerto Rica		Bio	ack, White, etc.
	3 Widowed 4 Divorced			1	z (XINO Special	у.		W	hite
	15. DECEDENT'S EDUCATIO (Specify only highest grade comp		16a. DECEDENT'S	USUAL OCCUPATI	ON set of weeking	16b. Kil	OF BUSIN	ESS/INDUSTRY	
<u>=</u>		Mana M A au S A	Me. Do NOT us	ender Wo			Automo	ntivo	
MP	11		DOGY-F6	STUGET VVO.	LKEL		Aucon	JUIVE	
COMPLETED	17. FATNER'S NAME (First, Middle, Last), Lawrence Joseph K	King			18. MOTNER'S NA				
BE					Genevi		(nmn)		wski
0	196. INFORMANT'S NAME (Type/Print) Genevieve King		19b. MAILING 951 T	AODRESS (Street	Road, Ar	Poute Number,	City or Town,	State, Zip Code)	12 0101 <i>(</i>
									id. 21014
	20a. METHOD OF DISPOSITION  1 Burtal 2 Cremation 3 Removal	from State 20b. P	PLACE AND DATE	OF DISPOSITION (N. ther place)	al Garder	OATE	20c. LOCA	TION — City or	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSE		LTA HIT		AL GALGEI		1-93	Ваттш	more, Md.
	16 2 1/10	11 12					II Fur	neral H	Home, P.A.
	HOWARD KI	1 Come	2014	1317	Cokesbury	v Road	. Abii	nadon.	Md. 21009
	23. PART I. Enter the diseases, or comp shock, or heart failure. List	only one cause on eac	the death. Do i	not enter the mo	de of dying, such	h as cardiac	or respirat	tory arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final	1	1 1	(					Onset and Death
	disease or condition resulting in death) a	H	1)						ļ
7		DUE TO LOD LO S O	CONSECUENCE O	D.					
		DOE TO (OR AS A C	PONICE GOLINGE O	r):					
NO	Sequentially list conditions,								
ATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C							
FICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A C	CONSEQUENCE O	F):					
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING		CONSEQUENCE O	F):					
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE O	P):					
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE O	F): F): In the underlyin	g cause given in	Part i. 24	a. WAS AN AU		4b. WERE AUTOPSY FINDINGS
DICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE O	F): F): In the underlyin	g cause given in		B. WAS AN AU PERFORME	ED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
DICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE O	F): F): In the underlyin	g cause given in		PERFORME	ED?	AMAILABLE PRIOR TO
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE O	F): F): In the underlyin	g cause given in		PERFORME	ED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions co	DUE TO (OR AS A CO	CONSEQUENCE O	F): In the underlyin	g cause given in	_   1	PERFORME	ED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions co	DUE TO (OR AS A C	CONSEQUENCE O	in the underlyin		eck only one)	PERFORME  YES	ED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions co  CAUSE OF ONLY  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 25 NO 17  27. MANNER OF DEATH	DUE TO (OR AS A CONTRIBUTING TO death but    MEL (   MEL ( ) M	CONSEQUENCE O	F):  In the underlyin  26. P  OTHER:  4 \( \text{Nursing Hon} \)  E OF \( \text{28c. IN.} \)	LACE OF DEATN (Ch	eck only one)  6 □ Other (Sp	PERFORME  YES  Dec(fy)	ED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions co	DUE TO (OR AS A CONTRIBUTION OF A CONTRIBUTION O	CONSEQUENCE O	F):  In the underlying  26. Pi  OTHER: 4 \( Nursing Home Month of the color o	LACE OF DEATN (Cho	eck only one)  6 □ Other (Sp	PERFORME  YES  Dec(fy)	NO NO	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions co  I A B C C C  PART II. Other significant conditions co  I A B C C C  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  17 Natural 5 Pending Investigation  2 National S Could not be determined  29s. CERTIFIER (Check only One)  2 MEDICAL EXAMINER: Or	DUE TO (OR AS A CONTRIBUTION OF A CONTRIBUTION O	consequence of the consequence o	26. Protection of the underlying and a street, factory, officed at the time, date on, in my opinion, of	LACE OF DEATN (Chi	eck only one)  6 Other (Si  28d. DE\$CRI  28f. LOCATIC City or R  to the cause(time, date and	PERFORME  YES  Decity)  BE HOW INJU  ON (Street and own, State)	URY OCCUREO  Number or Rura or as stated.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Note that the control of the contr
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BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions co  I A B C C C  PART II. Other significant conditions co  I A B C C C  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  17 Natural 5 Pending Investigation  2 National S Could not be determined  29s. CERTIFIER (Check only One)  2 MEDICAL EXAMINER: Or	DUE TO (OR AS A CONTRIBUTION OF A CONTRIBUTION O	CONSEQUENCE O	26. P.  26. P.  OTHER: 4   Nursing Hon E OF 28c. IN. URY M 1   street, factory, offic ed at the time, date on, in my opinion, o	LACE OF DEATN (Chi	eck only one)  6 Other (Sp 28d. DE\$CRI  28f. LOCATIC City or R  to the cause(time, date and	PERFORME  YES  DOC(IV)  BE HOW INJU  ON (Street and own, State)  a) and menne  I place, and d	URY OCCUREO  Number or Rura  rea stated.  due to the cause  red. DATE SIGNI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Note that the control of the contr



BALTIMORE, MARYLAND 21203-3146	YSICIAN: The law requires that the death certificate be executed within a recurs after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin State Dept. of Health and Mental Hygiene prior to burial, cremation, or femoval.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITH. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	THE FINANCE DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formation, or committee of Health and Mental Hygiene prior to burial, cremation, or (removal.)	APORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last Thelma Cru	whord Kl	Lueppelberg			2. DATE OF DE MONTH JUNE	DAY	YEAR 1993 A M	
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF SIF (Month, Day,	TTH Year)	8. BIRTHPLACE (State or Foreign Country)	
051-18-4043	1 □ M 2 V VF	96 YAS.	111111111111111111111111111111111111111	OR LOCATION OF D	Dec. 31	1896	Georgia	
90. FACILITY NAME (If not institution, give	EATH	77.150	A true do P					
RESIDENCE OF DECEDENT								
	2 Arundel	10c. CIT		polis		10d. INSIE LIMIT 1XXYES		
1038 Timber Cree	r Drive			101. ZIP CODE 2140	3		ited States	
11. MARITAL STATUS 1 Never Married 2 Merried 3 XXVIdowed 4 Divorced	EVER IN U.S. ARMED YES 2 X NO OR DATES	If yes,	ECENDENT OF HISPA specify Cuben, Mexic ES 2 XXVO Specif	an, Puerto Rican,		14. RACE — American Indien, Black, White, atc. Specify: White		
15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12)		Ille. Do NOT u	work done during .	TION most of working	16b. KIND	of susiness/ind		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle,			
Cranford N. Pie	ree					intgomeri		
190. INFORMANT'S NAME (Typo/Print) Abby Chapple Walker				creek Dr			, MD 21403	
20a. METHOD OF DISPOSITION 1 General Burlel 20 Cremetion 3 General Research	moval from State	20b. PLACE OF DISPO	SITION (Name of	cemetery, cremetory or			City or Town, State	
4 □ Donation 5 □ Other (Specify)   T.			Lincoln Crematory				ood, Maryland	
21. SIGNATURE OF PUMERIAL SERVICE	ATURE OF MINERAL SERVICE LICENSEE 22. NAME			ame and address of facility John M. Taylor Fu 7 Duke of Gloucester St. Annapol			glor tuneral Ho	
23, PART I. Enter the disesses, o								
Sequantially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C-	OR AS A CONSEQUENCE C						
PART II. Other significant condition	ons contributing to d	eath but not resulting	in the underly	ing causa given in		WAS AN AUTOPSY PERFORMED? YES 2 XXX	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆 DOA	OTHER:	PLACE OF DEATH (C				
27. MANNER OF DEATH  1 Netural 6 Pending	28e. DATE OF IN (Month, Day,	JURY 28b. TI	JURY	INJURY AT WORK?  YES 2 NO	6 Other (Spe 28d. DESCRIB	E HOW INJURY OC	CURED	
2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28f. LOCATION (Street and Number or Rural Rou City or Town, State)						r or Rural Route Number,		
Crieck orny		ny knowledge, death occur mination end/or investigat					nted. he couse(e) end manner ee stated.	
29b. SIGNATURE AND TITLE CONT.	3			29c. LICENSE NI			Tune 14, 1993	
30. NAME AND ADDRESS OF PERSON						10 01 401		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR	ZUI HOLLACI 'S SIGNATURE	y court	Annap	olis. M	U 21401		
Anthony M. Capu 31. DATE FILED (Month, Dey, Year) JUN 1 4 1993	Jula Dandon	- Andre						



3. TIME OF DEATH

REG. NO

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle Last)

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SIGN OF ALL PECCADS, P.O. BOX 88760,	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour
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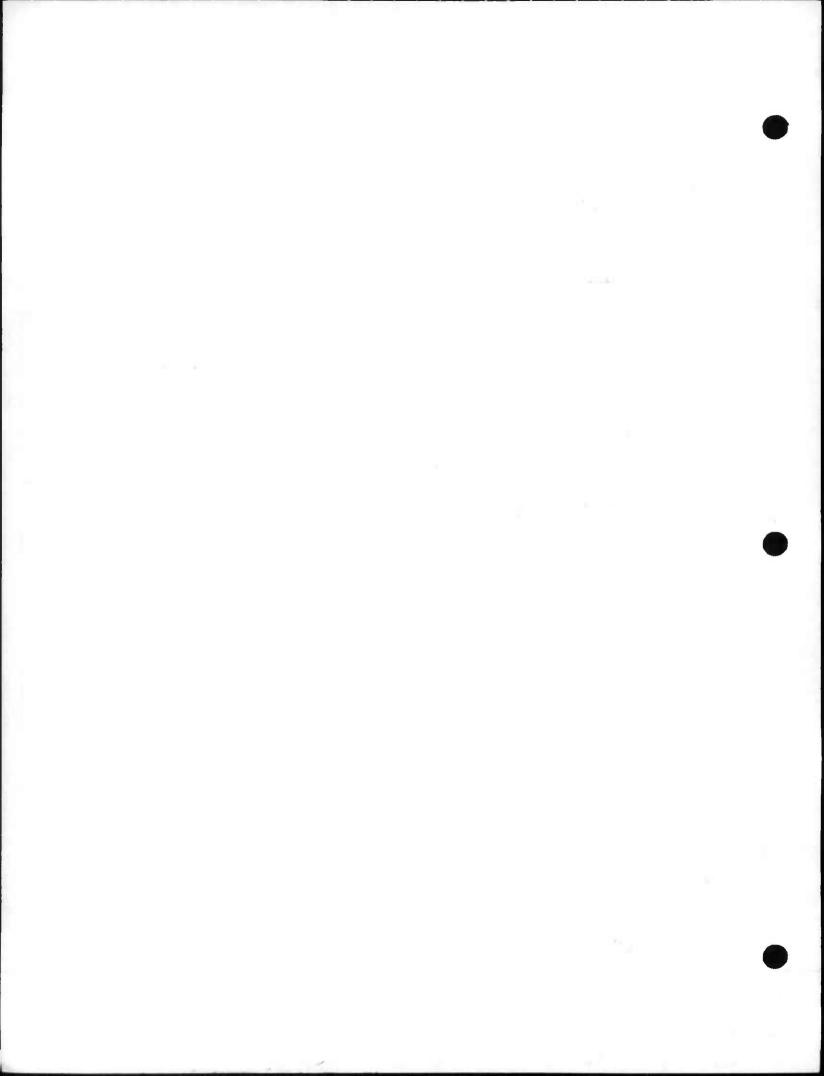
2. DATE OF DEATH MONTH DAY YEAR. Rita Marie Klopf June 14, 1993 0700 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 M 2 F 69 092-18-6854 Sept. 23,1923 New York page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR , Holy Cross Hospital Silver Spring Montgomery 10a. STATE IOC. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Rockville 1 🔀 YES 2 🗌 NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 199 Rollins Avenue 20852 United States after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 XNO 1 Never Married 2 Marrie BY 1 TES 2 NO Specify: Specify 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 2 Committee Management Officer/ N.I.H. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at John Nestor Not available BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 0 Gary F. Klopf 10534 Saddlebrook Court, Laurel, Maryland 20723 eq 20a. METHOD OF DISPOSITION

1 💢 Buriel 2 🗆 Cremation 3 🗆 Re
4 🗆 Donation 5 🗀 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must the funeral director, John's Cemetery 6/17/93 Forest Glen, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Rockville, Inc., 300 W. Montgomery Ave Rockville, Maryland 20850-2805 Kichele M00348 medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by **Approximate** shock, or heart failure. List only one cause on each line. Interval Between 5 IMMEDIATE CAUSE (Final Onset and Death npietely fille cremation, the disease or condition\_ JROSEPS'IS resulting in death) traumatic event. DUE TO (DR AS A CONSEQUENCE OF) and com CHROWIC RENAL INSUFFICIENCY
DUE TO (DR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentially list conditions, the attending physician at Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 23 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS signed by the MAILABLE PRIOR TO COMPLETION OF CAUSE heart 1 TES 2 NO OF DEATH? rheuma 1 TYES 2 NO PHYSICIAN: has be Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Hem 26. PLACE OF DEATH (Check only one) certificate to HOSPITAL:
1 Ninpatient 2 ER/Outpetient 3 DOA OTHER: 1 TYES 2 THO 5 - Residence 6 - Other (Specify) 4 🗆 Nun ŏ 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, this with 1 Natural 5 Pending Investigation M 1 YES 2 NO After ti BY 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 69 COMPLETED 6 Could not be CTOR: item 28 4 Homicide 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. ion and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month, Day, Year) D UNP 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PETER EORGIA AVE SUITE 308 S

32 JEGSTRATS SIGNATURE PRINCIPLE

GIVE DE LA CONTROL DE 10313 SILVER SPRING MD 20902 31. DATE FILEDY ON

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



1

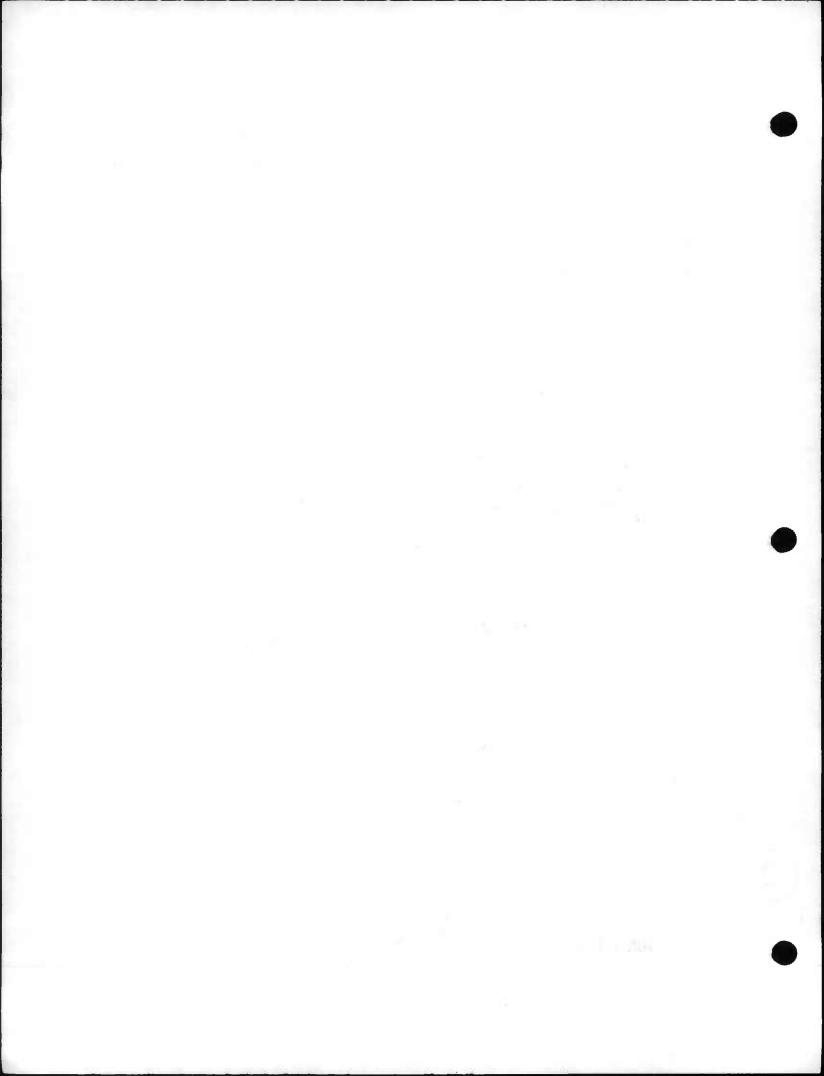
THE MOST AND DISCORN: The law requires that the death certificate be executed within 2-, nours after death. Page 6 may be retained by the hospital or attending physician.

THE MOST After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be constant that the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

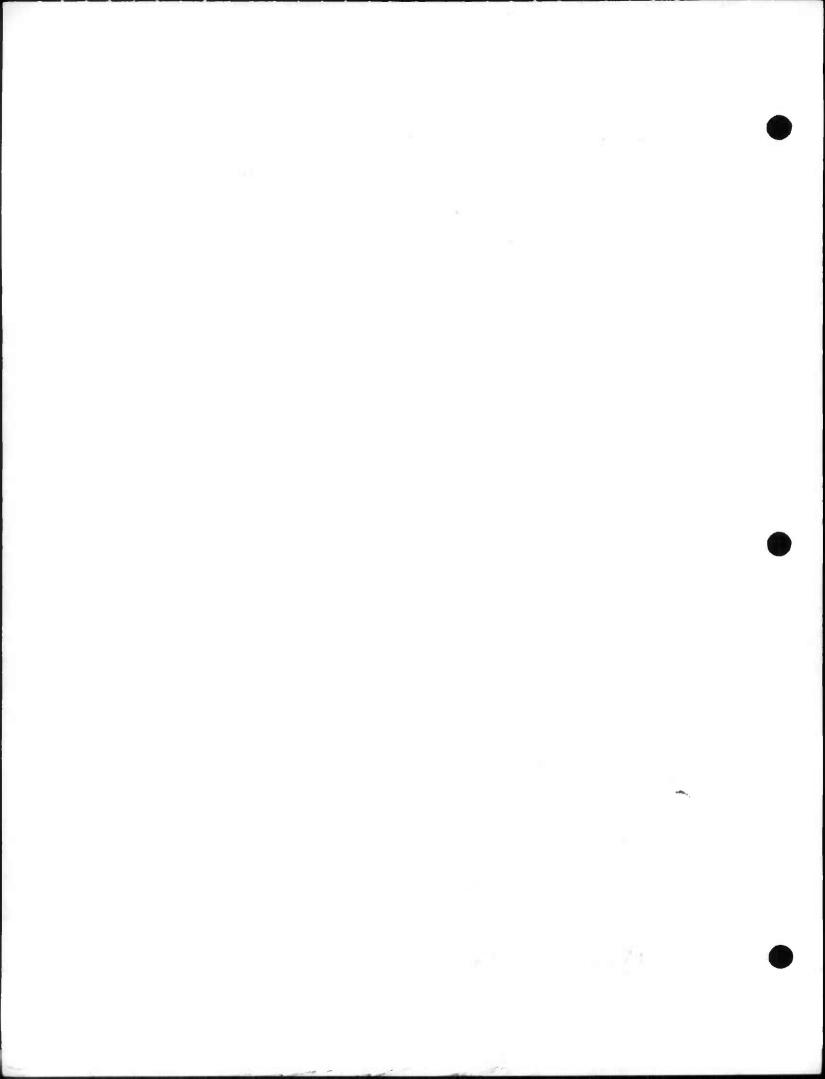
	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
-	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

1	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH	
	Dora							06 10		93 6:04 p. M				
	4. SOCIAL SECURITY NUMB	6. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH		6. BIRTI	HPLACE (State or Foreign			
- 1	055-18-0469		1 🗌 🗐 2 🙀 F	91	YRS.	MONTHS	DAYS	HOURS	MIN.	3/15/1902		Ru	ssia	
	90. FACILITY NAME (If not in:		set end number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE		9c. COL	INTY OF D		
8	4513 Lujean	Lane				Ft	. W	ashii	ngto	n	Prince George's			
DIRECTOR	RESIDENCE OF DEC	EDENT							0					
	10e. STATE	10b. COUNTY		. 1		Y, TOWN						10d. INSIDE CITY LIMITS?		
	Maryland	Princ	e George	e's	_Ft	. Was							1 YES 2 NO	
FUNERAL	_	T					10	. ZIP COD					WHAT COUNTRY?	
H	4513 Lujean	Lane	42 WAS DECEDES	NT EVER IN U.S. ARI	ree.	40		2074		NIC ORIGIN? (Specify Ye			States	
	1 Never Married 2	Merried	FORCES?	I ☐ YES 2 💢N	O		If yes, sp	ecity Cubi	in, Mexica	n, Puerto Rican, atc.)	n or No—	14. RACE — American Indien, Black, White, etc.		
BY	3- Widowed 4 ☐ Divo	rced	IF YES, GIVE	WAR OR DATES			1 U YES	2 K) NO	Specif	γ:		Spec	White	
8		EDENT'S EDUC		16a, DE(	CEDENT	USUAL O	CCUPATI	ON		16b. KIND OF BU	SINESS/IN	DUSTRY	`	
4	Elementary/Secondary (0		College (1-4 or 5	+) life.	Do NOT u	se retired.)	aunng me	est of world	ng					
MP.	8			Ov.	mer					Clothin	g/La	dies	Apparel	
COMPLETED	17. FATHER'S NAME (First, M									ME (First, Middle, Melden				
BE (		sitsel	sky						ava	Spivak				
6	19e. INFORMANT'S NAME (7)		,							Route Number, City or Tox				
	Dr. Louis B		-							Washingto			0744	
	20s. METHOD OF DISPOSITI	ION on 3 🗆 Remo	val from State	20b. PLACE other pla	ice)					1000			fown, State	
	4 □ Donation 5 □ Other  21. SIGNATURE OF V ERA		ENSEE	Aller. Le	Danie	22.	NAME A	ND ADDRE	SS OF FA	CILITY			ryland	
	4	_ <	1	XI.				_		-		l Chapels, Inc.		
	1-7-	wey	rn.	1 in	_					e Pike, Ro				
	23. PART I. Enfor the di shock, or h	aart fallum L	omplications to list only one ca	at caused the da- use on each line	ath. Do	not anter	the me	oda of dy	ing, suc	h as cardiac or resp	Iratory a	rreat,	Approximate Interval Between	
	IMMEDIATE CAUSE (Fir	nal U	700	1	-	1							Onset and Death	
	reaulting in death)	<b>→</b> .	real	lenen	$\mathcal{X}$	Ly	m	ph	m	-				
			MAT	OH AS A CONSEC	One	of the		1.10	~ -	+ Dise	•		.	
CERTIFICATION	Sequentially list conditions in any, leading to imme		ONE TO	O LOR AS A CONSEC	UENCE C	)F): 4	C	Acc						
SAT	cause. Enter UNDERLY	ING	au	erros	cle	cale	e	Cer	ebr	worch	lan	1	users.	
Ě	CAUSE (Disease or Injuthat Initiated events		DUE TO	R AS A CONSEC	UENCE C	NF):	,	/	1 7	200-		-	1	
E	resulting in death) LAS	1	Hor	uc sy	er	10-	200	1/1	rel	ral Ke	gu	ron	later	
0	PART II. Other algnifica	nt conditions	contributing to	death but not n	esulting	In the u	nderiyir	g cause	given in	Part I. 24a, WAS AI	AUTOPSY	24	b. WERE AUTOPSY FINDINGS	
MEDICAL										PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
										1 TYES	XMO		OF DEATH?  1 YES 2 NO	
- 1													T TES 2 NO	
AN	25. WAS CASE REFERRED T	O MEDICAL	4.4				26. P	LACE OF I	DEATH (C	neck only one)				
PHYSICIAN:	EXAMINER?		HOSPITAL:	P/Outpetient 3	□ DOA	OTHE	R: raing Ho	ne 5 R	esidence	8 Other (Specify)				
Ť	27. MANNER OF DEATN		28e. DATE O	F INJURY Day, Year)	28b. Til		28c. IN	JURY AT		28d. DEŞCRIBE HOW	INJURY O	CCURED		
ВУ Р		Pending Investigation	(moran,	Day, rever)	, IIV	M		ORK? YES 2 [	□ NO					
	3 Suicide B	Could not be	28e. PLACE	OF INJURY — At ho	me, farm,	street, fac	tory, offi	Ce		281. LOCATION (Street City or Town, State		er or Rural	Route Number,	
COMPLETED	4 Homicide	determined								Sily Si North, State				
12	29a. CERTIFIER 1 CERT	TIFYING PHYSIC	CIAN: To the best of	of my knowledge, de	ath occur	red at the	time, dat	e and plac	e, end du	to the cause(s) end mi	nner as si	tated.		
MO	, , , , , , , , , , , , , , , , , , , ,												o(s) and manner as stated.	
	296-SPENDETURE AND TITLE	OF CENTIFIER		/				29e. LJC	ENSE NU	мпел	29d. DA	TE SIGNE	D (Munth, Day, West)	
O BE	DAMEC	mu	angl	us 6	w	-		D	0728	7	•	06-1	1-93	
2	36. NAME AND ADDRESS OF			1 1										
							n R	d., 1	Ft. I	Washington	, Md	. 2	0744	
	31. DATE FILED (Month, Day,	1003	32 REGISTE	AR'S SIGNATURE	nd 00									
	JUN 14	± 1993	- Famous	WINDS O-1										



100 CT   100	after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	ical examiner must be notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR									3	19057
	1 - STATE REGISTRAR	STATE OF MARY				F HEALTH AI DF DEATH		NTAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	101	UBANY					DATE OF DEATH			. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	ou Kut	O.	Y				6 1:	5	93	34M.
	220-52-7609	1 - M 2 DF	f H	(*birthday) YRS.	IF UNDER 1 YE MONTHS DA			DATE OF BIRTH (Month, Day, Year)	48	Country)	LAND
·	9a. FACILITY NAME (If not institution, give s					VN OR LOCATION			9c. COUNT	TY OF DEA	тн
6	HOLY CROSS HOSE	PITAL			SILV	ER SPRI	NG		MON	ITGOM	ERY
DIRECTOR	10a. STATE 10b. COUNTY	Υ		10c. CIT	Y, TOWN OR LE	CATION				1	Od. INSIDE CITY
		NTGOMERY			OLNEY					1	YES 2 NO
FUNERAL	10e. STREET AND NUMBER					10f. ZIP CODE			10g. CITIZI	EN OF WH	AT COUNTRY?
N.	2106 ROSE THEATRE	E CIRCLE  12. WAS DECEDENT EVER	IN U.S. ADI	MED	12 148.0	2083		RIGIN? (Specify Yea		ISA	
	1 Never Married 2 Married	FORCES? 1 YES	8 2 VN	10	If yes	, specify Cuban, it YES 2 X NO	laxican, Pı	rarto Rican, etc.)	or No —		- American Indian, White, atc.
) BY	3 Widowed 4 Divorced					A LO L	эросну.		I.	Spec#y: THITE	
TED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(G/	CEDENT'S ve kind of w Do NOT us	VSUAL OCCUI	ATION most of working		16b. KIND OF BUS	SINESS/INDU	STRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	235			ASSIST	АИТ				
COMPLET	17. FATHER'S NAME (First, Middle, Last)				1011111			First, Middle, Maiden	Surname)		
BE (	JOSEPH H. KOELKE	ER, JR.				ELI	ZABET	CH NE	EWMAN		
0	19a. INFORMANT'S NAME (Type/Print)							Number, City or Town			
	GLENN F. KUBANY	1				EATRE C	LRCLE				20832
	20a. METHOD OF DISPOSITION  1X Burlal 2 Cremation 3 Rem  4 Donation 5 Other (Specify)		emetery, crer	netory or ot	of disposition ther place) CEMETE				CATION — CI		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	FARRI	AWIN	22. NAM	E AND ADDRESS	OF FACILIT				
	Lances	5 Down	~					INS FUNER			
	23. PART I. Enter the diseases, or o shock, or heart feilure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on	dodg	KIN	ot anter tha	mode of dying,	such as	cardiac or respi	ratory arre	et,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS									
PHYSICIAN: MEDICAL	PART II. Other significant condition	s contributing to death	but not re	esulting l	n tha undari	ying cause give	n In Part	I. 24a. WAS AN PERFOR		CI	ARLABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:			OTHER:	PLACE OF DEAT	H (Check o	nly one)			
1YS	1 YES 2 NO	1 Inpatient 2 ER/Ou 28a, DATE OF INJURY			4 🗌 Nursing I	iome 5 🗆 Reside					
BY P	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		28b. TiMe INJU	URY	INJURY AT WORK?		I. DESCRIBE HOW IN	HJURY OCCU	RED	
1 1	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJUF building, etc. (Sp	tY — At horecify)	ne, farm, s	treet, factory, o	ffica	281	LOCATION (Street a City or Town, State)	nd Number or	Rural Flou	e Number,
COMPLETED		CIAN: To the best of my kno									nd menner as stated.
BE	296 SIGNATURE AND TITLE OF CERTIFIC	si be	1	ul	)	D2	140	63	29d. DATE 5	SIGNED (M	onth, Day, Ybar)
10	30. NAME AND ADDRESS OF PERSON WHY	COMPLETED CAUSE OF D	EATH (ITEM	1 COUL	Print) As	SKAr.	8110	Ver SMIN	1, 141	120	902
	31. DATE FILED (Month, Day, Year)  JUN 1 6 1993	32. REGISTRAR'S SIG		depo							
		1/	-								

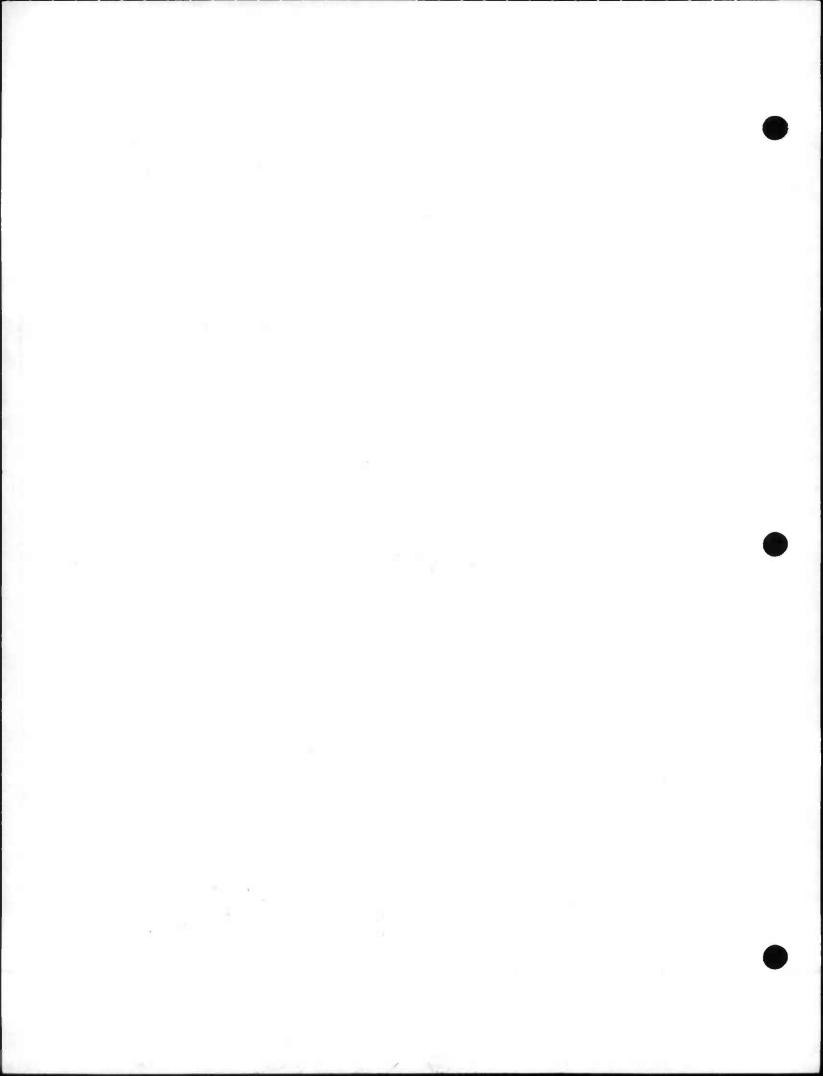


1 - STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

							DEATH			),		
	1. DECEDENT'S NAME (First, Middle, Last)							1404	E OF DEATH	AY	YEAR	3. TIME OF DEATH
	NIKLAUS JOSE							JUN	3, 19	93		6:45 P M
	4. SOCIAL SECURITY NUMBER	1	6. AGE (In yrs. last		IF UNDER	1 YEAR DAYS	HOUPS MIN	(Mo	E OF BIRTH		a. BIRTHE	PLACE (State or Foreign
	146-18-4454	1 M 2 □ F	69	YRS.				AUG	24,192	23	VEW J	ERSEY
	Se. FACILITY NAME (If not institution, give a	street end number)			9b. CITY,	TOWN O	R LOCATION OF	F DEATH		9c. COUR	ITY OF DE	ATH
DIMECTOR	1008 ELM AVENUE				T	AKOM	IA PARK			PRIN	CE G	EORGE
ן וּ	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	Y		10c CITY	, TOWN O	D LOCATI	ON			11311	M1 -	
	MARYLAND PR	INCE CEOD	277									10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	INCE GEORG	3E	T	<u>AKOM</u>	_	ZIP CODE			T 40		1 YES 2 NO
	1008 ELM AVENUE									10g. CITE		HAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ADA	450	Las		0912				USA	
	1 Never Married 2 Merried	FORCES? 1	YES 2 N		H	yes, spe	ENDENT OF HIS city Cuban, Me	xican, Puert		s or No-	14. RACE Black,	— American Indian, White, etc.
	3 Widowed 4 Divorced	1950-1			1 1	☐ YES	2 XNO Sp	ecify:			Specify WHIT	
1	15. DECEDENT'S EDU	CATION	16a, DEC	EDENT'S I	USUAL OC	CUPATIO	N	10	b. KIND OF BU			ь
2 2	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(GA	re kind of w Do NOT use	ork done d	luring mos	t of working					
		5+	PH	YSIC	TAN				MEDIC	AT.		
	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S	NAME (First	Middle, Melder			
מו	NICKOLAUS KEI	LLER					MAR		GURE			
	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING .	ADDRESS	(Street ar	nd Number or Ru				Code)	-
	ADALINE M. KELLER	(WIF	E) 10	08 E	T.M A	VENI	E TAK	ΟΜΑ Ρ	ARK M	A DVT A	NID 2	0012
	20a. METHOD OF DISPOSITION		20b. PLACE A	NDDATEO	F DISPOSI					CATION —		
	1 Burlai 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	ARLING	TON	nar placa) NATT	ONAT		6/	Q ART	TMCTO	NT 17	IRGINIA
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22. N	AME AN	D ADDRESS OF	FACILITY				
-1	Jahres Sk	Dagas					S J. C					
-	23. PART I. Enter the diseases, or				50	O UN	IVERSI	TY BL	VD.,W.	SIL.	SPR.	MD.20901
	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. List only one ceus	on each line.	rat	2	\	Car	nce	/	natory arr		Approximate interval Between Onset and Death
	Sequentially list conditions,	b			); 							
1	If any, leading to immediate cause. Enter UNDERLYING											1
	cause. Enter UNDERLYING	C.										
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	cDUE TO (C	OR AS A CONSEQU	UENCE OF	):							
7	cause. Enter UNDERLYING CAUSE (Disease or injury	c DUE TO (D	OR AS A CONSEQU	UENCE OF	):							
- 11	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d				darbita -	Cause since	in Best !	1 a.c. vuo :			
- 11	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	d				derlying	cause given	in Part i.	24a. WAS AF			WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
- 11	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d				derlying	cause given	in Part i.		RMED?		
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d				derlying	cause given	in Part i.	PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other significant condition	d							PERFO 1 TYES	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ds contributing to d	eath but not re	esuiting in	OTHER	26. PL	ACE OF DEATH		PERFO 1 TYES	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	CAUSE. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 □ YES 2 NO	ds contributing to d	eath but not re	suiting in	OTHER	26. PL/	ACE OF DEATH	(Check only	PERFO  1  YES  One)	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	CAUSE. (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER DF DEATH	ds contributing to d	eath but not re	esuiting in	OTHER 4   Nursi	26. PL/ : ing Home 28c. INJU WOF	ACE OF DEATH  5 Residen	(Check only	PERFO 1  YES	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	CAUSE. (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Yes 2   NO  27. MANNER DF DEATH  1   Netural 5   Pending Investigation	HOSPITAL:    I   Impetient 2   1   28s. DATE OF IN (Month, Day)	ER/Outpatient 3 (	DOA 28b. TIME	OTHER 4   Nursi	26. PLJ: : ing Home 28c. INJE WOF 1 Y	ACE OF DEATH	(Check only	PERFO  1   YES    one)  or (Specify)  ESCRIBE HOW	RMED?	URED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	CAUSE. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER DF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	HOSPITAL:    I   Impetient 2   1   28s. DATE OF IN (Month, Day)	ER/Outpetient 3 ( NJURY - At hom	DOA 28b. TIME	OTHER 4   Nursi	26. PLJ: : ing Home 28c. INJE WOF 1 Y	ACE OF DEATH  5 Residen	(Check only ce 8 Ott	PERFO  1  YES  One)	NO N	URED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	CAUSE. (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER DF DEATH  1 Natural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not ba determined	HOSPITAL: 1 Inpetient 2 Infection (Month, Day, 28e, PLACE OF Infection 2 Infec	ER/Outpetient 3 ( NJURY - At hom	DOA 28b. TIME	OTHER 4   Nursi	26. PLJ: : ing Home 28c. INJE WOF 1 Y	ACE OF DEATH  5 Residen	(Check only ce 8 Ott	PERFO 1 VES  one)  or (Specify)  escribe How	NO N	URED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	CAUSE. (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER DF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 4 Homicide 1 DERTIFYING PHYSIC (Check only)	HOSPITAL: 1 inpetient 2 information in the second in the s	ER/Outpatient 3 ( NJURY : Year) INJURY At homic. (Specify) ny knowledge, dea	DOA 28b. TIME INJU	OTHER 4   Nursi	26. PLJ: ing Home WOF 1 Y Pry, office	ACE OF DEATH  5 Residen Reside	(Check only)  ce 8 Ott 28d. D  28f. LC C/d	PERFO  1 VES  1 VES  One)  Per (Specify)  SCRIBE HOW  CATION (Street y or Town, State  Buse(a) and ma	NO N	or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	CAUSE. (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER DF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 4 Homicide 1 DERTIFYING PHYSIC (Check only)	HOSPITAL: 1 inpetient 2 info/Month, Day, 28e. PLACE OF building, et	ER/Outpatient 3 ( NJURY : Year) INJURY At homic. (Specify) ny knowledge, dea	DOA 28b. TIME INJU	OTHER 4   Nursi	26. PLJ: ing Home WOF 1 Y Pry, office	ACE OF DEATH  5 Residen Reside	(Check only)  ce 8 Ott 28d. D  28f. LC C/d	PERFO  1 VES  1 VES  One)  Per (Specify)  SCRIBE HOW  CATION (Street y or Town, State  Buse(a) and ma	NO N	or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY!  1 YES 2 NO
	CAUSE. (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER DF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 4 Homicide 1 DERTIFYING PHYSIC (Check only)	HOSPITAL: 1   Inpetient 2   I   Inpetient 2   Inpetient 3   Inpetien	ER/Outpatient 3 ( NJURY : Year) INJURY At homic. (Specify) ny knowledge, dea	DOA 28b. TIME INJU	OTHER 4   Nursi	26. PLJ: ing Home WOF 1 Y Pry, office	ACE OF DEATH  5 Residen Reside	(Check only)  ce 8 Ott  28d. D  28f. LC  Cit  due to the c	PERFO  1 VES  1 VES  One)  Per (Specify)  SCRIBE HOW  CATION (Street y or Town, State  Buse(a) and ma	NO N	or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY!  1 YES 2 NO
DE COMPLETED DI PRINSIPIANI MEDICAL	CAUSE. (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER DF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	HOSPITAL: 1   Inpetient 2   I   Inpetient 2   Inpetient 3   Inpetien	ER/Outpatient 3 ( NJURY : Year) INJURY At homic. (Specify) ny knowledge, dea	DOA 28b. TIME INJU	OTHER 4   Nursi	26. PLJ: ing Home WOF 1 Y Pry, office	ACE OF DEATH  5 Residen  RRY AT  RES 2 NO  and place, and eath occured at	(Check only)  ce 8 Ott  28d. D  28f. LC  Cit  due to the c	PERFO  1 VES  1 VES  One)  Per (Specify)  SCRIBE HOW  CATION (Street y or Town, State  Buse(a) and ma	NO N	or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY!  1 VES 2 NO  Pute Number,  and manner ee stated.
THE COURT OF THE C	CAUSE. (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER DF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	HOSPITAL: 1 Inpetient 2 Infection of the basic of example.  28e. PLACE OF building, etc.  CIAN: To the basic of example.	ER/Outpatient 3 ( NJURY : Year) INJURY At homic. (Specify) ny knowledge, dea	DOA 28b. TIME INJU	OTHER 4   Nursi	26. PLJ: ing Home WOF 1 Y Pry, office	ACE OF DEATH  5 Residen  RRY AT  RES 2 NO  and place, and eath occured at	(Check only)  ce 8 Ott  28d. D  28f. LC  Cit  due to the c	PERFO  1 VES  1 VES  One)  Per (Specify)  SCRIBE HOW  CATION (Street y or Town, State  Buse(a) and ma	NO N	or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY!  1 VES 2 NO  Pute Number,  and manner ee stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE. (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANIPER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CETTIFIER (Check only one)  2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: 1 Inpetient 2 Infection of the basic of example.  28e. PLACE OF building, etc.  CIAN: To the basic of example.	ER/Outpetient 3 ( Specify)  INJURY — At homic. (Specify)  In knowledge, dearmination and/or in	DOA 28b. TIME INJU	OTHER 4   Nursi	26. PLJ: ing Home WOF 1 Y Pry, office	ACE OF DEATH  5 Residen  RRY AT  RES 2 NO  and place, and eath occured at	(Check only)  ce 8 Ott  28d. D  28f. LC  Cit  due to the c	PERFO  1 VES  1 VES  One)  Per (Specify)  SCRIBE HOW  CATION (Street y or Town, State  Buse(a) and ma	NO N	or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY!  1 VES 2 NO  Pute Number,  and manner ee stated.
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	CAUSE. (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANIPER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CETTIFIER (Check only one)  2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: 1   Inpetient 2   I   Inpetient 2   Inpetien	ER/Outpatient 3 (SUURY : Vear)  INJURY At homic, (Specify)  To purchase the second of the second	DOA 28b. TIME INJURIES (Type) 1 27) (Type)	OTHER 4   Numai of Print) M   Print)   Print)	26. PLJ: ing Home WOF 1 Y Pry, office	ACE OF DEATH  5 Residen  RRY AT  RES 2 NO  and place, and eath occured at	(Check only)  ce 8 Ott  28d. D  28f. LC  Cit  due to the c	PERFO  1 VES  1 VES  One)  Per (Specify)  SCRIBE HOW  CATION (Street y or Town, State  Buse(a) and ma	NO N	or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY!  1 VES 2 NO  Pute Number,  and manner ee stated.

BALTIMORE, MARYLAND 21215-0020

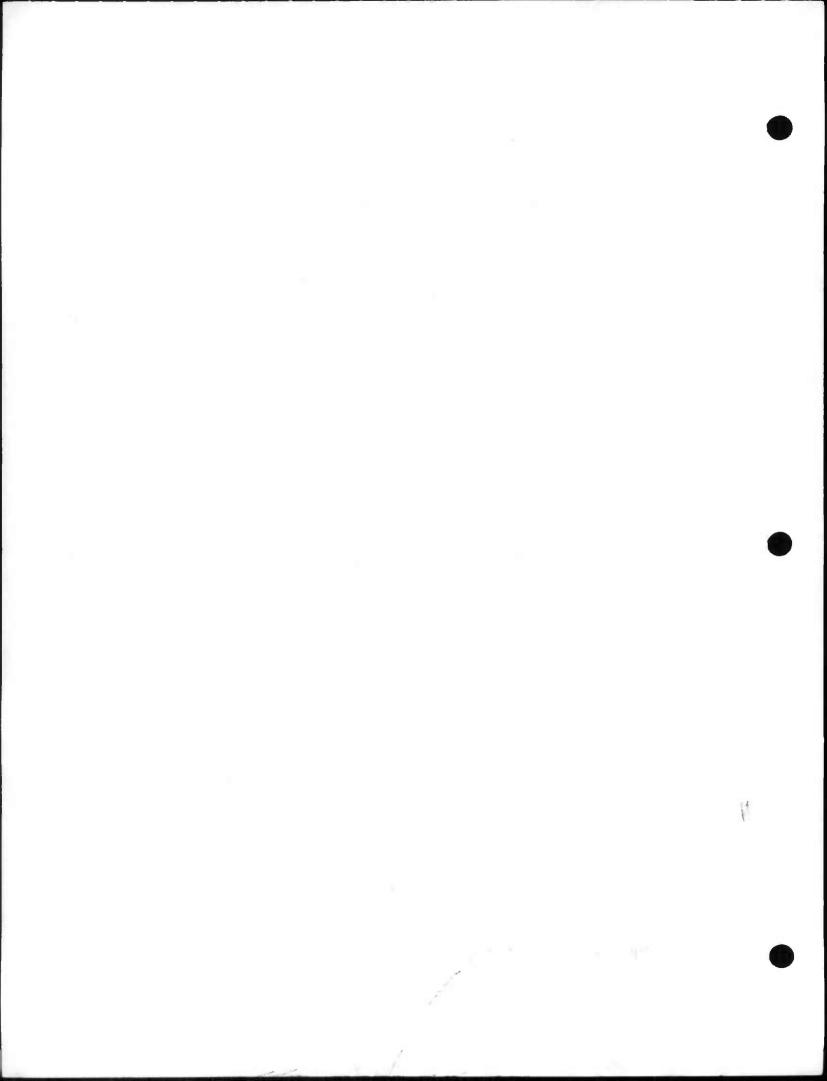


BALTIMORE, MARYLAND 21215-0020

1 - STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAR		CE	KHE	CALE OF	DEATH	REG	NO.		
. (	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEA	TN DAY	YEAR 3	TIME OF DEATH
1		ADDICK	KIF	ROUAC			- Y		93	7:00 PM
1 3	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	NGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	N	8. BIRTHPL	ACE (State or Foreign
	001-12-7048	1 M 2 X F	72	YRS.	MONTHS DAYS	HOURS MIN.	Oct 2,		Country)	Hampshire
	9s. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATION OF DE			INTY OF DEA	
E C	Potomac Valley N	Jursing Home	0	1	Rocky	1110				
5	RESIDENCE OF DECEDENT	IGISING HOM			HOCKY	1116		MUI	tgome	ГУ
DIRECTOR	10s. STATE 10b. COUNT			10c. CITY	TOWN OR LOC	ATION			10	Dd. INSIDE CITY LIMITS?
	Maryland Mont	tgomery		Whe	eaton				1	YES 2 NO
4	10e. STREET AND NUMBER				1	Of. ZIP CODE		10g. CI1	IZEN OF WH	AT COUNTRY?
FUNERAL	11820 College Vi	iew Drive				20902		Uni	ted S	tates
5	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARM	ED	13. WAS DE	CENDENT OF HISPAN	IC ORIGIN? (Speci	v Yes or No-		- American Indian, White, atc.
	1 Never Married 2 Married	FORCES? 1 1		)	If yes, s	pecify Cuban, Maxica S 2 X NO Specifi	n, Puerto Rican, et	L)	Black, V Specify:	White, atc.
BY	3 X Widowed 4 Divorced					- Lagrico openi			эреспу.	White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad	UCATION e completed)	16a. DECI	EDENT'S	SUAL OCCUPAT	ION	16b, KIND O	F BUSINESS/IN	DUSTRY	
91	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. E	Do NOT use	ork done during n retired.)	lost or working				
P P		1	Appo	ointr	ment Se	cretary	Healt	h Care		
0	17. FATNER'S NAME (First, Middle, Last)						ME (First, Middle, M			
BE (	Sam		Caddic	<		Georgia	1	Bro	oks	
	19s. INFORMANT'S NAME (Type/Print)		19b.	MAILING .	ADDRESS (Street	and Number or Rural I		r Town, State, Zi	D Code)	
2	Andre J. Kirouad	c (Son)				her Ave #				D 20879
	20a. METHOD OF DISPOSITION		20b. PLACE AN	DATEO	DISPOSITION //	lame of		. LOCATION —		
	1 (Surial 2 Cremellon 3 Ren 4 Donation 6 Other (Specify)	noval from State	Arline	atory or oth	Natl C	emetery		rlingt		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	711 1111	40011	22. NAME	ND ADDRESS OF FA	CILITY		.011, 11	
		20,1			Rapp	Funeral	Services	, P.A.		
	/ 2000 - V	J. EWI	M008		933 (	Gist Ave.	Silver	Spring	_ MD	20910
	3. PART I. Enter the diseases, or shock, or haert failure.	Complications that cause of	used the deal on each line.	th. Do no	ot enter the m	ode of dying, suc	h aa cardlac or	eapiratory ar	reat,	Approximata interval Between
	IMMEDIATE CAUSE (Final			0.4	_					Onset and Death
1	disease or condition resulting in death)	. CANCE	77	OF	- LI	ING				2 YRS
		DUE TO (OR	AS A CONSEQU	ENCE OF						
z	Sequentially list conditions,	b								
CERTIFICATION	if any, leading to immediate	DUE TO (OR	AS A CONSEQU	ENCE OF	:					
<u>১</u> ∥	cause. Enter UNDERLYING CAUSE (Disease or Injury	c								
貴県	that initiated events resulting in deeth) LAST	OUE TO (OR /	AS A CONSEOU	ENCE OF						
Ä	resulting in deetin EAST	d								
	PART II. Other aignificant condition	na contributing to deat	th but not rea	ulting in	the underlyis	o cause given in	Part I 24a W	S AN AUTOPSY	0.45 44	ERE AUTOPSY FINDINGS
EDICAL						g cooo given iii		REORMED?	AV	AILABLE PRIOR TO OMPLETION OF CAUSE
ا ق							1 D VI	8 2 X NO		AMPLE HUM UP CAUSE
w III							— I.⊓	X	1 %	DEATH?
2							_   '''	Χ,		DEATH?
2	26 WAS CASE DEFENDED TO MEDICAL						_	-X-		
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF DEATH (Ch	_			
2	EXAMINER?  1 VES 2 NO	1   Inpatient 2   ER/		DOA	OTHER:    XNursing No.	ne 5 🗌 Residence	ock only one)			
	EXAMINER?  1  YES 2 NO  27. MANNER OF DEATN		RY		OTHER: CXNursing No.		ock only one)		1	
PHYSICIAN: M	EXAMINER?  1 VES 2 NO	1   Inpatient 2   ER/	RY ar)	26b. TIME INJU	OTHER: I XNursing No OF 28c. IN RY W 1	ne 5 Residence JURY AT DRK? YES 2 NO	ock only one) 6  Other (Specify		1	
BY PHYSICIAN: M	EXAMINER?  1  YES 2 NO  27. MANNER OF DEATN  1 Notural 5 Pending Investigation 3 Suicide 6 Could not be	1   Inpatient 2   ERA	RY ar) URY — Al home	26b. TIME INJU	OTHER: I XNursing No OF 28c. IN RY W 1	ne 5 Residence JURY AT DRK? YES 2 NO	ock only one)  6 Other (Specify, 28d. DESCRIBE N	DW INJURY OC	CURED	□ YES 2 □ NO
BY PHYSICIAN: M	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/ 28s. DATE OF INJU (Month, Day, Ye) 28s. PLACE OF INJ	RY ar) URY — Al home	26b. TIME INJU	OTHER: I XNursing No OF 28c. IN RY W 1	ne 5 Residence JURY AT DRK? YES 2 NO	ick only one)  6 Other (Specify)  28d. DESCRIBE N	DW INJURY OC	CURED	□ YES 2 □ NO
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COMPLETED BY PHYSICIAN: M	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Noturel 5 Pending investigation  2 Accident investigation  3 Suicide 6 Could not be determined  29s. CERTIFIER (Check only 1 NO CERTIFYING PHYS)	28s. DATE OF INJU (Month, Day, Ye.  28s. PLACE OF INJ building, atc. (  ICIAN: To the best of my k  ER: On the basis of sxemin	RY ar)  URY — Al home Specify)	DOA 26b. TIME INJU	OTHER:    XNursing No. OF 28c, IN RY W 1	me 5 Residence JURY AT ORK? YES 2 NO ce	26i. LOCATION (Socily or Town, Society o	DW INJURY OC reet and Number tate)  manner as ate a, end due to ti	CURED  or Rural Rout  led.	PES 2 NO
BE COMPLETED BY PHYSICIAN: M	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Noturel 5 Pending investigation 2 Accident investigation 3 Sulcide 6 Could not be determined  29s. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	28s. DATE OF INJU (Month, Day, Ye.  28s. PLACE OF INJ building, atc. (  ICIAN: To the best of my k  ER: On the basis of sxemin	RY ar)  URY — Al home Specify)	DOA 26b. TIME INJU	OTHER:    XNursing No. OF 28c, IN RY W 1	ne 5 Residence JURY AT ORK? YES 2 NO ce s and place, and dus death occured at the	26i. LOCATION (Socily or Town, Society o	DW INJURY OC reet and Number State)  manner as ata e, end due to ti	CURED  or Rural Rout  led.  se ceuse(s) sr  E SIGNEO (Mo	PES 2 NO  Number,  Indimenser ee stated.
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BE COMPLETED BY PHYSICIAN: M	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending investigation  3 Suicide 6 Could not be determined  29s. CERTIFIER (Chack only one)  2 MEDICAL EXAMINE  30. NAME ANO ADDRESS OF PERSON WIN	28s. DATE OF INJU 28s. DATE OF INJU (Month, Dey, Ye. 28s. PLACE OF INJ building, etc. ( ICIAN: To the best of my k ER: On the basis of sxemin	RY er) URY — Al home Specify) nowledge, death	DOA 28b. TIME INJU	OTHER: I (Nursing No OF 28c. IN W 1   reel, factory, offi at the time, det	me 5 Residence JURY AT ORK? YES 2 NO ce a and place, and dus death occured at the 29c. LICENSE NUM D01120	261. LOCATION (S City or Yown, 3 to the cause(s) and	OW INJURY OC reet and Number tate)  I manner as ata e, end due to the	or Rural Rout  ed.  se ceuse(s) sr E SIGNEO (MA	e Number,  and menner se stated.  onth, Day, Year)  1993
BE COMPLETED BY PHYSICIAN: M	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Notural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	28s. DATE OF INJU (Month, Dey, Ye.  28s. PLACE OF INJU building, etc. (  ICIAN: To the best of my k  ER: On the basis of exemin	RY er)  URY — Al home Specify)  nowledge, deeth atton and/or low	DOA 28b. TIME 1HJU 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OTHER: I (Nursing No OF 28c. IN W 1   reel, factory, offi at the time, det	ne 5 Residence JURY AT ORK? YES 2 NO ce s and place, and dus death occured at the	261. LOCATION (S City or Yown, 3 to the cause(s) and	OW INJURY OC reet and Number tate)  I manner as ata e, end due to the	or Rural Rout  ed.  se ceuse(s) sr E SIGNEO (MA	e Number,  and menner se stated.  onth, Day, Year)  1993
BE COMPLETED BY PHYSICIAN: M	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined  29s. CERTIFIER (Check only one)  2 MEDICAL EXAMINE  30. MAME AND ADDRÉSS OF PERSON WN  Walter E. GOOZh.	28s. DATE OF INJU 28s. DATE OF INJU (Month, Dey, 16) 28s. PLACE OF INJ building, etc. (  ICIAN: To the best of my k ER: On the basis of sxemin  NO COMPLETED CAUSE OF M.D.  32. BEGISTRAR'S S	RY er)  URY — Al home Specify)  nowledge, deeth atton and/or low	DOA 28b. TIME 1HJU 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OTHER: I (Nursing No OF 28c. IN W 1   reel, factory, offi at the time, det	me 5 Residence JURY AT ORK? YES 2 NO ce a and place, and dus death occured at the 29c. LICENSE NUM D01120	261. LOCATION (S City or Yown, 3 to the cause(s) and	OW INJURY OC reet and Number tate)  I manner as ata e, end due to the	or Rural Rout  ed.  se ceuse(s) sr E SIGNEO (MA	e Number,  and menner se stated.  onth, Day, Year)  1993



Pages 1, 2, 3 should

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DIRECTOR

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CERTIFICATION

MEDICAL

PHYSICIAN:

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29b. SIGNATURE AND TITLE OF CERTIFIER

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hos	DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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H.	4	mours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	ark
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE  $9\,3$ FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH YEAR KARASINSKI 06 32 JOHN -10-93 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year, IF UNDER 1 YEAR IF UNDER 24 HRS B. BIRTHPLACE (State or Foreign Country) 1 M 2 | F DAYS 164-24-1340 63 MAY 15,1930 PENNSYLVANIA 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HOLY CROSS HOSPITAL SILVER SPRING MONTGOMERY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND MONTGOMERY ROCKVILLE 1 YES 2 NO 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4625 W. FRANKFORT DRIVE 20853 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 K Married If yes, specify Cuban, Maxican, Pr 1 YES 2 NO Specify: Specify 3 Widowed 4 Divorced 1951-1953 WHITE 16a. DECEDENT'S USUAL OCCUPATION

Work Alone during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 4 ACCOUNTANT GSA 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) ANTHONY KARASINSKI BLANCHE GRONSKI 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ELEANOR KARASINSKI 4625 W. FRANKFORT DRIVE ROCKVILLE, MARYLAND 20853 20e- METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State cometery, cremetory or other plece)

GATE OF HEAVEN CEMETERY 4 ☐ Donation 5 ☐ Other (Specify) SILVER SPRING, MARYLAND 6/14 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W. SIL.SPR. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Final** Onget and Death disease or condition resulting in death) CARDIOMYC PATHY. LSCHEMIC 6 42aus OUE TO (OR AS A CONSEQUENCE OF) ENTRICULAR Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CONGESTIVE CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO NEUMONIA COMPLETION OF CAUSE OF DEATH? 1 TYES 2 MINO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: se 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 3 Suicide 8 Could not be

28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29a. CERTIFIER

(Chark only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) nomos D24245. 6/10/93 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) -57, SILVER SPRING MD 20910. 140 JEZ PEGISTAR'S SIGNATURE FUNE DEWISSON HANDES **OHMH-18 Rev 1/89** 

DHMH-18 Rev 1/89

REG. NO.

FOR STATE REGISTRAR

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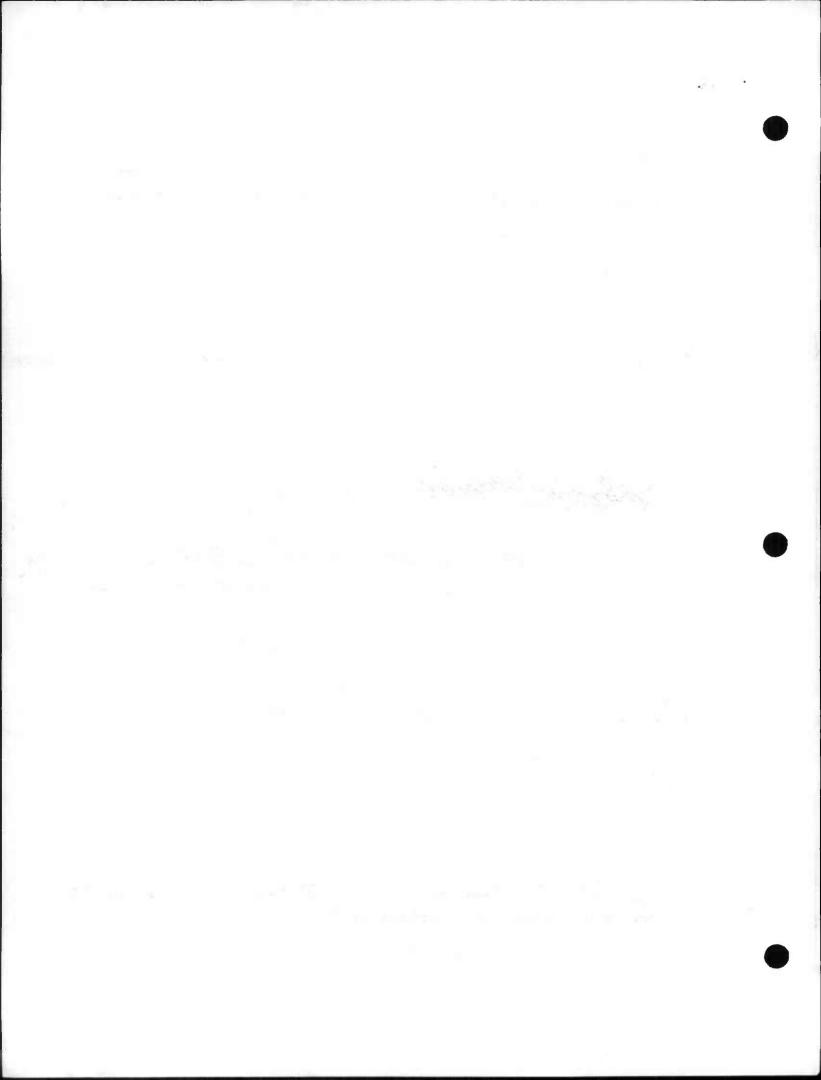
	1. DECEDENT'S NAME (First	t, Middle, Last)							2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH	
	DONALD LE		1						_	7-199	3		9:30A	
	4. SOCIAL SECURITY NUM		5. SEX	8. AGE (In yrs	: lest birthday) YRS.	MONTHS DA		IF UNDER 24 HRS. HOURS MIN.	(Montl	OF BIRTH h, Day, Year) 29-19	44	Countr	IPLACE (State or Foreig X) RYLAND	
	214-42-79 9a. FACILITY NAME (# rot li		1			9b. CITY, TO	WN OF	R LOCATION OF D				JNTY OF D		
HOLO	RT.1 BOX	x734				SA	LI	SBURY			WI	COM	ICO	
5	RESIDENCE OF DE	10b. COUNT			10.00									
Sing	MD.		OMICO		100	y, town or l ALISE					10d. INSIDE CITY LIMITS?  1 YES 2			
2	10e. STREET AND NUMBER							ZIP CODE			10g. CIT	TIZEN OF V	WHAT COUNTRY?	
È	RT. 1 1	BOY 7	34				21801 U.S.A.					۸		
LONER	11. MARITAL STATUS	NT EVER IN U.S	ARMED	13. WAS		ENDENT OF HISPA	NIC ORIGI	N? (Specify Yes		14. RACI	E - American Indian.			
1 1 1	1 Never Merried 2 2 3 Widowed 4 Div	VAR OR DATES U.S.	□NO ARMY			City Cuban, Maxic 2 NO Speci		in, Puerto Rican, etc.)			k, White, etc. Hy: ITE			
		CEDENT'S ED		184	DECEDENT'S	USUAL OCCU	PATIO	N.	16b	. KIND OF BU	SINESS/IN	DUSTRY		
	(Specify on Elementary/Secondary (	nly highest grad (0-12)	College (1-4 or 5	i+)	life. Do NOT us	work done during retired.)	ng mos	st of working						
4	12				PLU	MBER				PLUMI	BERI	NG (	co.	
COMPL	17. FATHER'S NAME (First, A	Middle, Last)						18. MOTHER'S N	AME (First,	Middle, Malden	Surname)			
u II	ALFRED	ROBE	RT LAYF	IELD				BEAT	RICE	E ELIZ	ZABE	TH Z	ADKINS	
	19a. INFORMANT'S NAME (	(Type/Print)						nd Number or Rura						
2	JOYCE I	HOOPE	R		30	04 OI	D	OCEAN	CITY	ROAL	D, S	ALI	SBURY MD	
				20b. PL	ACE AND DAT	E OF DISPOSI	TION (	(Name	DAT	E 20c. LO	CATION -	- City or To	own, Stata	
	20a. METHOD OF DISPOSITION 1 CyBuriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) SPRINGHILL MEM. GDNS. 6/11 HEBRON, MD.													
	4 C Donesion C Other (Specify) SPRINGHILL MEM.GDNS.6/11 HEBRON, MD.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	6 .11/6.													
	Dudle	Quald C Jaume Bounds funeral Home Salisbury MD.												
1	shock, or i iMMEDIATE CAUSE (Fi disease or condition resulting in deeth)	heert failure	a. Due To	est caused the	line.	not antar the	a mod		ch ss can	diac or resp	iretory a	rreat,	Approximate interval Bets	
ICATION	shock, or I IMMEDIATE CAUSE (Fi disease or condition_	heert failure inal  Itions, edlete YiNG	a. Due To	O (OR AS A CO)	NSEQUENCE O	not antar the	a mod	da of dying, su	ch ss can	diac or resp	iretory a	rreat,	Approximate interval Bets	
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5	shock, or I IMMEDIATE CAUSE (Fi disease or condition resulting in deeth)  Sequentielly list condi if eny, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LA:	itions, ediete ying lury	b. DUE TO  c. DUE TO  d	O (OR AS A CO	NSEQUENCE O	F):	a mod	da of dying, su	ch ss car	diac or resp	Interiory as	rreat,	Approximate interval Bet Onset and I	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

31. DATE FILEO (Month, Day, 1947) 93

32. REGISTRAR'S SIGNATURE
Julia Davidson Aundall

->	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAR					MEN	TAL HYGIEN REG. NO		93	19062
	1. DECEDENT'S NAME (First, Middle, Lust) Jean	0.	Lam	pe					2. Do	une 16	, 19	93 93	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 120-05-2455	5. SEX 1 M 2 KF	6. AGE (In yrs. Is 81	et birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. D/	TE OF BIRTH fonth, Day, Year)		8. BIRT	HPLACE (State or Foreign try)  J YOTK
OHO	8a. FACILITY NAME (If not institution, give str Calvert Memoria				e Fr		EATH		9c. COL	NTY OF	DEATH T		
FUNERAL DIRECTOR	residence of Decedent 100. STATE 100. COUNTY Maryland St. 1	Mary's		10c. CIT	y, town o		CSVi	lle					10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100. STREET AND NUMBER 1035 Old Route 5						21P COD	E	·		10g. CIT	US	WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? 1 IF YES, GIVE V	YES 2 X		4	f yes, sp		n, Mexica	an, Pue	IGIN? (Specify Yes rto Rican, etc.)	or No-	Spec	E — American Indian, ck, White, etc. city:
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		+) (C	ECEDENT'S Sive kind of a. Do NOT u ETK	work done o			ng	1	Nationa			aphic Societ
BE CON	17. FATHER'S NAME (First, Middle, Lest) James Monroe Otis									st, Middle, Maiden C. Holla			
20	190. INFORMANT'S NAME (Type/Print) Harold D. Lampe		16	1035	Old	Rout	e 5,	or Aural . Med	char	lumber, City or Tow NiCSVill	n, State, Zi Le, N	io Code) Id. 2	20659
	20e. METHOD OF DISPOSITION 1		20b. PLACE cemetery, or Hund	AND DATE	of bispos ther place) Mato	ition (Na	me of			-19 Wald			own, State cyland
	Ben jaman Matt	nING	0658	9	H	untt	Fun Box	era]	l Ho		, Md.	. 206	504-0156
	23. PART I. Enter the diseasea, or contained the second shock, or heart failure. I. IMMEDIATE CAUSE (Final disease or condition resulting in death)	ist only one cer	ise on each lin	е.									Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	•	(OR AS A CONSE	OUENCE O	F):				-	- Ad	va	nu	
ERI	that initiated events resulting in death) LAST		OR AS A CONSE	TAL C	Menler gystenetion								
PHYSICIAN: MEDICAL	PART II. Other algnificent conditions  HHYPE  MiHn	contributing to	Ref	resulting /-Ce 3 W	In the un	derlying	9 H	iven in			AUTOPSY	241	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ER/Outputlent 3	1 00A	OTHER	t:	ACE OF D						
	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, E	INJURY	28b. TIM		28c. INJ WO			8 Other (Specify)  28d. DESCRIBE HOW INJURY OCCURED				
IED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE O building,	F INJURY At he etc. (Specify)	ome, ferm,	street, facto	ory, offic			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a, CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER												s) and menner as stated.
10 BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	sh	eh				29c. LICE	NSE NUI	MBER	4	29d. DAT	E SIGNE	(Month, Day, Year) 6-93
-	30. NAME AND ADDRESS OF PERSON WHO Dr. Mahesh S	hah M.I	D. , Pr	M אָדּין (Type Cinc	Print)	ede	ric	k, 1	Mar	yland	206	78	



68760,
BOX
P.0.
RECORDS,
OF VITAL
DIVISION

TO THE MORTAL DIRECTOR. At the this certificate he accounted within 24 hours after death. Page 6 may be retained by the hospital or after director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should he make within 72 hours after death with 12 hours. Or the State Death with the State Death of Health and Mental Houlere Doir do burial, cremation, or removal.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

93 19063

	REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY VEAR  13. 42. PM 13. 42. PM									
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthdey) 197-12-7900 1 M 2 DF 4 YRS. 6. AGE (in yrs. lest birthdey) 4. SOCIAL SECURITY NUMBER 1 YEAR   F UNDER 1 YEAR   F UNDER 14 HRS.   7. DATE OF BIRTH (Morth, Day, Year) 2 27 02  8. BIRTHPLACE (State or Foreign Country) A 2 27 02									
	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH									
RECTOR	Union flospital CecilCounty ELKTONY CECIL.									
[[	RESIDENCE OF DECEDENT  10c. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY									
5	MD CECIL CHESAPEAKE CITY 1 VES 20 ANO									
FUNERAL	100. STREET AND NUMBER  101. ZIP CODE  109. CITIZEN OF WHAT COUNTRY?  2 19 15  4.5. A									
BY FU	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 2 Merried 1 Procest 1 Yes 2 Tree, 1 Yes, give War or Dates  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify cuban, Maxican, Puerto Rican, etc.)  14. RACE — American Indian, Black, White, etc.  Specify:  15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify cuban, Maxican, Puerto Rican, etc.)  16. RACE — American Indian, Black, White, etc.  Specify:									
0	15. DECEDENT'S EDUCATION 16e, DECEDENT'S USUAL OCCUPATION 16b, KIND OF BUSINESS AND USTRY									
once.	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)									
OM COM	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Melden Surname)									
76	MA									
TO BE	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
9	KATHRYN LAHENER BOY 79 CHESATEAKE CITY MD 200. METHOD OF DISPOSITION PARE 200. LOCATION OF THE SHEET STATES AND DATE OF DISPOSITION PARE 200. LOCATION OF THE SHEET STATES AND DATE OF DISPOSITION PARE 200. LOCATION OF THE SHEET S									
medical examiner must	1   Burlel 2   Cremation 3   Removal from State   Sempetary, Operatory of other (Specify)   Sempetary of the State   Sempetary of the Specify   Sempetary of the Specify   Sempetary of the Specific									
Ē	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY CHESSATEA LECTY									
	TITOARD FUNERAL HOME MP									
edica	23. PART L Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate									
the m	IMMEDIATE CAUSE /Sinel									
=	disease or condition resulting in death)  a. Che ews Vascula Accrdent  Due to (or as a consequence of):									
	Hunter en a									
ry, or other traumatic	Sequentially list conditions, If any, leading to immediate									
E S	cause, Enter UNDERLYING CAUSE (Disease or injury									
at L	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
CE G	d									
any Injury, DICAL CE	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PROFINGS AMAILABLE PRIOR TO									
es any Inju	T F 1/PS TENSO CON — COMPLETION OF CAUSE									
ê Z	Frankeient Cesehral Is chemic After C									
8 8	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
or item YSICI	EXAMINER?  1 YES 2 NO  HOSPITAL:  1 Inpetiant 2 ER/Outpetiant 3 DOA  4 Nursing Home 5 Residence 6 Other (Specify)									
	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day Year)  28b. TIME OF (Month, Day Year)  28c. INJURY AT 28d. DEŞCRIBE HOW INJURY OCCURED (Month, Day Year)									
marked, BY PH	1   Netural 5   Pending   M 1   YES 2   NO									
28 Is TED	3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY — All home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
E	An orwers									
ANT: If Ite	(Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data end place, end due to the cause(e) and menner as stated.  MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, data end place, end due to the cause(e) and menner as stated.									
<b>E</b> 8	201 CIONAVATO AND TITLE OF OPPOSITION									
IMPORTANT: IF TO BE COM	Spyent (cl. K hel 7 M1) D-22307 ▶ 6/18/183 -									
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
	SATANTILAL (CATEL MI) 123 Singerly Ave, 2116ton m1) 2/82/- 31. DATE FILED (MONTH, Day, YOU) 32. REGISTRAR'S SIGNATURE									
	JUN 2 2 '93 Allia Truida Bodos									
	CHARLES TO CHARLES TO THE CONTRACT OF THE CONT									

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TO SECREPT HAME FIRST LANGE AND ASSOCIATE CONTROL OF THE STATE AND ASSOCIATE AND ASSOCIATE AND ASSOCIATE CONTROL OF THE STATE AND ASSOCIATE AND ASSOCIATE AND ASSOCIATE CONTROL OF THE STATE AND ASSOCIATE AN		REGISTRAR		CERTIF	ICATE (	OF DEATH	RE	G. NO.	
SOUND SECURITY NAMED IN STATES AND ASSOCIATION OF STATES AND ASSOCIATI	- 8	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	EATH DAY	YEAR 3. TIME OF D
213-01-5872 B							7		
Be. FORCHTY MARE Find minimized, the order and number)  2.55.5 Jennings Chapel Road  Woodbine  W		The state of the s					7. DATE OF BII (Month, Day,	PTH Year)	Country)
THE STREET AND HAMBERS  275.13 Ridge Road  Montgomery  Maryland  Montgomery  Maryland  Montgomery  Damascus  Montgomery  Maryland  Montgomery  Damascus  Montgomery  American  Montgomery  American  Montgomery  1 Tes 2000  Type Cores of What Country  1 Tes 2000  Type Cores of What Country  The STREET AND HAMBERS  275.13 Ridge Road  American  American  James Montgomery  1 Tes 2000  Type Cores of What Country  Tes 2000  Type Cores of What Country  Tes 3000	1 8			35 YHS.					
10. SPECIAL NO NUMBERS   10. SPECIAL PROPERTY   10. SPECIAL STATUS   1. SPECIAL STAT			·	,			EATH		
See, THERET AND NAMEDIA RIDGE ROAD  1. MARTILL STUTUS  1. MARTILL STUT			Chapel Ro	ad	W	bodbine			Howard
See, THERET AND NAMEDIA RIDGE ROAD  1. MARTILL STUTUS  1. MARTILL STUT	1	10a. STATE 10b. COUNTY	1	10c. CIT	Y, TOWN OR L	OCATION			
Security		Maryland Mo	ntgomery	I	Damas	cus			
Septicement   P. YES, GIVE WAR OR DATES   1 YES 2 DK NO Specify:   Septicify:   S		The state of the s							
Security			oad			208	872	1	American
1 Secretary Secretary Secretary Secretary Secretary Whise December 1 Secretary Whise Secretary	5		12. WAS DECEDENT EVER II FORCES? 1 YES	U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Spe	etc.)	14. RACE — American I Black, White, etc.
15. SECREPATE EDUCATION    Secretary Resource (P-32)   College (1-4 or 5-1)   Homemaker			IF YES, GIVE WAR OR D	ATES				,	Specify: Whi
Marshall C. Watkins   Month   Marking Address (Street and Municipal Properties)   No. Maring Address (Street and Municipal No. No. No. No. 20872   27513 Ridge Rd., Dambascus, Md. 20872   27513 Ridge Rd.,				16e. DECEDENT'S	USUAL OCCU	PATION	16b, KIND	OF BUSINESS/INC	DUSTRY
Marshall C. Watkins   Month   Marking Address (Street and Municipal Properties)   No. Maring Address (Street and Municipal No. No. No. No. 20872   27513 Ridge Rd., Dambascus, Md. 20872   27513 Ridge Rd.,				(Give kind of the Do NOT us	work done during retired.)	g most of working	1441	0. 500	2001111
THE PROPRIATE SAME (pywres)  The PROPRIATE SAME (pywres)  Russell L. Long  27513 Ridge Rd., Damascus, Md. 20872  27513 Ridge Rd., Damascus, Md. 20872  286. PLACE ADDATE OF DEPOSITION 1/8 Buffel 2 Cementon 3   Removal from State 4   Donation 5   Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  POWN FILE THE diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interest shock, or heart failure. List only one cause on each line.  123. PART II. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interest shock, or heart failure. List only one cause on each line.  124. MAMERIATE CAUSE (Final diseases or condition. The position of the cause of the death of the cause of the cause of the death of the cause of the cause of the death of the cause of the caus		7		Homen	naker				
THE PROPRIATE SAME (pywres)  The PROPRIATE SAME (pywres)  Russell L. Long  27513 Ridge Rd., Damascus, Md. 20872  27513 Ridge Rd., Damascus, Md. 20872  286. PLACE ADDATE OF DEPOSITION 1/8 Buffel 2 Cementon 3   Removal from State 4   Donation 5   Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  POWN FILE THE diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interest shock, or heart failure. List only one cause on each line.  123. PART II. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interest shock, or heart failure. List only one cause on each line.  124. MAMERIATE CAUSE (Final diseases or condition. The position of the cause of the death of the cause of the cause of the death of the cause of the cause of the death of the cause of the caus	5					18. MOTHER'S NA	AME (First, Middle,	Maiden Surname)	
RUSHALING ADDRESS (Sinet and Number of Paral Route Number, City or Town, State, 2p Code)  RNJSSELL L. LONG  RNJSSELL L.	u		. Watkins			Ros	a V.Duv	all	
28) BETHOO OF DISPOSITION 1   Burtles   2   Grantation 3   The Horizon State   20 BANGE   Constitution   1   DATE   20 LOCATION - City or Town, State   21 SHORD OF DISPOSITION   State   22 AMARE AND ADDRESS OF FACILITY   23 JAMES AND ADDRESS OF FACILITY   24 DATE   STORMATURE OF PUMERAL SETTIVE LICENSEE   25 DATE   Lineter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory armst, interioral powers or conditions.   25 DATE   Lineter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory armst, interioral powers or conditions.   26 DATE   Lineter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory armst, interioral powers or conditions.   26 DATE   Lineter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory armst, interioral powers or conditions.   27 DATE   Lineter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory armst, interioral powers or conditions.   28 DATE   Lineter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory armst, interioral powers.   29 DATE   Lineter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory armst, interioral powers.   29 DATE   Lineter the diseases, or complication   DOE TO (PA A) A CONSEQUENCE OF:   29 DATE   Lineter the diseases, or complication   DOE TO (PA A) A CONSEQUENCE OF:   29 DATE   Lineter the diseases, or complication   DOE TO (PA A) A CONSEQUENCE OF:   29 DATE   Lineter the diseases, or complication   DOE TO (PA A) A CONSEQUENCE OF:   29 DATE   Lineter the diseases, or complication   DOE TO (PA A) A CONSEQUENCE OF:   20 DATE   Lineter the diseases, or complication   DOE TO (PA A) A CONSEQUENCE OF:   20 DATE   Lineter the di		The state of the s							
Montgomery Meth. 5/28/93   Damascus, Md.				275.	13 Rid	ge Rd., Da		_	
22. NAME AND ADDRESS OF PRICLITY  Olin L. Molesworth, P.A., Funera  Damascus, Maryland 20872-0117  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval once, or heart failure. List only one cause on each line.  MMEDIATE CAUSE (Finel diseases or conditions, it any, inselling to death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  A DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  A DUE TO (O			oval from State 20b	PLACE AND DATE	OF DISPOSITIO	N (Name of			
Olin L. Molesworth, P.A., Funera Damascus, Maryland 20872-0117  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final diseases or condition resulting in death)  But TO (on AS CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (on AS A CONSEQUENCE OF):  DUE TO (on AS A CONSEQUEN			FINEE	Montgom				Damascu	s, Md.
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, inferred block, or heart failure. List only one cause on each line.  MMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS, CONSEQUENCE OF):  DUE TO (OR AS, CONSEQUENCE OF):  DUE TO (OR AS, A CONSEQ	3	OF POWERAL SERVICE LIC	. / /					h, P.A	., Funera
HMMEDIATE CAUSE (Files and the state of the		Clan I m	Joleswater	_	Dama	ascus, M	arylan	d 2	0872-0117
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART III. Other significant conditions  PART I	RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	7:			year V Gy	8/9
AMALABLE PROCOMPLETION OF DEATH    YES 2   MO			gan		6				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  28. DATE OF INJURY AT WORK?  29. Accident Investigation  3 Suicide 8 Could not be determined  28a. PLACE OF INJURY At home, farm, street, factory, office  28a. PLACE OF DEATH  1 Netural 5 Pending Investigation  28b. DATE OF INJURY At home, farm, street, factory, office  28c. INJURY AT WORK?  1 YES 2 NO  28c. CERTIFIER  28c. CERTIFIER  28c. CERTIFIER  28d. DESCRIBE HOW INJURY OCCURED  3 WORK?  1 YES 2 NO  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE HOW INJURY OC	Y	0 1 11	s contributing to death b	-	126	lying cause given in	Part I. 24a.		MAILABLE PRI
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 MO  26. PLACE OF DEATH (Check only one)  1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) Q S DOA - 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) Q S DOA - 2 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) Q S DOA - 2 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) Q S DOA - 2 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) Q S DOA - 2 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) Q S DOA - 2 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) Q S DOA - 2 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) Q S DOA - 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) Q S DOA - 2 Inpatient 2 Inpatient 2 Inpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) Q S DOA - 2 Inpatient 2 Inpatient 2 Inpatient 3 DOA 4 Nursing Home 5 Residence 8 Inpatient 3 DOA 4 Inpatient	5		(teny ) 3/6		, , 00	160/4	10	YES 2 X NO	
27. MANNER OF DEATH    Natural   5	Σ	JUHO ONTHITE	1 phonilib	redense	-				1   YES 2 [
27. MANNER OF DEATH    Natural   5	A N	25. WAS CASE REFERRED TO MEDICAL			-	B DI ACE DE DEATH OF	back orthograf		
27. MANNER OF DEATH    Natural   5	2	EXAMINER?		atient 3 Doe	OTHER:			w	
2   Accident 3   Suicide 8   Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number. City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number. City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number. City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number. City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number. City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number. City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number. City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number. City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number. City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number. City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number. City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number. City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number. City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number. City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number. City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number. City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number. City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number. City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number. City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number. City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number. City or Town, State) 28f.			28a. DATE OF INJURY	28b. TIM	E OF 28c	INJURY AT			
3 Suicide 4 Homicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year D. 346 8 2 May 25, 19) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	- 10		(Month, Day, Year)	INJ					
4 Homicide determined  29a. CERTIFIER (Check only one) 1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year D 34/6 8 2 May 25, 19)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		3 Suicide 8 Could not be	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm,	treet, factory,	office	281. LOCATION	(Street and Number	r or Rural Route Number,
29a. CERTIFIER (Check only) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  30. HAME AND ADDRESS OF PERSON WHO COMPLEXED CAUSE OF DEATH (ITEM 27) (Type, Print)		4 Homicide determined					City or iowi	., Julio)	
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, You  May 25, 19  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	2	29a. CERTIFIER 1 DERTIFYING PHYSIC	CIAN: To the best of my know	ledge, death occum	d at the time,	date and place, and due	to the cause(a)	and manner as sta	ted.
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, You  May 25, 19	5								
30. HASINE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	- 11	29b. SIGNATURE AND TITLE OF CERTIFIER	,			29c, LICENSE NU	MBER	29d. DAT	'E SIGNED (Month, Day, Ye
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Types, Print)		Joanne LX	Lane, Me	)		D 34	682		
/Joanne L. Kinney, M.D., 9701 New Church Street, Damascus, Md. 2		30. NAME AND ADDRESS OF PERSON WITH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print)				
		/Joanne L. Kin	ney, M.D.,	9701	Vew C	hurch St	reet,	Damasc	us, Md. 2
	- 1	MAY 2'8 19	93 Julia David	May long	-				

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HYSICIAN: The law requires that the death certificate be executed within Awurs after death. Page 6 may be retained by the hospital or attending physician.  It is not been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should write the State Death and Merital Hygine prior to burial, cremation, or removal.
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	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Lest) Richard Euc	state of Maryland / Cl	ERTIFICAT	E OF DEATH	REG. NO	AY YE	93 19065 ar 3. TIME OF DEATH							
Total Section	4. SOCIAL SECURITY NUMBER 305-34-2100	5. SEX 6. AGE (In yrs. let 56	st birthday) IF UNDE YRS. MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec 16 19:	8.1	BIRTHPLACE (State or Foreign Country) Indiana							
TOR	9a. FACILITY NAME (If not institution, give str Anne Arundel Medi RESIDENCE OF DECEDENT			r, town on Location of a	DEATH	Anne	of DEATH Arundel							
DIRECTOR		Arundel	10c. CITY, TOWN	polis			10d. INSIDE CITY LIMITS? 1 YES 2 1000							
FUNERAL	132 Groh Lane			101. ZIP CODE 21403		Unite	d States							
BY	11. MARITAL STATUS 1 Never Married 2 Wharried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 X XES 2 I IF YES, GIVE WAR OR DATES  Vietnam	RMED 13.	WAS DECENDENT OF HISPA If yes, specify Cuban, Maxie 1 YES 2 XXO Spec	an, Puarto Rican, atc.)	a or No— 14.	RACE — American Indian, Black, Whita, etc. Specify: White							
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	Completed) (0 life College (1-4 or 5+)		al Officer	US GOVE									
BE COM	17. FATHER'S NAME (First, Middle, Last) Charles Landrie			18. MOTHER'S N	Ame (First, Middle, Meider Anna Gorma)	Sumame)								
TO B	180. INFORMANT'S NAME (Type/Print) Sandra Lee Land			s (Street and Number or Rura Lane Annap										
	20e METHOD OF DISPOSITION  Surial 2 Cremetion 3 memors  4 Donetion 5 Other (Specify)  21. SIGNATURE OF FUNCIAL BERVICE LICE	other p Maryk	land Vete		ry Cri	ownsvil Taylo	cor Town, State  Le. Maryland  or Funeral Home							
	23. PART i. Enter the diseases or c	omplications that caused the d	laath. Do not anta	7 Duke of G										
	ahock, or haart fallure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List Drily Dris cause on each lin	yococ	died 4	mproles	, su	intarval Between Onaat and Daath							
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST	DUE TO (OR AS A CONSE	0	howard	Ceron	2								
I	PART II. Other algnificant condition	a contributing to daeth but not	reaulting in the u	inderlying cause given		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO							
MEDICAL					25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
Σ	EXAMINER?			R:										
PHYSICIAN: M	EXAMINER?  1 YES 2 [I] NO  27. MANNER OF DEATH  1 Finding	HOSPITAL: 1   Inpetiant 2   PER/Outpetient 28a. DATE OF INJURY (Month, Day, Year)				INJURY OCCUP								
ED BY PHYSICIAN: M	EXAMINER?  1	1 Inpatient 2 PER/Outpatient  28s. DATE OF INJURY	3 DOA 4 N	ER: raing Home 5  Residence 28c. INJURY AT WORK? 1  YES 2 NO	e 6 Other (Specify)	and Number or	RED							
BY PHYSICIAN: M	EXAMINER?  1 YES 2 INO  27. MANNER OF CLEATING  1 Number 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only	1 Dispetient 2 DEFI/Outpetient  26a. DATE OF INJURY (Month, Dey, Year)  26a. PLACE OF INJURY — At h	3 DOA 4 No. 28b. TIME OF INJURY M. M. Nome, farm, street, fa	ER: rrsing Home 5  Residence 28c. INJURY AT WORK? 1 YES 2 NO ctory, office	28d, DESCRIBE HOW 28d, LOCATION (Street City or Town, Staff	and Number or	Rural Route Number,							

D18529 June

COMPLATED CAUSE OF DEATH (ITEM Print)

600 Ridgley Avenue #131 Annapolis, Maryland 21401

Joz Recistrar's signature

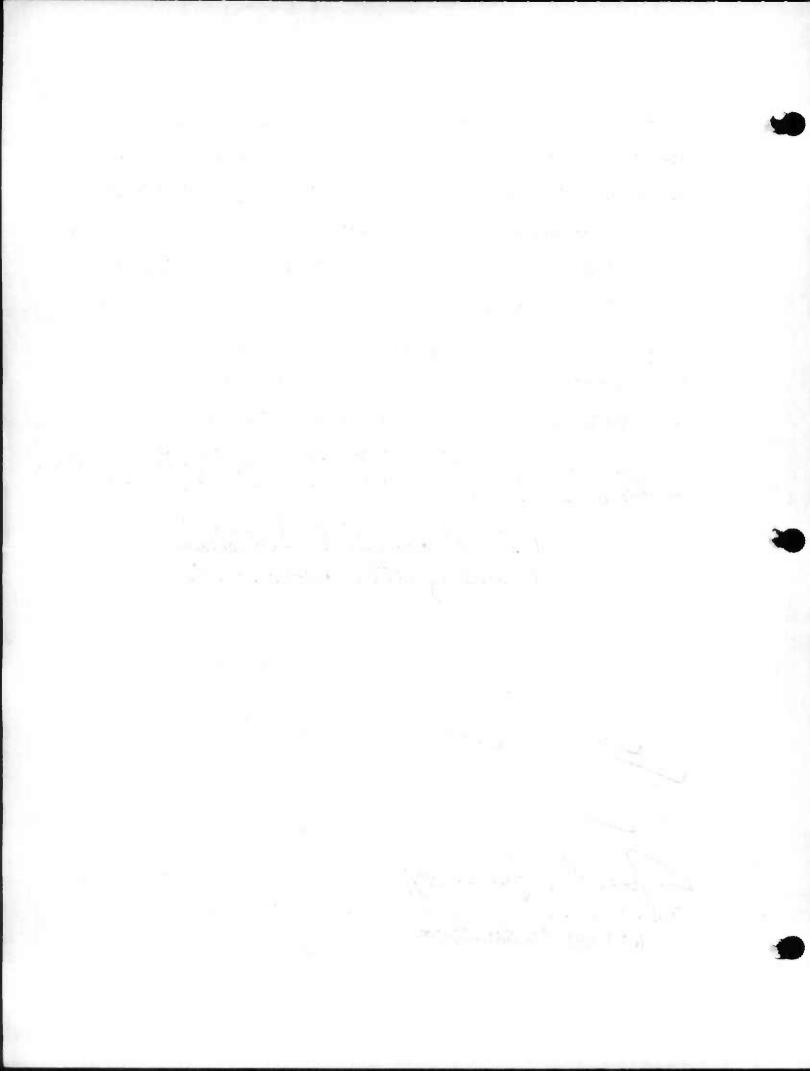
June

Ju

Jon/B. Lowe, M.D.

31. DATE FILED (Month, Day, Year)

JUN 1 4 1993



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7	death
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2	PHYSICIAN
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	VITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after
5	I OR
- matter	PITA

1	1. DECEDENT'S NAME (First,	, Middle, Last)	HiAm	1.	551	-		2. DATE OF MONTH	DEATH DAY	YEAR Q 15	
1	4. SOCIAL SECURITY NUMBER		5. SEX		s. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, Di		8. BIRTHPLACE (State or	
8	375-40-	077/	1 M 2   F	81	YRS.	MONTHS DAYS	HOURS MIN.	09-	3-11	Ohio	
E E	98. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  SC. COUNTY OF DEATH  KENSINGTON GARDENS NURSING HOME  OLNEY  MONTGOMERY										
2	RESIDENCE OF DEC	DEDENT	LIND NORE	JING III		Y, TOWN OR LOC			M(	ONTGOMERY	
DIRECTOR	MARYLAND	reservation and a	TGOMERY			LNEY	AIION			10d. INSIDE CIT LIMITS?	
RAL	10e. STREET AND NUMBER					.1	Of. ZIP CODE		10g. CITI	IZEN OF WHAT COUNTRY?	
FUNER	17303 BUE	EHLER	DRIVE 12. WAS DECEDEN			13. WAS DE	208 ECENDENT OF HISPA		USA Specify Yes or No.—	14. RACE — American Inc	
BY F	1 Never Married 2 X 3 Widowed 4 Divo		FORCES? 1 IF YES, GIVE W	MR OR DATES		1 🗆 YE	specify Cuben, Mexic S 2 NO Spec		in, atc.)	Black, White, etc. Specify:	
ETED I		EDENT'S EDUC			. DECEDENT'S	USUAL OCCUPAT	TION	16b. KII	ND OF BUSINESS/INC	WHITE	
ZET .	Elementary/Secondary (0		College (1-4 or 5+	'	Ille. Do NOT us		nost of working				
COMPL	17. FATHER'S NAME (First, M	liddle, Last)		r	NAVAL (	OFFICER	18. MOTHER'S N		S. NAVY		
BE C	WILLIAM		LEE	EWE			LENA		HARTEI	R	
10	190. INFORMANT'S NAME (7) SOPHIE	ype/Print) LEEWE							City or Town, State, Zip		
	20a. METHOD OF DISPOSITI	ION		20b. PLA	CEANDDATE	OF DISPOSITION (		OLNEY.	MD 20832 20c. LOCATION -	City or Town, State	
	1 X Burial 2 Crematio 4 Donation 6 Other	(Specify) _		ARI	LINGTO	N NATION	NAL CEM.	6/18	ARLINGTO	ON, VA	
	21. SIGNATURE OF FUNERA	AC	710				AND ADDRESS OF F		FIMEDAT I	HOME, INC.	
$\vdash$	WILL	ROFFICE				TIVALIT	210 0. 00	PITTIAD	LOWPIVET I	TOTIL'S TIVO.	
	23. PART I. Enter the di shock, or h IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart failure L	lat only one ceu	se on each	line.	500 (	JNIVERSIT	Y BLVD	., W., SI	IL. SP., MD	
TIFICATION	IMMEDIATE CAUSE (Findisease or condition resulting in death)  Sequentially list conditi if any, leading to immercause. Enter UNDERLY! CAUSE (Disease or Injut thet initiated events	ions, diata	lat only one ceu	se on each	line.	500 t	JNIVERSIT	Y BLVD	., W., SI	IL. SP., MD rest, Approximinterval is	
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AN: MEDICAL CERTIFI	senock, or ne IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list conditi if any, leading to immediate. CAUSE (Disease or Injusted Initiated events resulting in death) LAS'	iona, diata ling c. d.	DUE TO DU	(OR AS A CON (OR AS A CON (OR AS A CON	NSEQUENCE OF	P:  In the underlyin  Cattle	JNIVERSIT	to'	e. WAS AN AUTOPSY PERFORMED?	II. SP., MD  Approximation interval int	
SICIAN: MEDICAL CERTIFI	Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition of the cause. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS:  PART II. Other algnification of the cause. Enter UNDERLY!  SIDE OF THE CAUSE OF	and	DUE TO DU	(OR AS A CON (OR A	NSEQUENCE OF CASEOUENCE OF CAS	in the underlyin	JNIVERSIT	Part i. 24	a. WAS AN AUTOPSY PERFORMED?  YES 2 NO	Approximate interval	
PHYSICIAN: MEDICAL CERTIFI	Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition in the sequence of the sequence	and	DUE TO DU	(OR AS A CON (OR A	NSEQUENCE OF CASEOUENCE OF CAS	in the underlying to the state of the state	JNIVERSIT	Part i. 24	e. WAS AN AUTOPSY PERFORMED?  YES 2 NO	Approximate interval	
D BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list condition resulting in death)  CAUSE (Disease or injust the initiated events resulting in death) LAS*  PART II. Other alignification in the initiated events resulting in death)  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Netural 5 Accident  3 Suicide 6 S	iona, diata ing c. d.	DUE TO DU	(OR AS A CON (OR A	NSEQUENCE OF CONTROL O	in the underlying to the state of the state	JNIVERSIT	Part i. 24  heck only one)  6 Other (St. 26d. DESCRI	a. WAS AN AUTOPSY PERFORMED?  YES 2 NO  DOCINY  BE HOW INJURY OCC	II. SP., MD  Approximate interval inter	
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E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list condition resulting in death)  CAUSE (Disease or Injurity CAUSE (Disease or Injury CAUSE	one, diata a a a a a a a a a a a a a a a a a a	DUE TO DU	(OR AS A CON (OR A	Ine.  ON Y  INSEQUENCE OF  INSEQUENC	print)	JNIVERSIT  FOR THE STATE OF DEATH (C)  THE STATE OF DE	TANDER OF THE CAME AND A STATE	a. WAS AN AUTOPSY PERFORMED?  YES 2 NO  ON (Street and Number own, State)  a) and menner ea stat it place, end due to the open of the open of the open of the open own.	24b. WERE AUTOPSY AMALABLE PRIO COMPLETION OF OF DEATH? 1 YES 2   CURED  Tor Rural Route Number, ted.	

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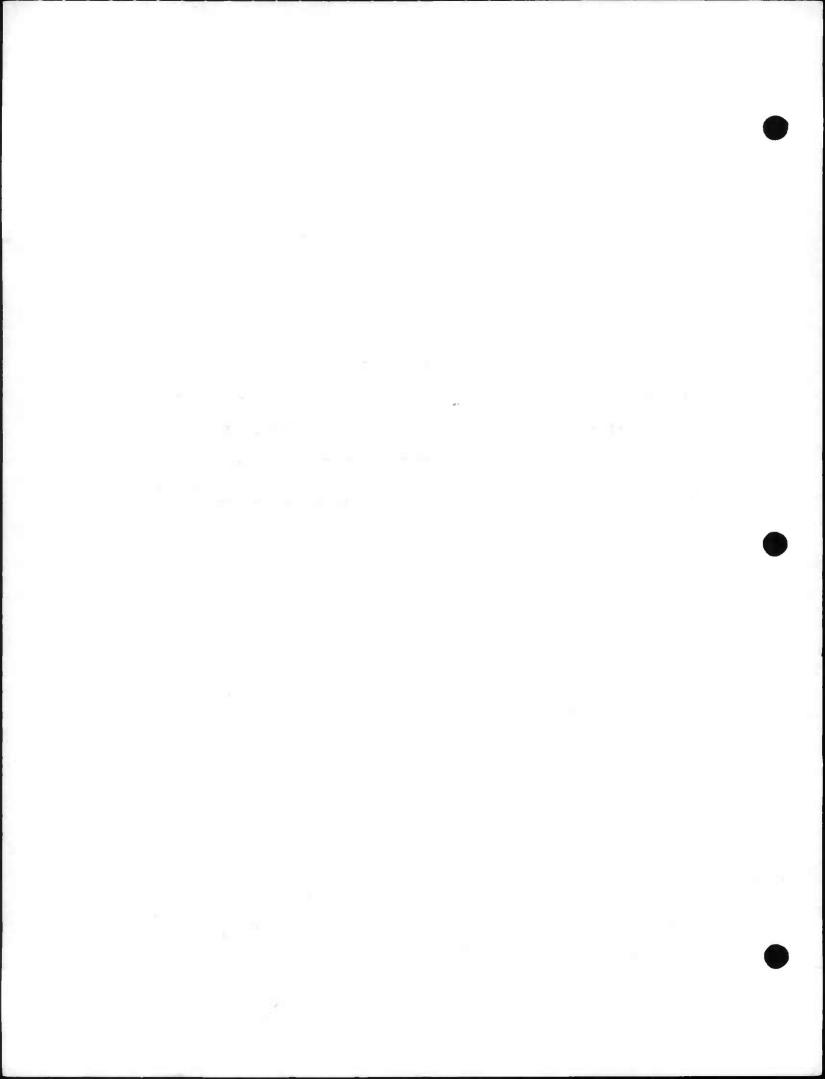
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Common to Albert  BALTIMORE, MARYLAND 21215-0020 and after death. Page 6 may be related by the boostial or strangton orbitals.

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.O. B	The law requires that the death certificate
S, T	death
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KEC	requires
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A	The
ISION OF VITAL RECORDS, P.O. BOX 68760	PHYSICIAN
2	MOING
2	Ë

93 19067 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest)

	FLORENCE A.	LOFB							06	03	YEAR 93	8:45 P M
	4. SOCIAL SECURITY NUMBER 325–16–8656	5. SEX	6. AGE (In yrs. 75	• • • • • • • • • • • • • • • • • • • •	IF UNDER	DAYS	IF UNDER	24 HRS, MIN.	7. DATE OF BIRTH  (Month, Day, Year)  08-16-17		8. BIRTHP Country)	ILLINOIS
DIRECTOR	98. FACILITY NAME (If not institution, give street and number)  99. CITY, TOWN OR LOCATION OF DEATH  90. COUNTY OF DEATH  MONTGOMERY GENERAL HOSPITAL OLNEY  MONTGOME.											
	10a. STATE										IOd. INSIDE CITY LIMITS?	
	MARYLAND ]  100. STREET AND NUMBER	MONTGOMERY	<u> </u>		SILV		PRING			- I make a		YES 2X NO
FUNERAL	3227 BEL PRE ROAL	D				101	2090				TED S	TATES
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	ABMED		If yes, sp	ENDENT O	F HISPAN n, Maxican Specify	IIC ORIGIN? (Specify n, Puerto Rican, etc.)	res or No-	14. RACE - Black, Specify	American Indian, Whita, etc.
TED	15. DECEDENT'S ED (Specify only highest gra		18a.	DECEDENT'S	work done			g	16b. KIND OF E	USINESS/IN	IDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +		ELEMA		ING			NEWSP	APER		
BE CON	17. FATHER'S NAME (First, Middle, Last) NATHAN ASKOW								ME (First, Middle, Maid			
5	JOAN D. Oday (I	DAUGHTER)							Route Number, City or 1			20052
	20a. METHOD OF DISPOSITION 1 Disposition 3 Re		20b. PLAC	CEANDDATE	OF OISPOS	SITION (Na	me of	DKI	VE, ROCKV		- City or Town	20853 n, State
	4 Donation 5 Oher (Specify)		MT.	COMFO							NDRIA	
1	7/	6 1L	-0						DBERG MEM			
~	23. PART I. Enter the diseases, or	complications that	t coused the	deeth. Do	not enter	the mo	de of dyl	ng, such	E PIKE, R	plratory ar	rreet,	MD 20852 Approximate
	ahock, or heert fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. RESP			A	2RE	ST					Interval Between Onset and Death
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	SEPS, DUE TO C. SEVER	OR AS A CONS	SEQUENCE O	F):							
: MEDICAL	PART II. Other algorificant condition Pulmonary Severe Rheu	embolic Embolic materia	15 , .	Deep hrit	ve	nov	is Th	rom	bosis , ve	AN AUTOPSY ORMEO? 2 PNO	6	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO DOMPLETION OF CAUSE OF DEATH?  YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF DE	ATH (Che	ick only one)			
HYS	1 TYES 2 TAGO  27. MANNER OF DEATH	1 Inpatient 2 -	INJURY	3 DOA	4 🗆 Nur		-	sidence (	8 Other (Specify) 28d. DESCRIBE HOV	/ INJURY OC	CURED	
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Da	ny, Year)	IN.	M	1 [] Y	RK? 'ES 2	NO NO	TVS. OCCOMBE NOT	THOUSE OC	CONED	
	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE Of building,	F INJURY — At atc. (Specify)	home, farm,	street, fact	tory, office	1		26f. LOCATION (Street City or Town, Sta	et and Numbe te)	er or Rural Ro	ite Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHY 2 MEDICAL EXAMIN											and menner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CENTIP	rhsor	r				29c. LICE	NSE NUM	BER 88	29d. DAT	TE SIGNEO (A	Aonth, Day, Year)
F	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	A. L.		Princ) KS	M	D	1 < 21	Jel Sama	Burge	onsull	LI,MD
	31. DATE FILED (Morith, Day, Year)	grina Da	R'S, SIGNATURE			,		الاد	n7 Speno	CFVI [Q	CT.	20866

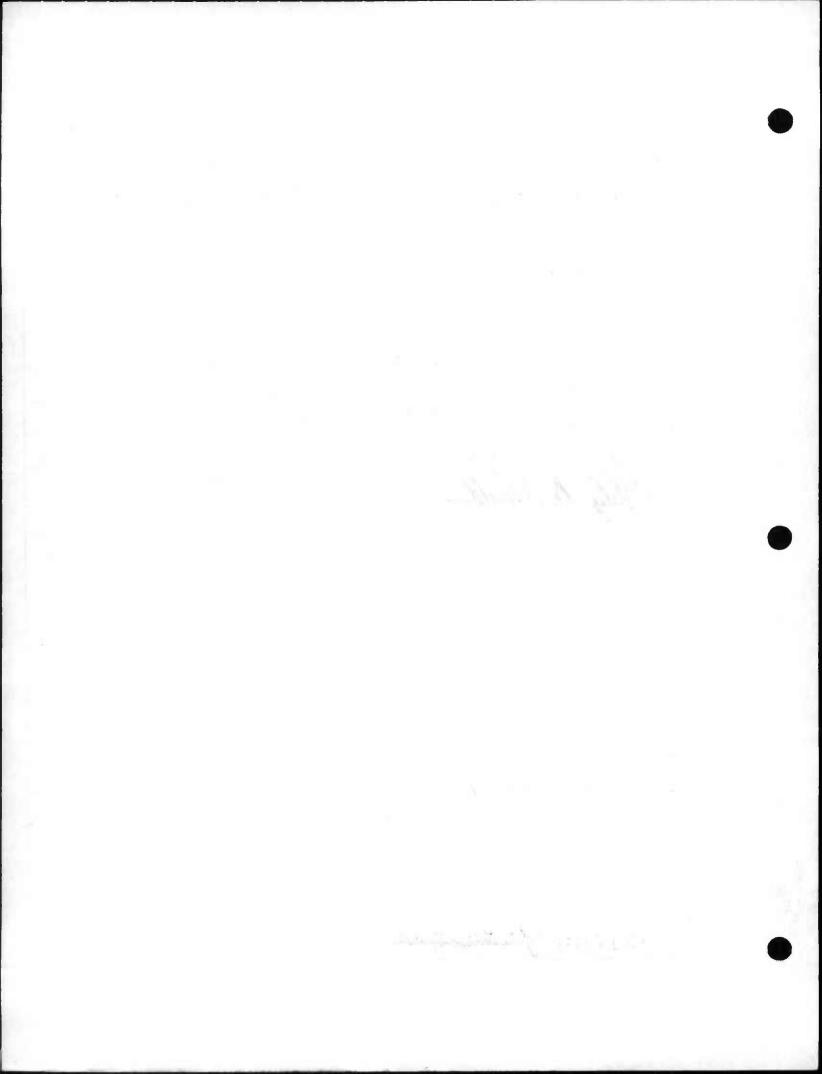


A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	RECTOR: After this certificate has been signed by the attending physician and completally filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should us after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ATTENDING PH	RECTOR: After this after death will	m 28 is marke
THE HOSPITAL OF	THE FUNERAL OF	PORTANT: 11 Ite
P	PE	F

JUN 1 7 1993

1	FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT OF		MENTAL HYGIEN		3 19068		
1	1. DECEDENT'S NAME (First, Middle, Last) LELAN	D Leland (NMI		DEATH	2. DATE OF DEATH MONTH		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 148-72-4616	5. SEX 8. AGE (In yrs. In	YRS. IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)	7/ 0	New York		
HOL	SUBURBAN  RESIDENCE OF DECEDENT	HOSPITAL	BE	THES 2		9c. COUNTY O	TEMBRY		
DIRECTOR	10a. STATE 10b. COUNTY	ONTG OMERY	10c. CITY, TOWN OR LO	NEY			10d. INSIDE CITY LIMITS?  1 7ES 2 NO		
FUNERAL	100. STREET AND NUMBER			10f. ZIP CODE 8	32	10g. CITIZEN	OF WHAT COUNTRY?		
	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2. IF YES, GIVE WAR OR DATES	MO If yes	DECENDENT OF HISPAN, specify Cuben, Mexican YES 2 NO Specify.	, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Oriental		
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	ECEDENT'S USUAL OCCUP Give kind of work done during to. Do NOT use retired.)	ATION most of working	Blair H	SINESS/INDUSTR	NY .		
8	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NAM	E (First, Middle, Melden		1001		
BEC	Huei Chi Richard L	iu		Juanita		,			
0	Dr. Huei Chi Richard Liu  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
	206. PLACE AND DATE OF DISPOSITION OATE 20C LOCATION - City of Town State								
	Gate of Heaven Cemetery 6-19-93 Silver Spring, M.D.								
	21. SIGNATURE OF HOMERAL SERVICE LICE	Guld		s-Rinaldi			20904 Spring, MD		
	23. PART I. Enter the diseases, or co	implications that caused the d	eath. Do not enter the	moda of dying, such	as cardiac or respi	ratory arrest,	Approximate		
	shock, or neart fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final								
	disease or condition resulting in deeth)								
		DUE TO (OR AS A CONSE	EQUENCE OF):						
ATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	CDUE TO (OR AS A CONSEQUENCE OF):							
- 1	PART II. Other algnificent conditions	contributing to deeth but not	resulting in the underly	ring ceuse given in F	Pert I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL	PERFORMED?  1 YES 2 NO  OF DEATH?								
Z							1 TES 2 NO		
호	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	PLACE OF DEATH (Che	ck only one)				
× ×		1 inpatient 2 ER/Outpatient	3 DOA 4 Nursing H	lome 5 🗆 Residence 6					
4	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?	26d. DESCRIBE HOW IN	IJURY OCCURE	)		
B	2 Accident investigation 3 Suicide & Could not be	28e. PLACE OF INJURY — AI h	1100 - 1	YES 2ª NO	1417	KEE	7		
	4 Homicide Getermined	building, etc. (Specify)	ROAD		261. LOCATION (Street a City or Town, State)	41	116 SILV BRIN		
<b>"</b>	29e. CERTIFIER 1 CERTIFYING PHYSIC				1200 Kem		SPRIN		
COMPLETED	(Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my knowledge, do On the beele of examination end/or	erm occurred at the time, d	ate end place, end due i	o the couse(e) end men	ner ee stated.			
	19b. SIGNATURE AND STREET OF CERTIFIER		The state of the s	1					
8	THE OF CENTRES	a) ////	1100	29c. LICENSE NUMI	DER	29d. DATE SIGN	NED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WITH	COMPLETE CONTRACTOR	MI	11)0/09	7	6-	1-73		

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BALTIMORE, MARYLAND 21215-0020	VSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HESICIAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24	TO THE EMISSIAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formal with the State Dept. of Health and Mental Hyolene prior to burial, cremation, or removal	IMPORTANT If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF N	MARYLAND / [	DEPART	MENT OF H	EALTH AND	MENTAL HYGIEN	E 9	3 19069		
	1. DECEDENT'S NAME (First, Middle, Last)  ROYCE CLIFTON MALABY					2. DATE OF DEATH DAY YEAR JUNE 18, 1993 6:30 p.				
	4. SOCIAL SECURITY NUMBER 5. SEX 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6. AGE (In yrs. lest b	66 YRS. MONTHS 0		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	926 P	a. BIRTHPLACE (State or Foreign Country) PENNSYLVANIA		
TOR	98. FACILITY NAME (If not institution, give street and number)  111 SOMERSET AVENUE RESIDENCE OF DECEDENT			9b. CITY, TOWN OR LOCATION OF DEATH  CAMBRIDGE			9c. COUNTY OF DEATH DORCHESTER			
- DIRECTOR	10a. STATE 10b. COUNTY  MARYLAND DORCHESTER			MBRID			10d.			
FUNERAL	100. STREET AND NUMBER  111 SOMERSET AVENUE			101	21613		10g. CITIZEN	U.S.A.		
BY				It yes, spi	ENDENT OF HISPAI ocity Cuban, Maxica 2 XIO Specif	NIC ORIGIN? (Specify Yearlo Ricen, etc.) y:		RACE — American Indian, Black, White, atc. Specify: WHITE/CAUC.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +	(Give life, D	kind of wor o NOT use i	ANCE M	ACHINI	16b. KIND OF BU	SINESS/INDUS			
BE CO	17. FATHER'S NAME (First, Middle, Last) ROYCE CLIFTON MALABY				MAE	ME (First, Middle, Malden				
٩	MRS. LOIS M. MALABY					Route Number, City or Tow CAMBRI		MD. 21613		
	20a METHOD OF DISPOSITION 1 ABurlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	cemetery, crema	netery, crematory or other place)					TION City or Town, State  BRIDGE, MD.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  CURRAN FUNERAL HOME  308 HIGH ST., CAMBRIDGE, MD. 21613									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OR AS A CONSEQUE	MAE  ENCE PID:	enter the mod	de of dying, suc	om yopat	ratory arrest	Approximats Intervel Betwee Onset and Deat		
ENITION	CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEDUENCE OF):									
PRISICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the part of the part				ceuse given in	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
200	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO   1   Inpetient 2   EN/Outpatient 3   DOA   4   Nursing Home 5   New Medical Research									
	27. MANNER OF DEATH  1 Netural 5 Pending  28s. DATE OF (Month, Ds	INJURY 2	8b. TIME O	Y 28c. INJU	IRY AT	Discrete (Specify)  28d. DESCRIBE HOW INJURY OCCURED				
IEU BY	2 Accident 3 Suicide 8 Could not be detarmined 4 Homicide Remarks and the could not be detarmined				y, office  281. LOCATION (Street end Number or Rural Route Number, City or Town, State)					
COMPLEIED	29e. CERTIFIER (Check only one) 1 2 MEDICAL EXAMINER: On the best of examiner:	my knowledge, death	occurred a	n my opinion, de	and place, and due	to the cause(a) and man	ner ea stated.	use(s) and menner as steled.		
O BE O	296. SIGNATURE AND TITLE OF CENTIFIER	00			29c. LICENSE NUN		29d. DATE SIG	GNED (Month, Day, Year) 21.93		
	AR WILKE MD 400	Maryla	nd A	TVE (	Tambri	dae MD				
	31. DATE FILED (Month, Day, Year)  32. REGISTRAF	r's signature lia Davidson	-Rand	رود ا		dae MD				

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IT. (I ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	FALL MECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de	Ą	to the months of an item 69 about and fallows an abben bearing to a second the months of an arrange to a

1	1 - FOR STATE REGISTRAR	SIAIE OF MANTI			F DEATH	MENTAL HYGI REG.		93	1301	0	
9	1. DECEDENT'S NAME (First, Middle, Last)			2, DATE OF DEATH				3. TIME OF DEATH 5 1993 8:30 D M			
	William Henry  4. SOCIAL SECURITY NUMBER		(In yrs, lest birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH	1993	8:30 PLACE (State or Fore	рм		
	216-07-5236 9s. FACILITY NAME (If not institution, give	1 🔏 M 2 🗆 F	79 YRS.	MONTHS DAY		8-10-19	8-10-1913		Ohio		
TOR	4949 Middleburg Rd.				ytown	EAIN		9c. COUNTY OF GEATH Carroll			
DIRECTOR	Maryland Car		10c. CITY, TOWN OR LOCATION Finksburg			10d.			10		
A A	10e. STREET AND NUMBER			101. ZIP CODE		10g. Ci		HAT COUNTRY?			
COMPLETED BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2			ARMEO 13. WAS DECENDENT OF HISPANIC OF MY 1 YES 2 NO Specify:			14. RACE Black	S.A.  RACE — American Indian, Black, Whita, atc.  Specify: White		
	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) Cotlege (1-4 or 5+)	Ille. Do NOT L	work done during	most of working	16b. KIND OF	BUSINESS/IN	IDUSTRY			
E COM	17. FATHER'S NAME (First, Middle, Last) Henry Tones Me	lleme	Water	st work		AME (First, Middle, Mai			010		
TO BE	19a. INFORMANT'S NAME (Type/Print) William T. Mell				et and Number or Rural	Route Number, City or					
	William T. Mellema  2230 Ridgemont Dr. Finksburg, MD. 21048  200, METHOD OF DISPOSITION  1 (Apuris) 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  200, PLACE AND DATE OF DISPOSITION (Name of Camellary or Their place)  Camellary or Cher place  Camellary o										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Eckhardt Funeral Chapel 11605 Reisterstown Rd. Owings Mills, MD. 21										
	23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Meta	ad the death. Do each line.  Status  A CONSEQUENCE O	Pin	stale			rrest,	Approximation interval Bet Onset and	ween	
			Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury								
ICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE C	DF):							
SERTIFICATION	if any, leading to immediate	e	A CONSEQUENCE O					7			
I: MEDICAL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	cDUE TO (OR AS	A CONSEQUENCE C	DF):	ring cause given in	PER	AN AUTOPSY FORMED? S 2 NO	/ 24b.	WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2	USE	
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other algnificant conditions to the condition of the condition of the cause of	cDUE TO (OR AS	A CONSEQUENCE C	DF):	ring cause given in	1 ( YES	FORMED?	/ 24b.	AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	USE	
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other aignificant conditions to the conditions of the conditions of the conditions of the cause of the c	cDUE TO (OR AS	A CONSEQUENCE C	DF):	PLACE OF DEATH (C	1 ( YES	FORMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	USE	
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	DUE TO (OR AS  d  HOSPITAL: 1 □ Inperient 2 □ ER/OUT  288. DATE OF INJURY	A CONSEQUENCE Control of the control	In the underly  28  OTHER: 4 □ Nursing It	PLACE OF DEATH (C)	PER 1 YES	FORMED?		AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	USE	
PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	DUE TO (OR AS d one contributing to death HOSPITAL: 1 □ Inpatient 2 □ ER/Out	A CONSEQUENCE Control of the control	OTHER: 4   Nursing   NURY   28c.	PLACE OF DEATH (C)	PER 1 YEs	FORMED?		AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	USE	
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	DUE TO (OR AS  d	but not resulting	OTHER: 4 Nursing I MC OF JURY M 1 [	PLACE OF DEATH (C. lome 5) Residence INJURY AT WORK?	PER 1 YEs	W INJURY OF	CCURED	AVAILABLE PRIOR TI COMPLETION OF CA OF DEATH?  1 YES 2	USE	
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)	DUE TO (OR AS d	but not resulting	OF):  In the underly  OTHER: 4 Nursing h  ME OF 28c. JURY M 1  street, factory, o	PLACE OF DEATH (CI	teck only one)  8 Other (Specify)  28d. DESCRIBE HO  28f. LOCATION (Sin-City or Towy). Si	W INJURY OF	CCURED or or Rural R	AMAILABLE PRIOR TI COMPLETION OF CA OF DEATH?  1 YES 2 N	D UNSE	
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS  d	but not resulting  spetient 3 DOA  28br Till IN  Y — Athome, farm, sority  wiedge, death occur on and/or investigati	OF):  28 OTHER: 4   Nursing h ME OF   28c. JURY M   1 [ street, factory, c	PLACE OF DEATH (CI	PER 1 YES  1 YES  1 Other (Specify)  28d. DESCRIBE HO  28f. LOCATION (Shr City or Towy Si  to the cause(a) and the time, date and place	W INJURY OF THE PROPERTY OF T	or or Rural R	AMAILABLE PRIOR TI COMPLETION OF CA OF DEATH?  1 YES 2 N	D UNSE	
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	DUE TO (OR AS  d	but not resulting  topetient 3 DOA  26b: Till IN  Y — Al home, farm, scrity)  wiedge, death occur on and/or investigati	OF):  28 OTHER: 4   Nursing h ME OF   28c. JURY M   1 [ street, factory, c	PLACE OF DEATH (C) Iome 5 Residence INJURY AT WORK?  YES 2 NO  ffice  iste and place, and due n, death occured at the	PER 1 YES  1 YES  1 Other (Specify)  28d. DESCRIBE HO  28f. LOCATION (Shr City or Towy Si  to the cause(a) and the time, date and place	W INJURY OF THE PROPERTY OF T	or or Rural R	AMALABLE PRIOR TI COMPLETION OF CA OF DEATH?  1 YES 2 No Noute Number,	D UNSE	

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PHYSICIAN: The law requires that the death certificate be executed within 24 hour
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29b. SIGNATURE AND TITLE OF CERTIFIER

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. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital o	tificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-	ne prior to buri	er ti
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END	38. A	with the State Dept. of H	item 28 is marked, or item 23 shows any Injury, or other traumatic event,
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SPITA	EFFA	within 72 hz	TANT: If In
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93 19071 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Mable MILES 06 93 0110 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign Country) HOURS 1 - M 2 X F 214-10-8864 YRS. Maryland 05-07-08 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO RESIDENCE OF DECEDENT 19c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Wicomico Salisbury 1 X YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 219-B Monticello Ave. 21801 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2000 IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5 +) 12 homemaker none 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Nancy Catherine Bozman George Edward Bozman BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Peggy M. Horner 1033 Baccharis Dr., Salisbury, MD 21801 20s. METHOD OF DISPOSITION
1 [X.Burlet 2 ] Cremation 3 ] Rer 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 4 ☐ Donation 5 ☐ Other (Specify) Parsons Cemetery 6/12 Salisbury, MD 22. NAME AND ADDRESS OF FACILITY Holloway Funeral Home 501 Snow Hill Rd., Salisbury, MD 21801 ilications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heart fellure. List only one course each fine interval Between **IMMEDIATE CAUSE (Finel** Onset and Death disease or condition\_ ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMMUNUTED FRACTURE; LEFT HIP COMPLETION OF CAUSE 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Minpetient 2 - ER/Outpetient 3 - DOA OTHER: 1 YES 2 | NO 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 26b. TIME OF INJURY 1425 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 5 Pending Investige 1 Natural 06-08-93 1 YES 2 NO FELL TO FLOOR BY 2 Accident 26e. PLACE OF INJURY — At home, farm, atreet, factory, office 281, LOCATION (Street and Number or Rural Route Number, 3 Suicide ETED 6 Could not be SUPER G, SOUTH SALISBURY BLVD. 4 Homicide SALISBURY, MD.

29e. CERTIFIER

(Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Oay, Year) -Sullsely. M.D DEPUTY ME 06-10-93 D03599 MAINE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M.D., 108 PINE BLUFF ROAD, SALISBURY, MARYLAND, 21801 32. REGISTRAR'S SIGNATURE

	ifficate he executed within a
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ISION OF VITAL RECORDS, F.O. BOA	PTENDING DUVEICIAN: Th
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THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

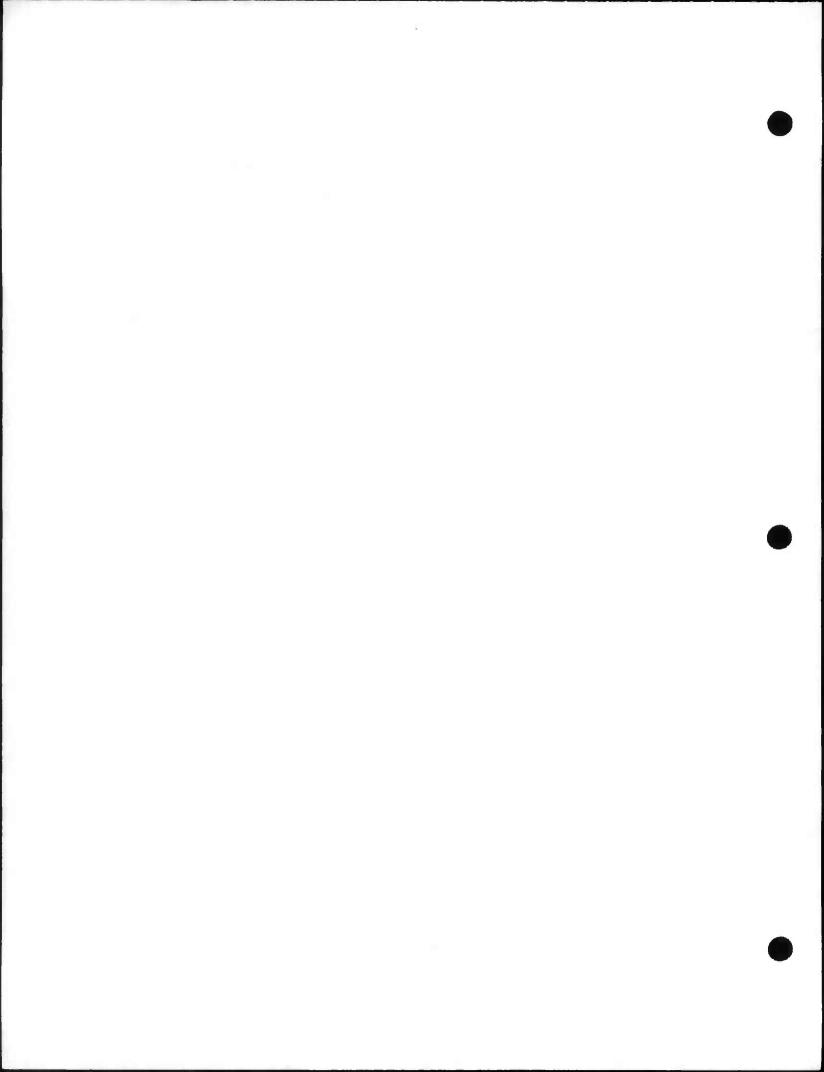
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. after death. Page 6 may be retained by the hospital or attending physician. HE HOSPITAL OR ATTEN

31. DATE FILED (Morith, Day, Year)

JUN 1 1 1993

32. REGISTRAR'S SIGNATURE

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H			IENTAL HYGIEN REG. NO.		3	19072
	1. DECEDENT'S NAME (First, Middle, Lest)						2. DATE OF DEATH	LV YE	3. T	TIME OF DEATH
	John Emory	Morris, Sr.					6 8	93	^"	M
	4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 2	MIN.	7. DATE OF BIRTH (Month, Day, Year)		SIRTHPLA	DE (State or Foreign
	217-28-4798	1 M 2 F 74 YRS. MONTHS BATS HOUNS M				MINT.	7-6-18 Maryland			and
	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN	R LOCATION	N OF DEA	ATH	9c. COUNTY	OF DEATH	1
OR	415 Washington Street			Salisb	ury			Wico	mic	
5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY	RESIDENCE OF DECEDENT						. INSIDE CITY		
<u>E</u>	Maryland Wicor			lisbury						LIMITS?
1	10e. STREET AND NUMBER	11100	00		. ZIP CODE			10g. CITIZEN		
FUNERAL DIRECTOR	415 Washington Str	eet			218			US		
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES					C ORIGIN? (Specify Year, Puerto Rican, atc.)	or No- 14.	RACE - A	American Indian, nita, atc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 🗆 YES	2 📉 NO	Specify:			Specify:	A
	15. DECEDENT'S EDUC	CATION	18a. DECEDENT'S	USUAL OCCUPATI	ON	-	16b. KIND OF BU			n American
	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of v	work done during me	est of working	7	1000 1000			
PLE	10th	College (1-4 or 5+)	retired l	aborer			Delmary	a By-P	rodu	cts
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		renied	GOOLCI	18. MOTHE	ER'S NAM	AE (First, Middle, Maiden		1000	013
C	Emory Morris				l co	onoli	a Jackson			
BE (	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street			oute Number, City or Tow	n, State, Zip Co	de)	
5	John E. Morris, Jr.		2737 N	Mosher S	., Bal	ltimo	ore, Maryla	nd 212	16	
	20a. METHOD OF DISPOSITION  1 XI Burlal 2 Cremation 3 Remo	oval from State	o. PLACE OF DISPOS other place)	SITION (Name of ce	metery, crema	atory or	20c. LC	CATION — City	or Town,	Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSES		22. NAME A	ND ADDRES	S OF FAC	Jolley N	lemorio	ıl Ch	anel
	* / ITame	116 /21	11.11	Rt. #2	. Box	920.	Jersey Ro	d. Salis	ourv.	MD
	23. PART I. Enter the diseases, or o	complications that cause	d the death. Do i					<u> </u>		Approximata
	shock, or heart fellure.	List only one cause on a							,	Interval Between Onsat and Death
	IMMEDIATE CAUSE (Final disease or condition	Par		arrh	1					Onaat and Death
	resulting in desth)	DUE TO (OR AS /	CONSEQUENCE O	Crvra	4/101	nea				
-	Concaston Hond F. C.									
Ō	Sequentially list conditions, If any, leading to immediate									
CAT	cause, Enter UNDERLYING	. /								
E	CAUSE (Diseese or Injury that initiated events	DUE TO (OR AS A	A CONSEQUENCE O	F):						
CERTIFICATION	resulting in deeth) LAST	d								
C	PART II. Other significant copdition	es contributing to death t	out not resulting	in the underlyin	g ceuse g	lven in i	Part I. 24a, WAS AF	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
CA	- Clan	· Paul	Farley				PERFO			MILABLE PRIOR TO MPLETION OF CAUSE
EDI	- 20	7.80 11.1	11.15				1 TYES	2   NO	100	DEATH?
Σ	- Ulas	BLOW MAR	elles _						''	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF DE	EATH /Che	ack only one)			
PHYSICIAN: MEDICA	EXAMINER?	HOSPITAL:	patient 3 700A	OTHER:			8 Other (Specify)			
ΗX	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIR	NE OF 28c. IN	JURY AT		28d. DESCRIBE HOW	INJURY OCCUP	ED	
	1 Natural 5 Pending	(Month, Day, Year)	IN		ORK? YES 2	NO				
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	Y At home, farm,	atreet, factory, offi	ca		281. LOCATION (Street		Rural Rout	Number,
TEC	4 Homicide determined	building, etc. (Spe	····••				City or Town, State	7		
F	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my know	viedge, death occur	red at the time, dat	and place.	and due	to the cause(a) and me	nner as stated.		
COMPLETED	one)	ER: On the basis of examination							ause(a) ar	d manner as stated.
	29b. SIGNATURE AND TITLE OF CENTURIE	R V	1	11	29c. LICE	NSE NUM	IBER	29d. DATE S	IGNED (M	Srith, Pay, Year)
BE	(B)	outo - (	V _ /	Low			0000	D 6	chi.	60
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Typ)	1		oppor			1.1.1	



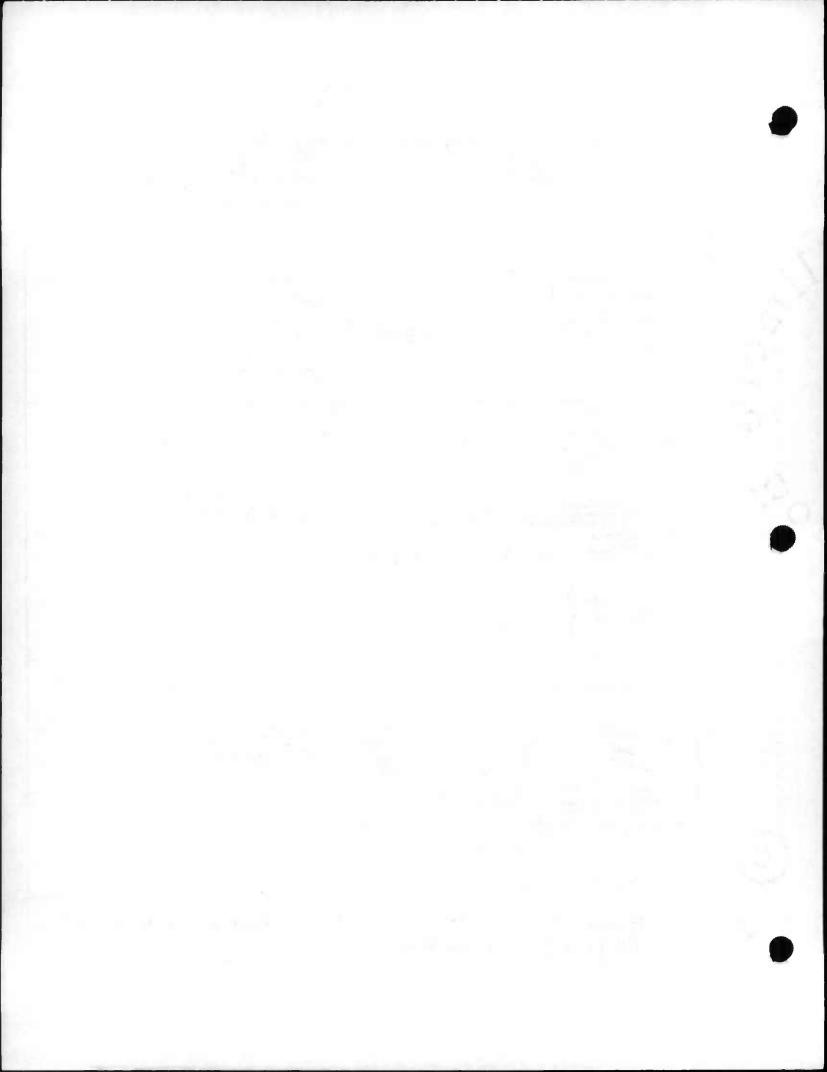
urs after death. Page 6 may be retained by the hospital or attending physician. In the furneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hor DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	THECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached after death with the State heart of Health and Merial Horizone price in hurial commission, or removed	them 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	THECTOR: After this certificate has been signed by the attending physician and completely filled in by the furnishment that the State Dent of Health and Methal Hudians prior to build comparing or removal.	ked
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STATE OF MARYLAND / DEI			MENTAL	HYGIENE
CERT	TIFICATE O	F DEATH		REG. NO.

	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPA CERTII	RTMENT OF H	EALTH AND	MENTAL HYGIE		0 10070		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
-	Myra	Lane		McLynn		монтн 6-10-93	DAY YE	5:20 A M		
	4. SOCIAL SECURITY NUMBER 229-46-5300	MONTHS DAYS HOURS SAIM (M				7. DATE OF BIRTH (Month, Day, Year) 9-17-36		BIRTHPLACE (State or Foreign Country) VA		
	9a. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY			
TOR	3341 Holland Clis		Hunt	ingtown	8 1	Calv	vert			
DIRECTOR	Maryland Cal		Huntingtown				10d. INSIDE CITY LIMITS? 1 TYES 2 TO NO			
ERAL	100. STREET AND NUMBER 3341 Holland Clis	ff Rd.		101. ZIP CODE 2063			USA	OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 5 IF YES, GIVE WAR OR DATES			W yes, sp	CENDENT OF HISPA ecity Cuban, Mexic 2 NO Speci	NIC ORIGIN? (Specify Yean, Puerto Rican, etc.)	city Yes or No— 14. RACE — American Indian, Black, White, etc.  Specify:  White			
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Coflege (1-4 or 5 +)	16a. OECEDENT (Give kind of life. Do NOT	S USUAL OCCUPATION  work done during mouse retired.)	ON ast of working	16b. KIND OF B	USINESS/INDUST			
4	12	Compe (1-4 of 5+)	house	wife						
S S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maide	n Surname)			
BE	Robert S. Arbogas	st			Alice	M. Puff	enbarge	er		
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street a	and Number or Rural	Route Number, City or To	wn, State, Zip Coo	ie)		
-	Melanie M. Gotsis	5	P.O.	Box 998	, Chesap	eake Beach	, MD 20	732		
	20a. METHOD OF DISPOSITION  1 Dariel 2 To Cremellon 3 Date   Removal from State   4 Donation 6 Other (Specify)   Date   Metropolitan Crematory 6-10-93   Alexandria, VA									
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			ND ADDRESS OF FA			20736		
	23. PART I. Enter the disesses, or a shock, or heart failure.  IMMEDIATE CAUSE (Final disesse or condition	List only one cause	on each lina.		da of dying, suc	ch as cardiac or res	piratory srrest	Interval Batween Onset and Death		
	resulting in death)	DUE TO JOF	AS A CONSEQUENCE	sema h:				years		
ATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	If any, leeding to immediate								
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OF	AS A CONSEQUENCE (	OF):						
4	PART II. Other significant condition  Peripheral 80		eth but not resulting	in the underlying	g ceuse given in	PERFO	PAMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN: MEDIC						1 TYES	2 LPN0	OF DEATH? 1 YES 2 NO		
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF OEATH (C)					
448	1 VES 2 NO		VOutpetient 3 DOA			6. Other (Specify)	N. P. P. P. O.			
27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK?  1  YES 2 NO  28d. DESCRIBE HOW INJURY 1  YES 2 NO								:0		
	3 Suicide 6 Could not be determined	28e. PLACE OF IN building, etc.	IJURY — A1 home, farm, (Specify)	atreet, factory, office		281. LOCATION (Street City or Town, Stete	and Number or Fi	lural Route Number,		
COMPLETED		CIAN: To the best of my R: On the basis of exam						use(s) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			SNED (Month, Day, Year)		
) BE	Rallakus	lion			0474			-10-93		
2	30. NAME AND ADDRESS OF PERSON WHO			e, Print)	riora	Findage		20678		
	31. DATE FILED (Month, Day, Year)  JUN 1 1 199	32. EGISTRAR'S	SIGNATURE Pandelle	2	1.00	- REWALL	1/10	20016		



	1 - STATE REGISTRAR	STATE OF MA					IEALTH AND DEATH	MENT	AL HYGIEN	E		/ 10074
	1. DECEDENT'S NAME (First, Middle, Last) Mildred A	nn	McC	losk	еу			Jui	TE OF DEATH	1993	YEAR	3. TIME OF DEATH 11:29 A. M
	4. SOCIAL SECURITY NUMBER 579-44-7912	5. SEX 1  M 2  F	8. AGE (In yrs. Jas	yrs.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DA	TE OF BIRTH		8. BIRTH Count	MPLACE (State or Foreign MD
OR	Physicians Memor		al		9b. CITY,		aPlata			9c. COU	nty of D	EATH
DIRECTOR	RESIDENCE OF DECEDENT  104. STATE  10b. COUNT  Cha	rles		100	Y, TOWN O	R LOCAT						10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			La	Pla		. ZIP CODE			10g. CITI	ZEN OF V	1 NO PART COUNTRY?
FUNERAL	Charles County 11. MARITAL STATUS	Nursing		MED	12 1		20646 ENDENT OF HISPA	NIC OBI	04010 /00 HA - M		U.S	
BY	Never Merried 2 Merried  3 Wildowed 4 Divorced	FORCES? 1 [ IF YES, GIVE WA	YES 2 X	NO	H	yes, sp	ecity Cuban, Mexic 2X NO Spec	an, Puerl	GIN? (Specify Yea to Rican, atc.)	or No-	Speci	E — American Indian, k, White, atc. White
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (She kind of work done during most of working life.)  16b. KIND OF BUSINESS/INDUSTRY (Ghe kind of work done during most of working life.)  16c. COILEGE (1-4 or 5 + 1)  16d. COILEGE (1-4 or 5 + 1)  16d. KIND OF BUSINESS/INDUSTRY												
COMPLETED	12		Hor	ne M	aker		45 1100110010		H C	ome		
BE C	17. FATHER'S NAME (First, Middle, Lest) James McCloske	У					Charl	ott	e Ann	Hun		
5	James Dutton		R	E. I	BOX	(Streat a	93 Whit	Route M	Tains	MD Zip	20	695
	20e. METHOD OF DISPOSITION  10 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	noval from State	20b. PLACE A	AND DATE	of disposition of the colored in the	Cen	n. June	15	93 Pc	omfr	city or To	wn, Stata
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			AR	EH/	ART-ECH	IOLS	FUNEI	RAL	HOM	E, INC.
	23. PART I. Enter tha diseasea, prahock, prheart fellure.  iMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that List only one cause a.	coused tha de o on each line	eath. Do i	not anter	the mo-	de of dyling, au		ardiec or respi	ratory err	eat,	Approximate interval Between Onset and Death
NOI	Sequentielly list conditions, if any, leading to immediate	b	OR AS A CONSE	DUENCE OF	The te	<u>}</u>	Diene					
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (O	PR AS A CONSEC	DUENCE O	F):							
G	PART II. Other algnificant condition	d.										
EDICAL	agment condition	- Contributing to d	aath Dut not r	eeuiting	in the unc	zeriying	ceuse given in	Part I.	24a. WAS AN A PERFORI 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ												1   YES 2   NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		Z T	OTHER	:	ACE OF DEATH (C					
PHYS	27. MANNER OF DEATN	1 Inpetient 2 E 28a. DATE OF IN (Month, Day,	JURY	28b. TIM		28c. INJU			her (Specify) ESCRIBE NOW IN	JURY OCC	URED	
B≺	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF	INJURY At ho		М	1 🗌 Y	ES 2 NO	28f. LC	OCATION (Street a	nd Number	or Rumi S	loute Number
ETEC	4 Homicide detarmined	building, et	c. (Specify)			No.			ty or Town, Stele)	TO TYDYNOO!	O FIGURE 1	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSI (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of m	y knowledge, de mination and/or i	ath occurre	n, in my op	ne, data Inion, de	and place, and du eath occured at the	e to the c	tause(a) and mani	ner as state	ed. e cause(a	) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Jeelher	1				29c. LICENSE NU D-2103					(Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WH Michael Leatherwo	od, MD. W	of DEATH (ITEM	1 27) (Type, Medi	Print)	Pk	PO Ross	2/.0	U-11	£ 11	1 ^	0604
	Michael Leatherwood, MD, Waldorf Medical Pk., PO Box 249, Waldorf, Md. 20604  31. DATE FILED (MOOIT), Day, Your)  32. REGISTRAR'S SIGNATURE											

Pages 1, 2, 3 should

TANT: II

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTAR'S SIGNATURA

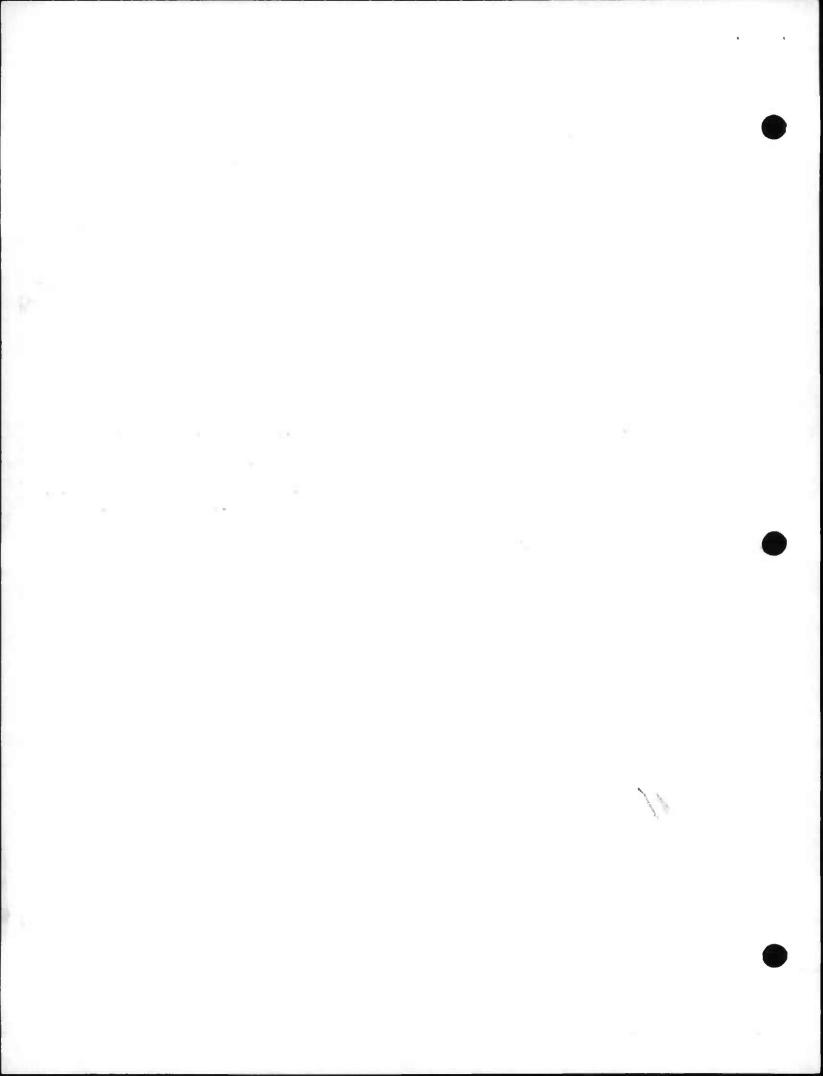
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31. DATE FILED (Month, Day, Year)

death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit		
the hospital o	detached for		once.
e retained by	e 5 should be		item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Page 6 may 1	I director, pag		ner must be
after death.	by the funera	emoval.	lical exami
thin 24 hours	etely filled in	emation, or re	nt, the med
e executed wi	an and compl	nior to burial, cremation, or removal.	umatic ever
n certificate b	inding physici	Hygiene phor	or other tra
that the deat	ed by the atte	h and Mental	any Injury,
law requires	is certificate has been signed by the attending physician and	s after death with the State Dept. of Health and Mental Hygiene price	23 shows
YSICIAN: The	is certificate !	ith the State	ed, or item
TENDING Ph	OR: After th	ther death v	28 is mark
OR A	DIRECTOR	hours a	Item .

93 19075 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 16 ARTHUR (mmn) MCGEE 6 1993 10:14 am 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5 SEX 7. DATE OF BIFTTH (Morth, Day, Year) 2/16/1912 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 216-09-7809 1- M 2 | F 81 YRS Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Fallston General Hospital Fallston Harford RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Harford Abingdon 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 821 Eastridge Road 21009 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, 1 Never Married 2 1 Married BY Specify: 3 Widowed 4 Divorced white BE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
the. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Law Enforcement 12 BAltimore City Police 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) James McGee Mollie Walters 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Helen K. McGee 821 Eastridge Rd. Abingdon, Maryland, 21009 20s. METHOD OF DISPOSITION
1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State cometery, crematory or other place)
Bel Air Memorial Gardens 6-19-93 Bel Air, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Howard K. McComas III Funeral Home, P.A. YO 1317 Cokesbury Rd., 100 121 Abinadon. es, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, 23. PART I. Enter the disea Approximate shock, or heart fellure. Liet only one cause on each line. Interval Betwe IMMEDIATE CAUSE (Final Onset and Death Stenosis disease or condition HOCIL resulting in death) or onas DUE TO (OR AS A CONSEDUENCE OF): congestine hear CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (DR AS A CONSEDUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a, WAS AN AUTOPSY 1 TES 2 NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Flural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide datermined 1 🗹 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. JUNE AND TIPLE OF CERTIFIER 29d. DATE SIGNED (Month, Pay, Year) 29c. LICENSE NUMBER BE MD 3515 2



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ALLEN WILLIS MOORE  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday)   F UNDER 1 YEAR   F UNDER 24 HRS.   (Month. Day Ver)	REGISTRAR  CERTIFICATE OF DEATH  1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH  3. TIME OF DEATH										
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)	YEAR										
(Month, Day, Year)	1993	THPLACE (State or Foreign									
		ntry)									
		ryland									
	e. COUNTY OF	DEATH									
29307 Bartlett Avenue Easton Talbot											
29307 Bartlett Avenue Easton  RESIDENCE OF DECEDENT  100. STATE  100. CITY, TOWN OR LOCATION  Maryland Talbot Easton		10d. INSIDE CITY									
Maryland Talbot Easton		LIMITS?									
40. STREET AND MIMPED	log. CITIZEN OF	WHAT COUNTRY?									
29307 Bartlett Avenue 21601	USA										
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or	No- 14. RA	CE — American Indien,									
		eck, White, etc.									
m 3 Wildowed 4 Divorced		White									
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  [Gene kind of work done during most of working life. Do NOT use refried.]  [Gene kind of work done during most of working life. Do NOT use refried.]	ESS/INDUSTRY										
Elementary/Secondary (0-12) College (1-4 or 5+)											
12 4 Ass't Vice Pres. Ban	king										
12 4 Ass't Vice Pres. Ban 17. FATHER'S NAME (First, Middle, Leet) 18. MOTHER'S NAME (First, Middle, Melden Su	rneme)										
Harry Moore Cora Willis											
19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, s	State, Zip Code)										
Mary V. Moore P.O. Box 1144, Easton, MD 2	1601										
	TION — City or	Town, State									
	lishu	ry, MD									
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY		7.									
Newnam Funeral Home	P.A.										
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiral	Fac	Approximate									
shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. Laure Level Level Level Home Home Due to (or as a consequence of):		Onset and D									
Sequentially list conditions, D. DIE TO COR AS A COMPENSION OF											
ouse. Enter UNDERLYING											
CAUSE (Disease or injury											
thet initiated events  DUE TO (OR AS A CONSEQUENCE OF):  resulting in death) LAST											
d.											
PART II. Other significent conditions contributing to desth but not resulting in the underlying cause given in Part i. 24a. WAS AN AL		4b. WERE AUTOPSY FINDS									
PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AL PERFORM.  1   YES 2		AVAILABLE PRIOR TO COMPLETION OF CAU									
W I	OF DEATH?  1 YES 2 NO										
		I ILS Z NO									
<u> </u>											
	URY OCCURED										
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   PRO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. DATE OF INJURY (Month, Day, Year)  28. PLACE OF DEATH (Check only one)	URY OCCURED										
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 PNO  1 Point of Pending Investigation  28. PLACE OF DEATH (Check only one)											
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1											
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	d Number or Rur										
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	d Number or Rur er as stated.	al Route Number,									
28. PLACE OF DEATH (Check only one)  28. PLACE OF INJURY (Month, Day, Vear)  28. DATE OF INJURY (Month, Day, Vear)  28. DATE OF INJURY AT WORK?  1	d Number or Rur er as stated. due to the coun	al Route Number,									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	d Number or Rur er as stated. due to the coun	al Route Number, se(e) end menner ee state									
28. PLACE OF DEATH (Check only one)  28. PLACE OF INJURY (Month, Day, Vear)  28. DATE OF INJURY (Month, Day, Vear)  28. DATE OF INJURY AT WORK?  1	d Number or Rur er as stated. due to the coun	al Route Number,									
28. PLACE OF DEATH (Check only one)  28. PLACE OF INJURY (Month, Day, Vear)  28. DATE OF INJURY (Month, Day, Vear)  28. DATE OF INJURY AT WORK?  1	d Number or Rur er as stated. due to the coun	al Route Number, se(e) end menner ee state									
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1	d Number or Rur er as stated. due to the coun	al Route Number,									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   VES 2   NO	d Number or Rur er as stated. due to the coun	al Route Number, se(e) end menner ee sta									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

93

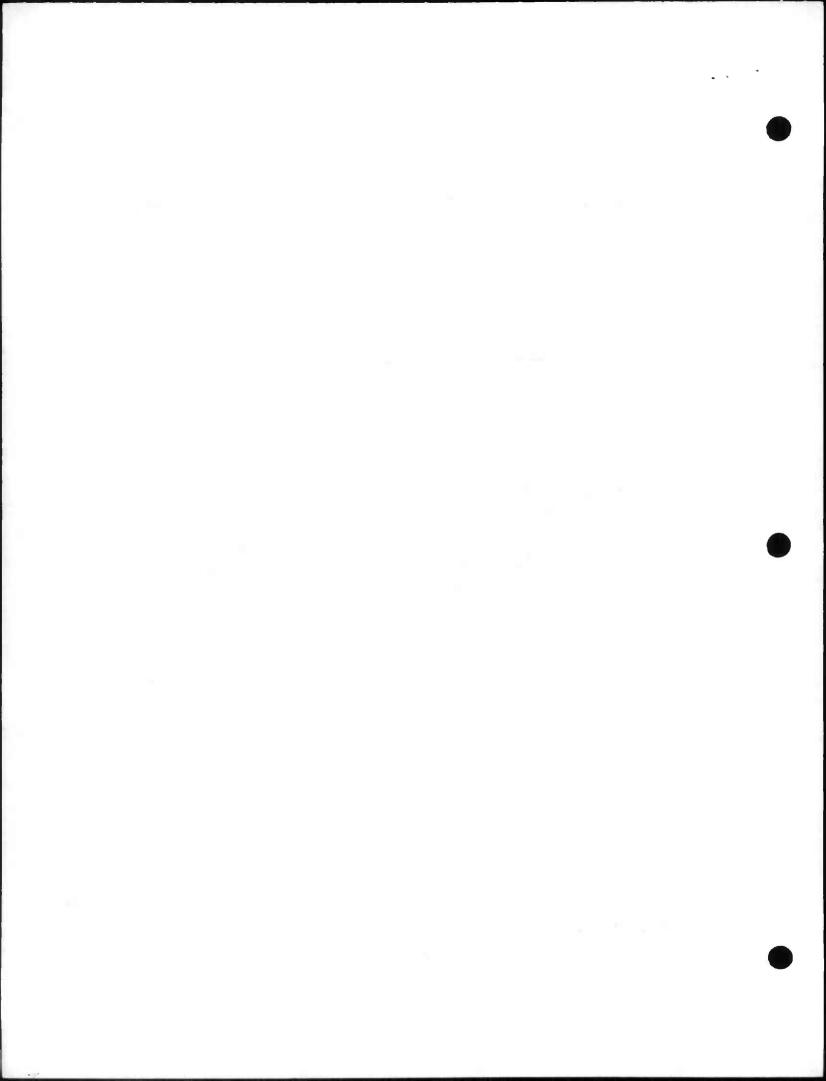
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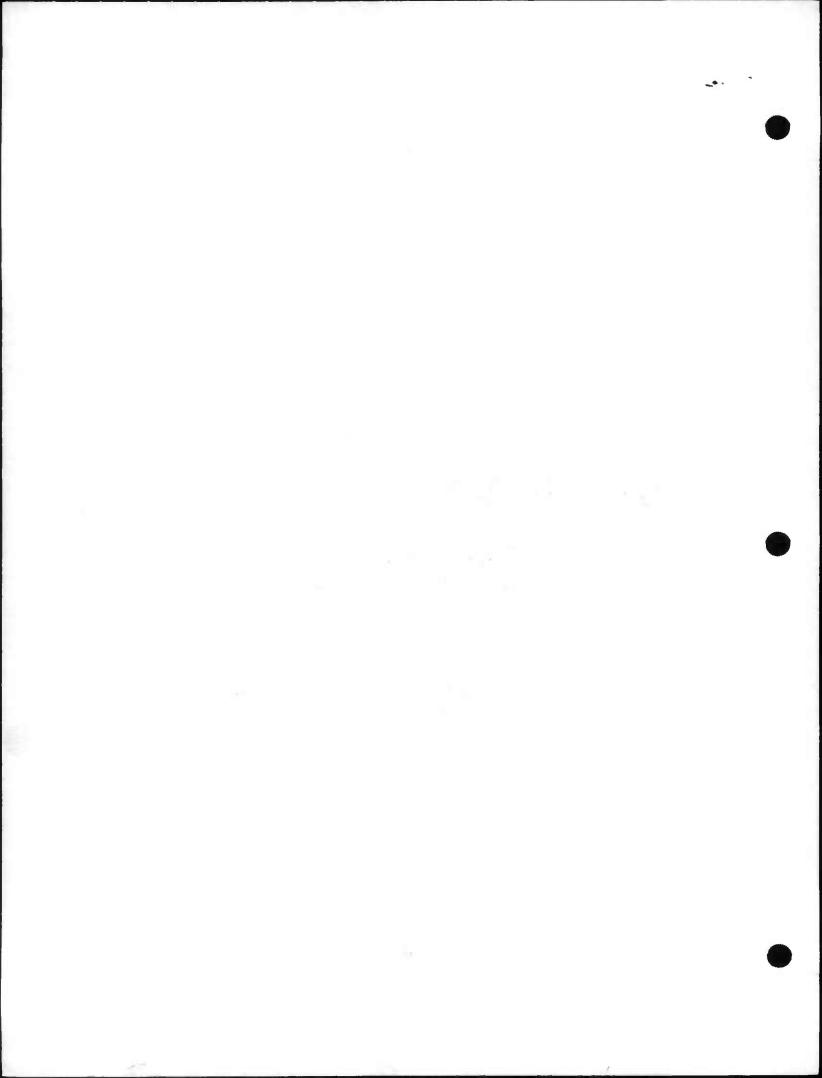
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TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6	AI DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the triperal director
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	1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGII		19077
	Emory Landon  4. SOCIAL SECURITY NUMBER	Milstead	yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRIS.	2. DATE OF DEATH MONTH  JUNE 7. DATE OF BIFTH	15- 19	SERTHPLACE (State or Foreign
	578-03-7767	1⊠M2□F 76	YRS.	IONTHS DAYS	HOURS MIN.	OCE 13,	1916	Maryland
TOR	SOUTHER MANY		~		NTON	EAIH	- done	NCE BEONLES
DIRECTOR	4	w arles		TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 TES 2 NO
FUNERAL	Rt. 1. Box 463-E			101	2064	0		N OF WHAT COUNTRY? USA
B	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN 1 FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, spe		NIC ORIGIN? (Specify in, Puerto Rican, etc.) y:		I. RACE — American Indian, Black, White, etc. Specify: White
PLETED	15. DECEDENT'S EC (Specify only highest gra- Elementary/Secondary (0-12)	College (1-4 or 5+)	18a. DECEDENT'S U (Give kind of wo life. Do NOT use Metal V	rk done during mo retired.)	ON st of working		BUSINESS/INDUS	STRY
BE COMPI	17. FATHER'S NAME (First, Middle, Lest) Joseph Edward Mi	lstead	110001	101.7101		US Government  AME (First, Middle, Meiden Surnume)  Virginia Wheeler		
TO BE	19a. INFORMANT'S NAME (Type/Print) Lillian A. Milste	ead				Route Number, City or SON, Md.		ode)
examiner must	Mark G. Brohawn M00053   Removal from State   Competery, cremetory of other place)   Chicamuxen Church Cemetery   6-18   Chicamuxen, Md.							
ry, or other traumatic event, the medical	23. PART I. Enter the diseases, or shock, or heart failure immediate.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Liat only one cause on each	CONSEQUENCE OF:  CONSEQUENCE OF:  CONSEQUENCE OF:  CONSEQUENCE OF:	317AT	ory 1	n soffi	citaco	Onset and Deat
MEDICAL	PART II. Other significant condition LOW 6 TER	ons contributing to death bu	t not resulting In	the underlying	g cause given in	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS ARALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	HOSPITAL: 1 Limpetient 2 ER/Outpet		OTHER:	ACE OF DEATH (Ch	eck only one) 6 Other (Specify)		
BY PHY	27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJ WO M 1 1	URY AT RK? /ES 2 NO	28d. DESCRIBE HO		
ETED	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY – building, etc. (Specify	Al home, farm, str y)	eet, factory, office		281, LOCATION (Stre City or Town, Str	et and Number or ite)	Flural Route Number,
MP I	one) 2 MEDICAL EXAMI	SICIAN: To the best of my knowle IER: On the basis of examination			eath occured at the	time, date and place,	and due to the o	
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFICATION OF THE SIGNATURE AND ADDRESS OF T	THO COMPLETED CAUSE OF DEAT	M D TH (ITEM 27) (Type, F	rint)	D246	44	1	HIGHEO (MONTH, Day, Year)
	31. DATE FILED (MORE) Por These SO	7501 32. REGISTHARIE SIGNA	SUMMA		RD (	ChinTON	MD	20735
	JUN 2 1 9	3 32. REGISTRARIS SIGNA	uidson-Nans	432				

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
280	1. DECEDENT'S NAME (First, Middle, Last)  Maryland Llo				2. DATE OF DEATH June 16, 199		3. TIME OF DEATH 12:30 P. M		
	219-34-8790	5. SEX 6. AGE (In yrs. last bli	7. DATE OF BIRTH (Month, Day (bar)	1909 Wa	SIRTHPLACE (State or Foreign South)				
TOR	ao. FACILITY NAME (Il not institution, give stree  182 Kentucky Avenue RESIDENCE OF DECEDENT	(Residence)		wn or location of d aPlata	EATH	9c. COUNTY OF DEATH Charles			
DIRECTOR	Maryland Charl	es	Dents	ocation 7ille/La P	lata	10d. INSIDE CITY LIMITS? 1 YES 2 Nuo			
FUNERAL	182 Kentucky Avenu	е	101. ZIP CODE 20646			10g. CITIZEN OF WHAT COUNTRY? USA			
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 NO IF YES, GIVE WAR DR DATES	It ye	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or it yes, specify Cuban, Mexican, Puerto Rican, etc.)  1  YES 2 NO Specify:			r No-  14. RACE — American Indian, Black, White, etc.  Specify: White		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) (Give I life. Do	DENT'S USUAL OCCU kind of work done during NOT use retired.) IOUSEWITE	RY					
BE COI	17. FATHER'S NAME (First, Middle, Lest) Leland S. Caskey			18. MOTHER'S NA	ME First, Middle, Maiden Zebeth Broo	SKS (			
TO	19m. INFORMANT'S NAME (Type/Print) Elizabeth L. Bowli		AAILING ADDRESS (SI 32 Kentuc)	reet and Number or Rural  CY AVE., De	Aoute Number, City or Tow entsville,	n. Stelle, Zip Code Md. 20	646		
	20a. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Remova 4 Donation 6 Other (Specify)	of from State   cametery.cremater		al Gardens	6-21 Wa	ldorf,			
	21. SIGNATURA OF FUNERAL SERVICE LICEN  Mark G. Broha	wn M00053	P.		6, Waldorf				
23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):							Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST								
	PART II. Other algnificent conditions of	contributing to death but not rea	ulting in the under	tylna ceuse alven in	Part I. 24s, WAS AN	Algropey	24b, WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL	attrosile		PERFOR	RMED?	AMILADALE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 ND				
SICI		IOSPITAL:	OTHER:	6. PLACE DF DEATH (Ch Home 5 Residence	F DEATH (Check only one)				
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	6b. TIME OF 186	. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURE	D		
	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — At home, building, etc. (Specify)	, ferm, street, factory,	office	261. LOCATION (Street a City or Town, Stete)	reet and Number or Rural Route Number, Rete)			
COMPLETED		N: To the best of my knowledge, death On the beele of examination and/or invest					use(e) and manner on stated.		
B	29b. SIGNATURE AND TITLE DF CERTIFIER	Long Bul	ue M	29c. LICENSE NUI D-01009	MBER	29d. DATE SIG	NED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO C Henry L. Burke, M.D., 1				a, Maryland	20646			
	Henry L. Burke, M.D., 115-A LaGrange Avenue, P. O. Box 591, LaPlata, Maryland 20646  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  Julia Suridan Rodelle								



	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF				MENTAL HYGIEN REG. NO.		93	19079
	1. DECEDENT'S NAME (First, Middle, Lest) DOROTHY MARY SMOO	ΣT		1	1ARSHALI		JUNE 17,	1993	3 YEAR	10:33 P M
			(In yrs. last birthday)	IF UNDER 1	YEAR IF U	NDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPI Country)	LACE (State or Foreign
	218-14-2035 198. FACILITY NAME (If not institution, give stree	Λ	72 YRS.	as corv	TOWN OR LOC	NATION OF D	FEB. 16,1		MARY.	
5	PHYSICIANS MEMORIAL I	HOSPITAL		LA PLA		ATION OF DE	EATH	CHARI	ITY OF DEA	тн
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY									
DIRECTOR	MARYLAND CHARI	EC	10c. CITY, TOWN OR LOCATION POMONKEY							Od. INSIDE CITY LIMITS?
	100, STREET AND NUMBER	JE D	POM	ONKEY	10f, ZIP C	ODE		1 YES 2XXNO		
FUNERAL	ROUTE #224				2	20640			ED S	
15		N U.S. ARMED	13. W	AS DECENDEN	T OF HISPAN	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)		14. RACE -	- American Indian, White, etc.	
8	1 Never Married 2 Married 3 Widowed 4 Divorced	ATES		☐ YES 2 XX				Specify:		
							16b. KIND OF BUS	INESS/IND	USTRY	BLACK
<u> </u>	(Specify only highest grade completed)  (She kind of work done during most of working life. Do NOT use retired.)									
COMPLETED	12TH GRADE		DOMESTI	C WOR			PRIVAT		ILY	
	17. FATHER'S NAME (First, Middle, Last) MARION SMOOT						ME (First, Middle, Maiden	,		
BE	19a, INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS			TH YATES SI		Codel	
2	ALICE D. FREELAND						AN HEAD, M			20640
	20e, METHOD OF DISPOSITION  1 \( \tilde{\tilde{B}}\) Burlel 2 \( \tilde{C}\) Cremation 3 \( \tilde{R}\) Remove  4 \( \tilde{D}\) Donetion 5 \( \tilde{D}\) Other (Specify)	from State 20th	PLACE AND DATE	OF DISPOSIT	ION (Name of		DATE 20c. LOC	CATION — C	MARY	, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICEN		7 .	22, N	AME AND ADD	DRESS OF FA	CILITY	.ioivi,	TIME	LLAND
	alidia C. THORNI	ON JOHNSON	Arson				NERAL HOME 1 BOX 115	POMON	KEY,	MD. 20640
	23. PART I. Enter the diseases, or comehock, or heart feilure. List	plications that caused t only one ceuse on e	d the death. Do i	not enter t	he mode of	dylng, suci	h ae cardlec or reepir	ratory arre	eat,	Approximete interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	C PR	DEAC		AR	RE	ST			Onset and Death
N	Sequentially list conditions, b	SEVER	E	201	GE	STLI	IE HE	ART	_	
ATI	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O	F):			FALL			
띪	CAUSE (Disease or Injury c that Initiated events	DUE TO (OR AS A	CONSEQUENCE OF	F):						
CERTIFICATION	resulting in death) LAST									
CAL C	PART II. Other aignificent conditions c	ontributing to deeth b	ut not reaulting	In the und	erlying ceus	se given in	Part I, 24a. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
2	ATHERO	SCLERO	TIC !	HEA	RT	DISE	ASC PERFORM	WED?	AA Co	MILABLE PRIOR TO OMPLETION OF CAUSE
WE	DIABETE	≥ S M	ELLI	TUS				A NO		F DEATH?
ž										
PHYSICIAN: MEDI		OSPITAL:		OTHER:	26. PLACE O	F DEATH (Che	ack only one)			
HYS	1 TYES 2 NO 11	28e. DATE OF INJURY	atient 3 DOA 26b, TIM	-	8c. INJURY AT	-	8 ☐ Other (Specify)  28d. DESCRIBE HOW IN	IIIBY OCC	HEED	
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	URY M	WORK?		200. DESCRIBE NOW IN	JOH! OCC	ONED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, s	street, factor	y, office		28f. LOCATION (Street ar City or Town, State)	nd Number c	or Rural Rout	te Number,
Ē										
COMPLETED	(Check only one)  298. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAL (Check only one)  2 MEDICAL EXAMINER: C									nd manner as stated.
w	29s. SIGHATURE AND TITLE OF CERTIFIER	manga	ulla			JCENSE NUM	BER	29d. DATE	SIGNED (M	onth, Day, Year)
TO B					D-2	26064		▶ 6	-18	-93
	30. NAME AND ADDRESS OF PERSON WHO C Vidyasagar Anmangandla,	MD. Route 5 au	ath (ITEM 27) (Type, and Golden	Print) Beach 1	Road P.(	D. Box	282 Charlotte	Hall.	, Marv	land 20622
	31. DATE FILED (Month, Day, Year) 93	32, REGISTRAR'S SIGN.								



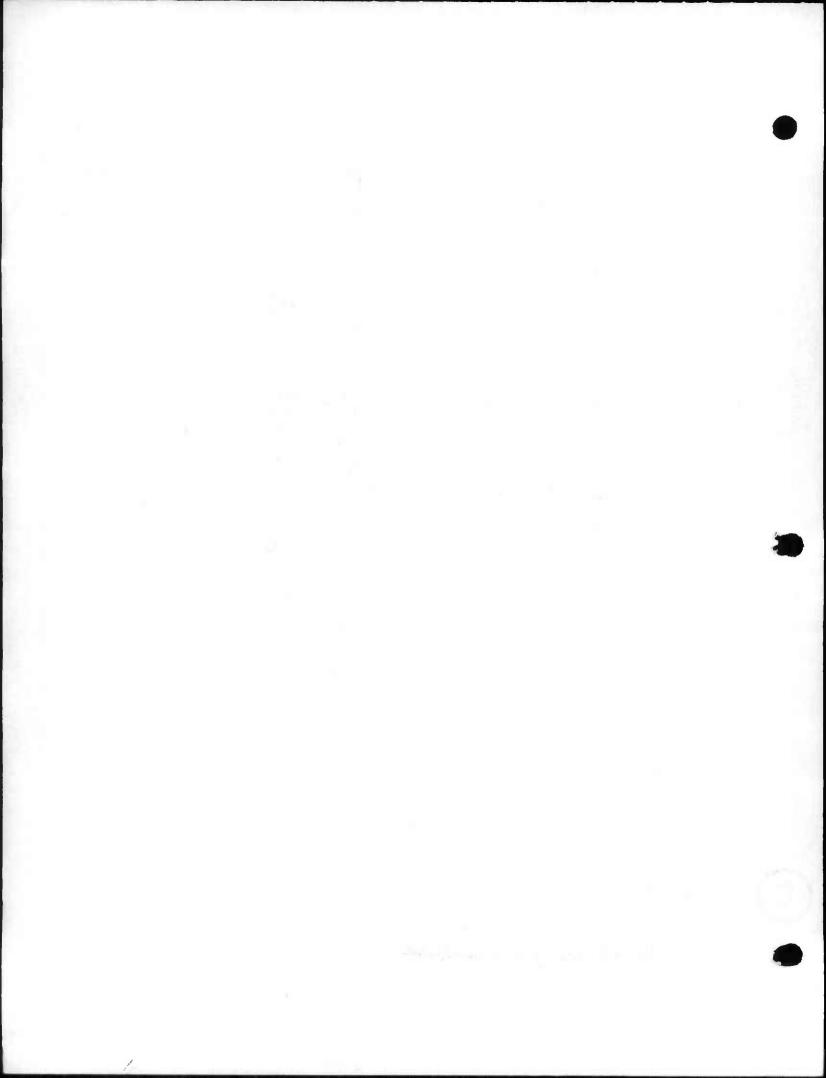
DSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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IN THINEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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filled	ithin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	he n
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Lulia Laurdson

	FOR 1 - STATE REGISTRAR	STATE OF MA			TMENT OF				H <b>YGIEN</b> REG. NO.		93	1908
	1. DECEDENT'S NAME (First, Middle, Last)	uyene	m	401	r5			2. DATE OF MONTH	D		3 E	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-76-9395 90. FACILITY NAME (If not institution, give st	1 M 2 D F	1 → M 2 □ F 73 YRS.					7. DATE OF BIRTH (Month, Day, Year) 08/04/1919 EATH 9c. COUR		9 K	6. BIRTHPLACE (State or Foreign Country)  Knoxville, MD  ATY OF DEATH	
TOR	Montevue Nursing	Home			Fr	edei	cick			Fre	eder	ick
DIRECTOR	Maryland Fred	erick			Y, TOWN OR LO							LIMITS?  YES 2 ND
FUNERAL	100. STREET AND NUMBER  South Mountain R	oad				CODE 1758	1	10g. CITIZEN OF WHAT			COUNTRY?	
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAF	YES 2 N		13. WAS DECENDENT OF HISPANIC ORIGIN If yes, specify Cuben, Mexicen, Puerto I 1 VES 2 XNO Specify:			n, Puerto Rici		or No- 14.	RACE — Black, W Specify:	American Indian, hite, atc. White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Gl	CEDENT'S Ive kind of a Do NOT us	USUAL OCCUP work done during se retired.)	PATION most of	working	18b. KI		SINESS/INDUS	TRY	
BE COM	17. FATHER'S NAME (First, Middle, Last)  James Lee Myers		1 100	JILE		Marie IV	MOTHER'S NA	AME (First, Mide	dle, Malden	Surname)		
TO B	19a. INFORMANT'S NAME (Type/Print)  Brenda Swiger  20a. METHOD OF DISPOSITION		20b. PLACE	3710 of Dispo	Poffen SITION (Name of	ber	ger Rd		fers		217	
	Comment   Comm					E AND A	DORESS OF FA			Knoxvi 1 Home unswic		MD 21716
	23. PART I. Enter the diseases, prospective immediate CAUSE (Finel disease proposition resulting in death)	Epmplications that class only one cause	coused the deson each line	ath. Do	hea hea	mode t	of dying, auc	1.		Iratory erreet		Approximete interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events raeulting in death) LAST	DUE TO (O	OR AS A CONSECUTE AS	DUENCE D	F):							
PHYSICIAN: MEDICAL C	PART II. Other algoriticent condition	e contributing to d	eath but not r	eeulting	in the under	lying ca	ouse given in		4a. WAS AN PERFO	RMED?	AM CC OF	RE AUTOPSY FINDINGS ANLABLE PRIOR TO IMPLETION OF CAUSE DEATH?  YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		OF DEATH (C/		Specify)			
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day)		26b. TIR	ME OF 28c	. INJURY WORK?	AT			INJURY OCCUP	RED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, et	INJURY — At ho ic. (Specify)	ome, farm,	atreet, factory,	office			ION (Street Town, State	end Number or )	Rural Rout	e Number,
COMPLET	29e. CERTIFIER (Check only one) 1 LEERTIFYING PHYSI CHECK ONLY 2 MEDICAL EXAMINE										:euse(e) er	nd menner as stated.
TO BE	296. BIOGRAPHICAND TITLE OF CERTIFIED  30. NAME AND ADDRESS OF PERSON WHI	llille	DE DEATH ATE	/	10	29	C. LICENSE NU	1 7 9	3	29d. OATE S	GP (M	Pay 93



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r attending p	use as the l	
4YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe	
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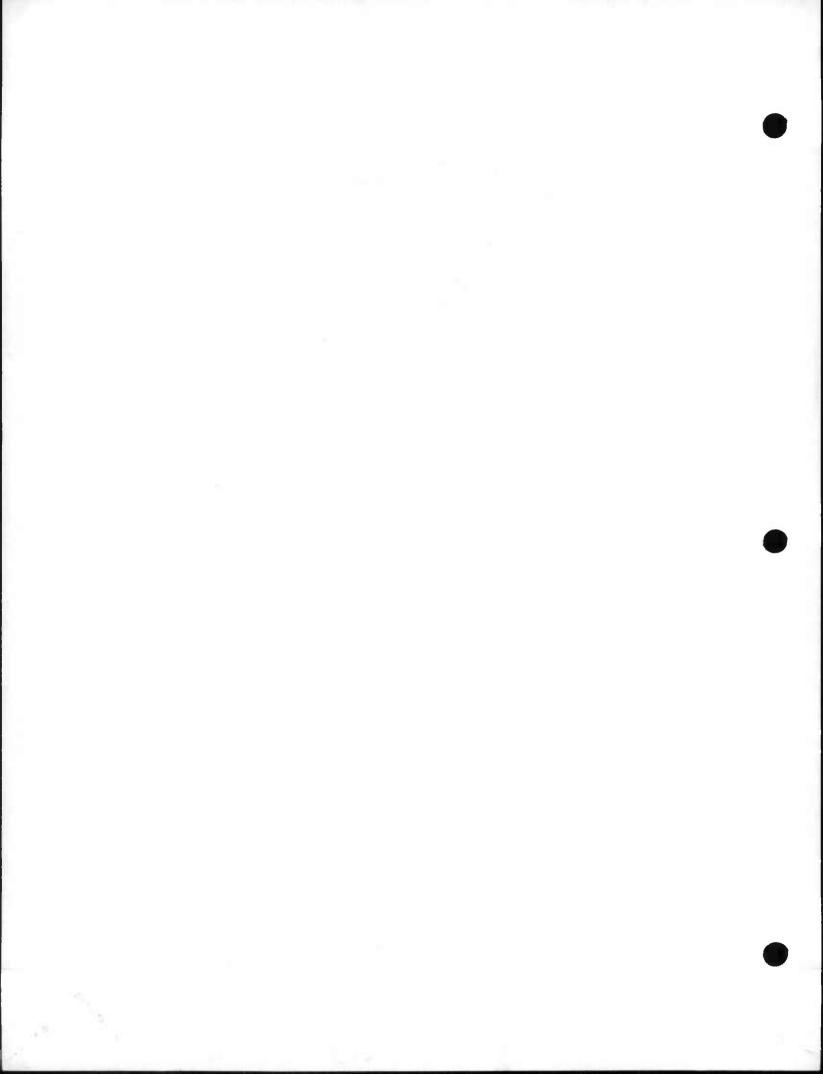
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Lilv Linton May 93 25 12:00 Рм 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign HOURS 1 M 2 F 214-10-4329 YRS. Maryland 87 6-27-1905 9a. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Reeders Memorial Home Boonsboro Washington 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? Maryland Washington Boonsboro XX YES 2 NO 10e, STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 141 Main Street 21713 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES WAYNO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES BY Specify: 3XXWidowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life, Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Seamstress College (1-4 or 5+) Sewing Factory 8 must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Catherine Tyler David Franklin Linton BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street end Number or Flural Floute Number, City or Town, State, Zip Code) P.O. Box 102, Point of Rocks, Maryland 21777 Mrs. Lily V. Brewer 20a. METHOD OF DISPOSITION

1 Neuriel 2 Cremation 3 Rem

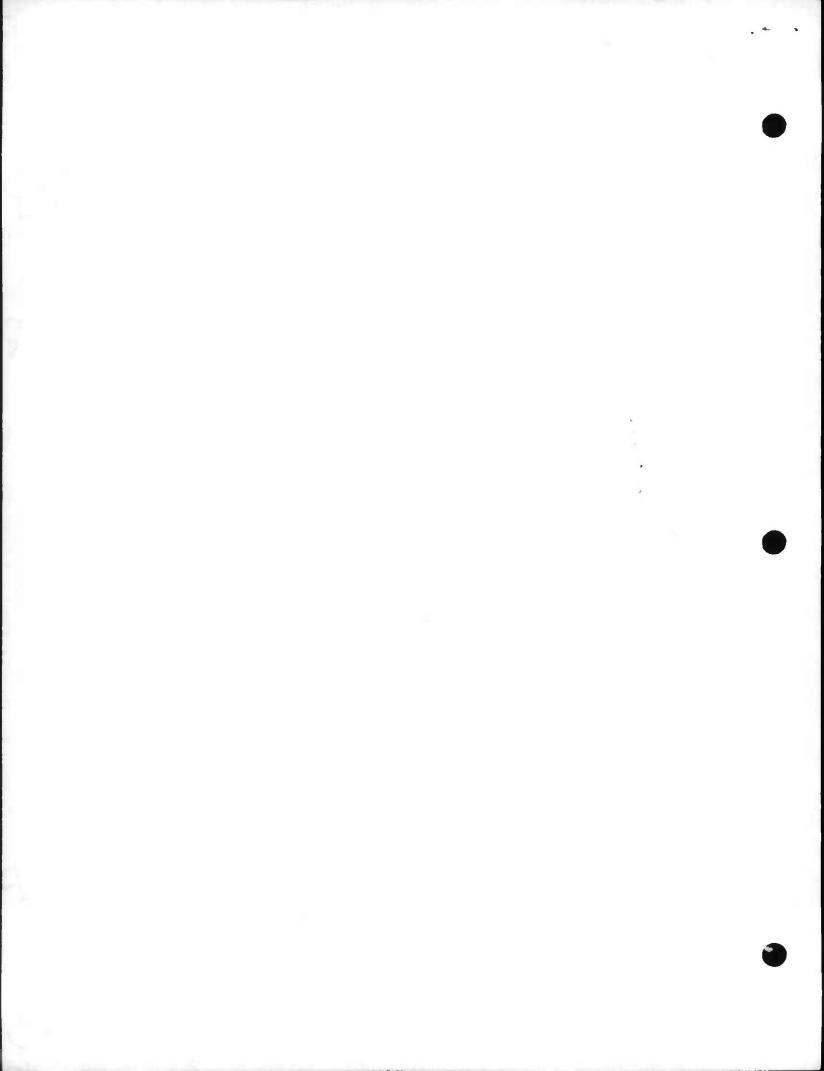
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State Rocky Springs Cemetery May 29, 1993 Frederick, Md. the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Keeney and Basford P.A. Funeral Home MO0255 106 East Church St., Frederick, Md. 21701 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heert feliure. List only one ceuse on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final DUE DO (OR AS A CONSEQUENCE OF) resulting in death) Nem 23 shows any Injury, or other traumatic event, PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART il. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF OEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA Nursing Home 5 - Residence 8 - Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? TO THE FUNERAL DIRECTOR: After this ce be filed within 72 hours after death with timPORTANT: If Item 28 is marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Natural Accident 5 Pending Investigation BY 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

MEDICAL EXAMINER: On the basic of examination-endior investigation, in my opinion, death occurred at the time, date and place, and due to the c occured at the time, date and place, and due to the ceuse(e) end menner ee stated. 296. SIGNATURE AND TITLE OF CERT 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 5/26/ 193 0 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Robert L. Kaufmann MD 300 West Ninth St., Frederick, Md. 21701 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE MAY 2 8 1993 Julia Savidson-Randell



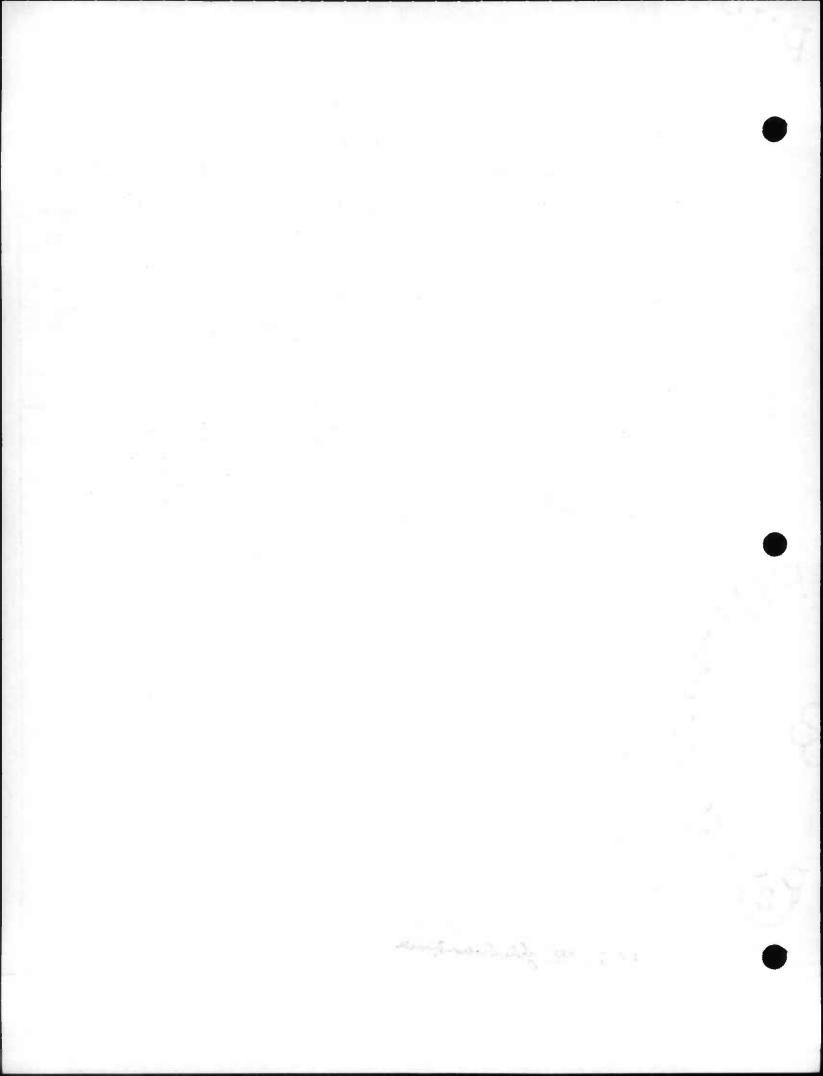
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	1 - STATE REGISTRAR	STATE OF MARYL	CERTIFIC	ATE OF		REG. NO			
- 1	1. DECEDENT'S NAME (First, Middle, Las		IBSON MI	SER		2. DATE OF DEATH	-14-9	3. TIME OF DEATH	
	MISES	HATTE					4 73	18400	
	4. SOCIAL SECURITY NUMBER		M	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	C	IRTHPLACE (State or Foreign country)	
	414-40-6472		83 YRS.			9-10-19	09 T	ennessee	
Œ	94. FACILITY NAME (If not institution, give				OR LOCATION OF DE	ATH	9c. COUNTY		
CTOR	Howard County		spital	C01	umbia		How	ard count	
DIRE	MO STATE 10b. COUN		1000	TOWN OR LOCAT				10d. INSIDE CITY LIMITS?	
	Maryland Ho	ward County	Ell	icott				1 🔀 YES 2 🗌 NO	
RAL	3772 St. Paul	Stroot		101	21043			OF WHAT COUNTRY?	
UNER	11. MARITAL STATUS	12. WAS DECEDENT EVER I	NUS ARMED	12 WAS DEC		IIC ORIGIN? (Specify Ye		SA RACE — American Indian.	
ш	1 Never Married 2 Married	FORCES? 1 YES	2 XNO	if yes, sp	ecify Cuban, Mexica	n, Puerto Rican, etc.)	- 3	Black, White, etc.	
ВУ	3√√ Widowed 4 □ Divorced	1 120, 0012 1001 011	WI ES	1 1 123	2 NO Specify	•		specify: white	
	15. DECEDENT'S Et (Specify only highest gra		16a. DECEDENT'S US	WAL OCCUPATION		16b. KIND OF BU	SINESS/INDUST		
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use i	etired.)					
COMPL	17. FATHER'S NAME (First, Middle, Last)	own	Homema	ker		Own H			
	Doll	Gibso	n		Betsy	ME (First, Middle, Maiden	unkno	· m )	
BE	19a. INFORMANT'S NAME (Type/Print)	01050		MOSSS /Creed o		Route Number, City or Tox			
5	Ms. Elsie Rino	1102						21043	
	20m. METHOD OF DISPOSITION		. PLACE AND DATE OF				LICOTI	t City,MD	
`	XXBuriel 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	moval from State cen	netery, cremetory or othe	r place)		1		ttsville,	
	21. SIGNATURE OF FUNERAL SERVICE		LESCIAWI	22. NAME AN	D ADDRESS OF FA	-10-32 N	allio	ctsville,	
	XII Lille	110.1	M00535			ral Home		•	
RTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR AS A	A CONSEQUENCE OF):			Seciela		Suchi	
AL CE	PART II. Other significant conditions	ons contributing to death b					AUTOPSY	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO	
EDIC						1 YE\$ :	P □ NO	OF DEATH?	
Σ.						-		1 TES 2 NO	
IAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	ock only one)			
Sic	EXAMINER?	HOSPITAL:		THER:	e 5 🗆 Residence	6 Other (Specify)			
PHYSICI	27. MANNER OF DEATH	28a. DATE DF INJURY	28b. TIME (	OF 28c. INJ	URY AT	28d. DESCRIBE HOW	NJURY OCCURE	D	
ВУ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		PRK? YES 2 NO				
ED	3 Suicide 8 Could not b	26s. PLACE OF INJURY	— At home, farm, stre	et, factory, office		281. LOCATION (Street and Number or Flural Route Number, City or Town, State)			
APLET		/SICIAN: To the best of my know							
COMPL	one) 2 MEDICAL EXAMI	NER: On the basis of examinatio	n and/or investigation,	In my opinion, d	eath occured at the	time, date and place, as	nd due to the car	ree(s) and manner as state	
ш	296. SKANATURE JUND TITLE OF CERTIF	IER			29c. LICENSE NUM	IBER	29d. DATE SIG	INED (Month, Day, Year)	
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TO B	30, NAME AND ADDRESS OF PERSON V	VHD COMPLETED CAUSE OF DE			A	C .	,	711	
	30. NAME AND ADDRESS OF PERSON V	OND COMPLETED CAUSE OF DE CAUS	Ettre Put	ine) UKSI	R	Cluu	In 7	no za	



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	1. DECEDENT'S NAME (First, Middle, I an						2. DATE	OF DEATH		XEAR 3. T	IME OF DEATN
		I. MacDONA	LD				Juv		4	93,	9:30 P
	4. SOCIAL SECURITY NUMBER	1 . /	E (In yrs. lest birthde	MONTHS DA		DER 24 HRS.	7. DATE	OF BURTH		Coughty)	E (State or Foreign
- 4	9a. FACILITY NAME IN not institution, give	M 2 M 2	86_ YRS				-	4-190		Michi	
TOR	2									timore	•
DIRECTOR	MD Anne	10c. (	CITY, TOWN OR LOCATION Annapolis					10d. INSIDE CITY LIMITS? 1 TYES 2		I MAITC?	
FUNERAL									en of what ted St		
B√	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	IN U.S. ARMED S 2 XXX DATES	13. WAS	DECENDENT , specify Cu YES 2 Z.M	Pan, Mexica D Specifi	NIC ORIGINA In, Puerto y:	I? (Specify Ye Rican, etc.)	ns or No— 1	- 14. RACE - American Indian, Black, White, etc. Specify: White		
	15, DECEDENT'S EC (Specify only highest gra	DUCATION ade completed)	16a. DECEDENT	'S USUAL OCCUI	ATION 7 most of wor	rkina	16b	KIND OF BU	JSINESS/INDU	STRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Nws 6		during most of working			He	Health Care		
BE CO	17. FATHER'S NAME (First, Middle, Lest) William Leo				18. MC		ME (First, I	Middle, Maider LCL	n Sumame)		
2	19a. INFORMANT'S NAME (Type/Print)	. 0 .1		NG ADDRESS (St							1.400
	James M. MacDona			8 Oglet		ad A	-				
	20s. METHOD OF DISPOSITION  1. Pourlei 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of competent, gremajory or other place)  SS Peter & Paul Cemetery 6-17-93 Springfield, PA										
	A Donation 5 Other (Specify) SS Peter & Paul Cemetery 6-17-93 Springfield, PA  22. NAME AND ADDRESS OF FACILITY Tokes M. Taylor Except all Ho										
	Lange	22. NAME AND ADDRESS OF FACILITY John M. Taylor Funeral Ho 147 Duke of Gloucester St. Annapolis, MD									
	23. PART 1. Enter the diseases, o ehock, or heert feiture IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Probable	eech line.	147 p not enter the	Duke	Of Gl	Louce	ster.	St. An	inapol	Approximate interval Betw
	iMMEDIATE CAUSE (Finel disease or condition	a. Probable OUE TO (OR AS OUE TO (OR AS	eech line.	147 p not enter the provide (conf):	Duke	Of Gl	Louce	ster.	St. An	inapol	Approximate interval Betw
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FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF GEATH 1993 YEAR ЮНТН DAY TERENCE NMN McCLEAN 14 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign HOURS 95 SHTHON DAYS BELFAST - IRELAND XXX M 2 F 217-03-6517 YRS. 1-14-1898 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ANNAPOLIS, ANNE ARUNDEL ANNAPOLIS CONVALECENT CENTER INC DIRECTO 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY UMITS? ANNE ARUNDEL RURAL MD permit. FUNERAL 10a STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 21403 burial-transit 3744 THOMAS POINT ROAD 12. WAS DECEDENT EVEN IN U.S. ARMED FORCES? 1 4 VES 2 100 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Ri 1 YES 2 2-180 Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: WHITE Widowed 4 Divorced В use as the COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
PATENTY WAS SOUTH DECORATOR 16b. KINO OF BUSINESS/INDUSTRY SELF EMPLOYED Po Elementary/Secondary (0-12) College (1-4 or 6+) detached 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname)
EMMA RUSTX RUST MATTHEW Mc CLEAN 8 76 d in by the funeral director, page 5 should or removal. notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) THERESA I. DEARBORN SAME AS 10 E 9 20a. METNOD 07/05POSITION
1 □ Burlal 2 □ Cremation 3 □ Ramoval from Stata 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, Stata must cometery, crampely Rober placed REM BALT. MD. 4 Donation 8 Other (Specify) \_\_ medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1922 FOREST DRIVE CHARLES E. HICKS 111 HOUSE OF HICKS F. SER. ANNAPOLIS, MD. 2140 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between filled Onset and Desth IMMEDIATE CAUSE (Final ysician and completely fille prior to burial, cremation, the th disease or condition resulting in death) ZHEIMER DISEASE WITH DEMENTIA event, YEARS OUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate the attending physician Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events or other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY and the shows any Health a 1 YES 2 NO OF DEATH? 1 | YES 2 | NO t, of h has be Dept. ( PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) Hem certificate h the State d, or Item OTHER:
4 Nursing Nome 5 Residence 6 Other (Specify) HOSPITAL -1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, with w 1 Natural 2 Accident 5 Pending 1 YES 2 NO BY After death Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is 3 Suicide COMPLETED TO THE HOSPITAL OR ATTEND TO THE EUNERAL DIRECTOR: , De float within 72 hours after ( 4 Homicide datarmined Hem 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MPORTANT: H 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, 29c. LICENSE NUMBER BE 1993 NUN 11120 2

COMPLETED CAUSE OF DEATH (ITEM 27) (Typg. Print)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

93

MARY SEE STATE OF LINE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

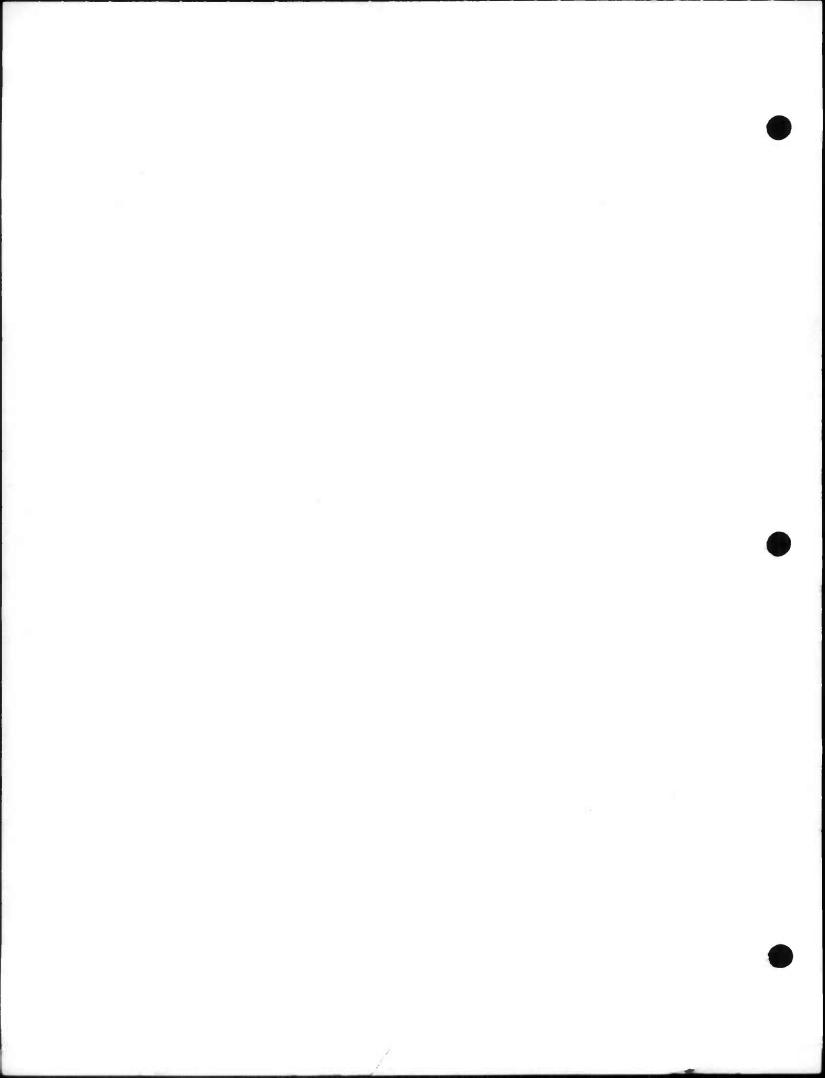
Thomas

5 1993

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1	1. DECEOENT'S NAME (First, Middle, Las	()					DEA		2. DAT	REG. N	Ю.	T	3. TIME OF DEATH
	Glen	Franklin		Morri	S				MON		1 ()	YEAR 93	9:08 P
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.	last birthday)	IF UNDER			24 HRS.	7. DAT	OF BIRTH		6. BIRTHP	LACE (State or Foreig
	030-09-8890	1 💢 M 2 🗆 F	81	YAS.	MONTHS	DAYS	HOURS	MIN.	01	-08-1	912	Saxo	
~	9e. FACILITY NAME (If not institution, give	e street and number)			9b. CITY, TOWN OR LOCATION OF DEATH					9c. COU	9c. COUNTY OF DEATH		
DIRECTOR	Memorial Hos	pital			Ea	sto	n				Ta	lbot	
C E	10a. STATE 10b. COUN	ety .		10c. CITY,	TOWN O	R LOCAT	ION						IOd. INSIDE CITY
		tgomery		Sil	ver	Spr	ing						YES 2 N
FUNERAL	10e. STREET AND NUMBER					101	. ZIP COO				10g. CIT		IAT COUNTRY?
N N	112 Farmgate Lai			Taribara .			209					USA	
	1 Never Married 2 X Merried		YES 2		11	yes, sp	ecify Cub	ın, Mexica	in, Puerto	N? (Specify 'Rican, atc.)	Yea or No	14. RACE - Black,	<ul> <li>American Indian, White, etc.</li> </ul>
BY	3 Widowed 4 Divorced		-1945		'	∐ YES	2 □ <u>K</u> NO	Specif	y:			Specify	White
	15. DECEDENT'S ED (Specify only highest gra	DUCATION		OECEDENT'S U	JSUAL OC	CUPATIO	N et of worki		16	b. KIND OF E	BUSINESS/IN	DUSTRY	***************************************
COMPLETE	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT use	retired.)	_		'ry					
M	17. FATHER'S NAME (First, Middle, Last)	2		Purch	asin	g A				-	eerin	g	
-								el H		Middle, Maide	en Sumeme)		
B	George Morris  19a. INFORMANT'S NAME (Type/Print)			19b. MAILING A	ADDRESS	(Street e					rum State 76	Code	
2	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  112 Farmgate Lane Silver Spring, MD 20905								5				
	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City of Town, State												
	1   Burlel 2XXCremation 3   Removal from State 4   Donation 5   Other (Specify)   Ft. Lincoln Crematory 6-12-93 Brentwood, MD.												
	21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE			22. N	AME AN	D ADDRE	SS OF FA	CILITY				
	Bundo	* Ca	hill		11	800	New	Ham	pshi		e. Si		Spring,
	23. PART I. Enter the diseases, or shock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Oss	hell it coused that use of each if	xiat	11	800	New	Ham	pshi	re Av	e. Si		Approximat Interval Bat
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Divilio, M.D. 404 Marvel Court, Easton MD

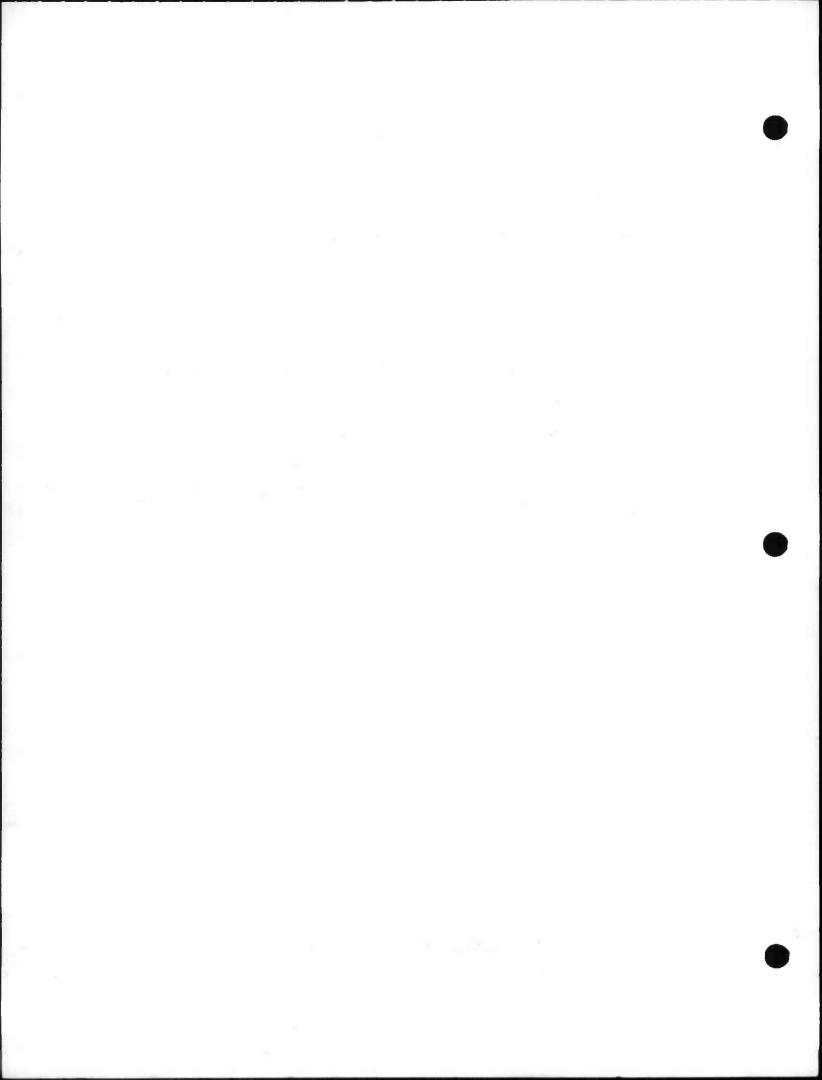


BALTIMORE, MARYLAND 21215-0020

A RITERIONS PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

M. ARECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be used to see as the bunal-transit permit. Pages 1, 2, 3 should be used to see the bunal-transit permit. Pages 1, 2, 3 should be used to see the bunal-transit permit. Pages 1, 2, 3 should be used to see the bunal-transit permit. Pages 1, 2, 3 should be used to see the bunal-transit permit. Pages 1, 2, 3 should be used to see the bunal-transit permit. Pages 1, 2, 3 should be used to see the bunal-transit permit. Pages 1, 2, 3 should be used to see the bunal-transit permit. Pages 1, 2, 3 should be used to see the bunal-transit permit. Pages 1, 2, 3 should be used to see the bunal-transit permit. Pages 1, 2, 3 should be used to see the bunal-transit permit. Pages 1, 2, 3 should be used to see the bunal-transit permit. Pages 1, 2, 3 should be used to see the bunal-transit permit. Pages 1, 2, 3 should be used to see the bunal-transit permit. Pages 1, 2, 3 should be used to see the bunal-transit permit. Pages 1, 2, 3 should be used to see the bunal-transit permit per

	REGISTRAR		CERTIF	ICATE C	F DEATH	REG. NO			
9	1. DECEDENT'S NAME (First, Middle, Less	Annie Brown	n McNaught	on		2. DATE OF DEATH MONTH June 15,	AY Y	3. TIME OF DEATH 5:05 P M	
9	4. SOCIAL SECURITY NUMBER 318-03-8970	5. SEX 8. A	GE (In yrs. last birthday) 89 YRS.	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year) May 25, 19	8.	BIRTHPLACE (State or Foreign Country)	
	90. FACILITY NAME (If not institution, give		1110.					Scotland	
~		,			N OR LOCATION OF	DEATH	9c. COUNTY	OF DEATH	
0	Suburban Hospita			Bethe	sua ——————	Mon	Montgomery		
입	10e. STATE 10b. COUN	TY	10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY	
DIRECTOR		tgomery		Rockvil				LIMITS?	
FUNERAL	100. STREET AND NUMBER  3 Su	rry Court			20850		1	ted States	
8	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF	ES 2XXNO	13. WAS	e or No— 14. RACE — American Indian, Black, White, etc.  Specify: White				
COMPLETED	15. DECEDENT'S ED		16a. DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BU	SINESS/INDUST		
<u> </u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of v	work done during se retired.)	most of working				
뢰		2	Busine	ss Sup	ervisor	Teleni	none Co	mnany	
§	17. FATHER'S NAME (First, Middle, Last)			DD Dap		AME (First, Middle, Maiden		мрану	
	Thomas Mathies	on. Sr				a Frame			
8	19a. INFORMANT'S NAME (Type/Print)	U., D.	19b. MAII INC	ADDRESS /S		A Flame Route Number, City or Tow	on State 7th C	del	
유	Thomas Mathies	on Tr							
	20a. METHOD OF DISPOSITION		3 SUT			ille, Mary		20850 or Town, State	
	1 Burlel 2 Cremation 3 Red 4 Donetion 5 Other (Specify)	moval from State	cemetery, crematory or of	Park C	emetery 6	/21/93 Skd	okie, I	Illinois	
	PL SIGNATURE OF FUNERAL SERVICE L	CENSEE	M00846	Robe Inc.	AND ADDRESS OF F	phrey Fune: Montgomery	ral Hom	ne/Rockville,	
$\dashv$	23. PART I. Enter the diseases, or	- 1400000		ROCK	VIIIe, Ma	ryland 208	350-280	)5	
	ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause or A CUTE	RESPIRA		PAILU		iratory arrest	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. AUTE DUE TO (OR A C. PULLY DUE TO (OR A	S A CONSEQUENCE OF MONTON.  S A CONSEQUENCE OF MONTON.  S A CONSEQUENCE OF MONTON.	Pis	acidene				
: MEDICAL	PART II. Other significant condition  - My Interest Inter	one contributing to death  M Dral  Sufficient	sut in it resulting in sut in M	will		Part i. 24a. WAS AN PERFOF	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1  YES 2 NO	
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (C	heck naty one)			
S	EXAMINER?	HOSPITAL:	utnetlant 2 Dos	OTHER:					
	27. MANNER OF DEATH	28e. DATE OF INJUR			iome 5 - Residence		N HIEN CONT		
2 2	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yea		URY	WORK?	28d. DEŞCRIBE HOW I	NJURY OCCURI	ED	
- 10	3 Suicide 6 Could not be determined	28e. PLACE OF INJU building, atc. (S	IRY — At home, ferm, a ipecify)	street, factory, o	ffice	28t. LOCATION (Street of City or Town, Stete)	and Number or F	Rural Route Number;	
COMPLETED		SICIAN: To the best of my kn						ouse(s) and manner se stated.	
M H	296. SIGNATURE AND TITLE OF CERTIFIE		mo		D, 171	MBER		GNED (Month, Day, Year)	
2 ∦	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	Print)	1-1146	76	01	10112	
	TIPAPORNI Q	rend Crard,	MD SS	30 W	NIZNODZI	AVC. CUKI	M CHAS	2 mg 20815	
	31. DATE FILED (MOOTE DOLY 1647)	3 Julia Dav	GYATURE Mandall	٤					



FOR STATE

REGISTRAR

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filed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ion, or removal. DIRECTOR Montgomery Maryland Silver SPring FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 2601 Bel Pre Rd. 20906 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2% NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 TYES 2 NO Specify: BY 3 🔀 Widowed 4 🗌 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 9th grade Seamstress 17. FATHER'S NAME (First, Middle, Last) Joseph Blake notified at BE 19a, INFORMANT'S NAME (Type/Print) 9 Bernice Hinton pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must 1 Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) Good Hope Baptist Church examiner 22. NAME AND ADDRESS OF FACILITY medical 23. PART I. Enter ti IMMEDIATE CAUSE (Final the cremation, disease or condition We many completely resulting in death) traumatic event, DUE TO (DR AS A CONSEQUENCE OF) and com o burial, 2 ( 202 )2 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): attending physician a if sny, leading to immediate cause. Enter UNDERLYING other 1 CAUSE (Diseese or Injury that initiated events DUE TO (DR AS A CONSEQUENCE OF resulting in death) LAST 0 has been signed by the atter Dept. of Health and Mental PART II. Other aignificant conditions contributing to death but not reaulting in the underlying cause given in Part I. 23 shows any PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES NO DIRECTOR: After this certificate ha hours after death with the State D Item 28 Is marked, or Item 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA | 4 | Nursir 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME 6 28c. INJURY AT WORK? Natural 5 Pending Investigatio 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide COMPLETED a Could not be 4 Homicide THE FUNERAL I IMPORTANT: If 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. UCENSE NUMBER BE Dr. Wajeed Khan 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Wajeed **Khan** 12016 Georgia Ave. Wheaton, MD Julia Daydon-Kandase

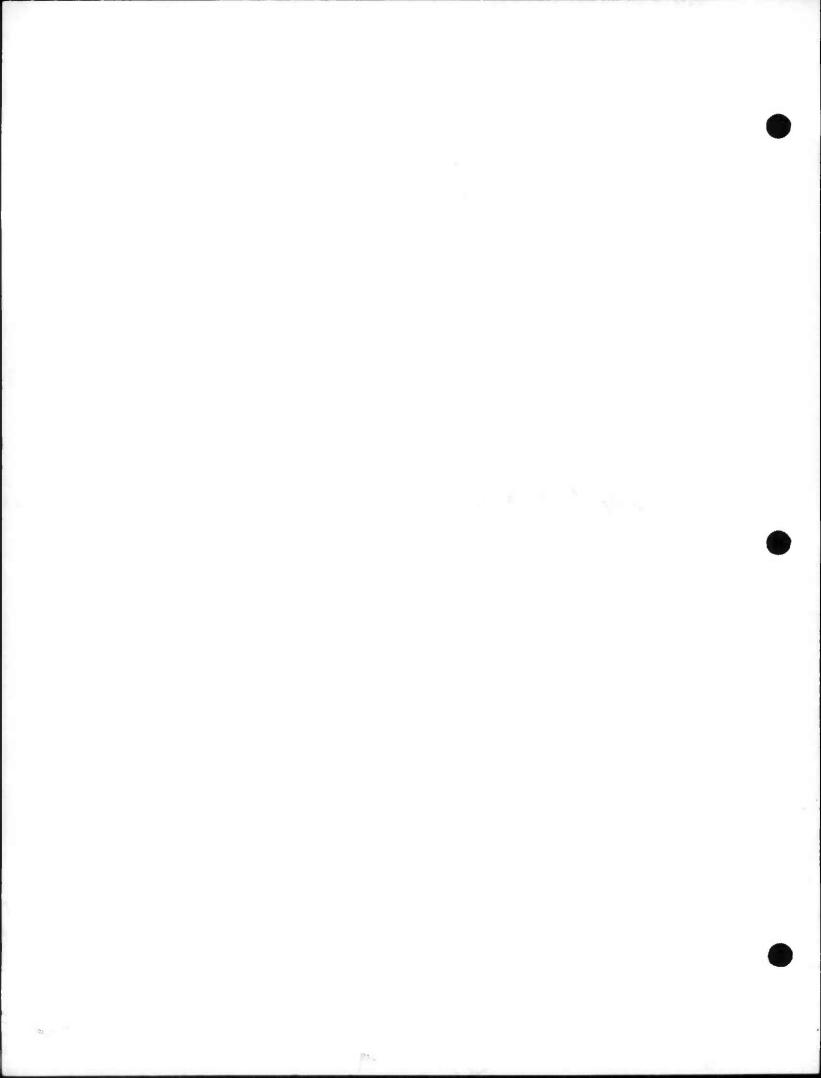
CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY 14 4:00 am Bertha B. Mial 6 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last hirthday) IF UNDER I YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign Country) 231-28-7979 1 M 2 X F 10/20/13 Wake County, NC 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Medlantic Manor Nursing Home Silver Spring Montgomery RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY 1 1 YES 2 | NO 10g. CITIZEN OF WHAT COUNTRY? USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indien, Black, White, etc. Specify: Black 16b. KIND OF BUSINESS/INDUSTRY Clothing Store 18. MOTHER'S NAME (First, Middle, Meiden Surname) Eula Price 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 311 N. Fisher St. Raleigh, NC 27610 DATE 20c. LOCATION — City or Town, State 6/18 Wake County, N.C. Hines-Rinaldi Funeral Home 11800 New Hampshire Ave. Silver Spring, MD Enter the diseases, or compilections that caused the deeth. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, shock or heart fellure. Liet only one ceuse on each line. Approximats Interval Between **Onset and Death** 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 1 NO 1 | YES 2 | NO 28d. DESCRIBE HOW INJURY OCCURED 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 29s. CERTIFIER
(Check only one)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

Discretely the control of the cause(s) and manner as stated.

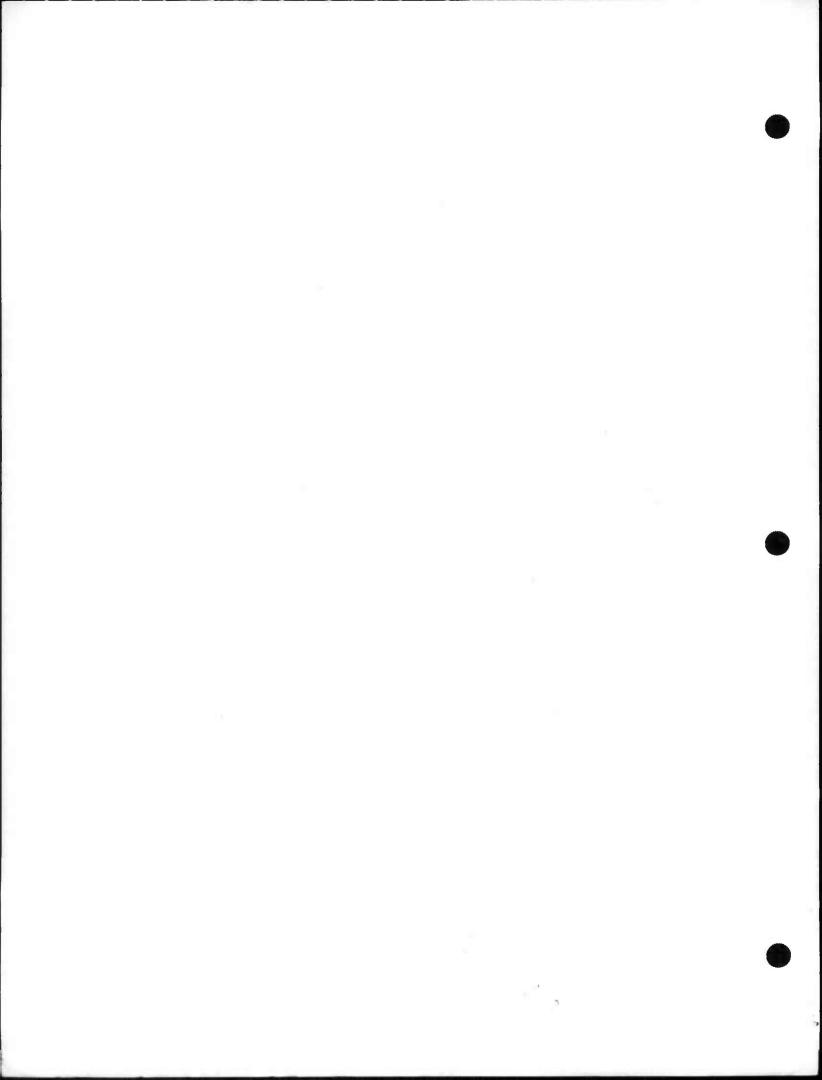
Discretely the control of the cause(s) and manner as stated. nd/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 6/14/93

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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	1. DECEDENT'S NAME (First,	, Middle, Last)						DEATH	2. DATE OF DEA	. NO.	L =-1.5	3. TIME OF DE	
	William	n Dougl	as Mille	er, Sr.					June 12, 1993			8:40	
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. I	est birthday)				7. DATE OF BIRT	н	8. BIRTI	IPLACE (State or	
	304-26-3538		1 M 2 □ F	65	YRS.	YRS. MONTHS		HOURS MIN.	March 5		Count	m ndiana	
-	9a. FACILIJ'Y MAME (If not in	stitution, aive st	reet and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. CQUINTY OF D							
DIRECTOR	Shady Grove	a Adver	tist Hos	spital	87.4	R	ock	ville		M	ontg	omery	
띮	RESIDENCE OF DEC	10b. COUNTY	,		10c CIT	10c. CITY, TOWN OR LOCATION						10d. INSIDE CIT	
SI	Maryland	Mc	ntgomery	,	100.011							LIMITS?	
	10e. STREET AND NUMBER		regomery			Rockville					TIZEN OF V	1 YES 2	
ER/	13309 Jus	stice F	oad			Tog. WILLIA OF WIL							
FUNERAL	11. MARITAL STATUS	RMED	13. W	AS DEC	20853 ENDENT OF HISPAI	IIC ORIGIN? (Spec		7	d State				
	1 Never Married 2		FORCES? 1	X YES 2		10	yes, sp	ecity Cuban, Maxica 2 XNO Specifi	n, Puerto Rican, el	c.)	Black	k, White, etc.	
ВУ	3 Widowed 4 Divo	3 ☐ Wildowed 4 ☐ Divorced IF YES, GIVE WAR OR DATES Korea						- Lando Shecu	7.		Speci	<i>™</i> White	
Œ	15. DEC	EDENT'S EDUC y highest grade	ATION completed)	1 (	Give kind of	USUAL OCI	CUPATIO	ON st of working	16b. KIND (	F BUSINESS/IN	DUSTRY		
E	Elementary/Secondary (0	+)	le. Do NOT u	se retired.)	y mo	or norming				Electric			
COMPLET	12				ectr.	ical I	Mecl	hanic	Po	mpany	pany		
-	17. FATHER'S NAME (First, MI								ME (First, Middle, N	·			
B	William R		ıller						abeth Ro			er	
5	19a. INFORMANT'S NAME (7)							and Number or Rural					
•	Mildred B.							Road, R				20853	
	20a. METHOD OF DISPOSITI 1	on 3 🗆 Remo	oval from State	cemetery, c	rematory or o				1	c. LOCATION —			
	4 Donation 6 Other		ENSEE			Cemete			/16/93 W	ashing	ton,	DC	
	ROBert A. Pumphrey Funeral Home/												
	23. PART i. Enter the di	10/16	1 Jucay	10 pul	ence	Ave	enue	e, Bethe	sda, Mar	yland	2081	7 Wiscon 14-3501	
N	iMMEDIATE CAUSE (Fin disease or condition resulting in death)	→ .	Multipolice To Premo			Fai	lu be,	ie				interval I onset an / wee	
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury)  4/4/4										Hwest		
FICATIO	CAUSE (Diseese or inju	iry			-		0	onary &	imply	Lamo	_	1042	
CERTIFICATION			Chronic	Otshu	elen	Pal	m		1 6				
MEDICAL	CAUSE (Disease or injusted initiated events resulting in death) LAST PART II. Other significant change of the control of the c	ont conditions	Chronic contributing to facility facility	death but not and arther arther will	***	in the und	erlying	cause given in concallo	PE	NS AN AUTOPSY REFORMED? ES 2 1 NO	240.	AVAILABLE PRIOR OF OF DEATH?	
MEDICAL	CAUSE (Disease or inju- that initiated events resulting in death) LAST	ont conditions	Chronic contributing to a facility faci	urll	Le Ce	in the und	ar ar	cause given in	election one)	RFORMEOT ES 2 € NO	240.	MAILABLE PRIOR COMPLETION OF OF DEATH?	
MEDICAL	CAUSE (Discess or injust that initiated events resulting in death) LAST PART II. Other significant was a significant of the control of the co	ont conditions	HOSPITAL:	ene art Legter Leveller	L Ce	OTHER	ar 26. PL	CAUSE given in	election one)	RECOMMENT ES 2 M NO		MAILABLE PRIOR COMPLETION OF OF DEATH?	
PHYSICIAN: MEDICAL	CAUSE (Discess or injust that initiated events resulting in death) LAST PART II. Other significant country are also as the cou	ont conditions	Hospital:	ene art Legter Leveller	L Ce	or face	ar 26. PL 18c. R.A. WO	cause given in	olivain ine sch only one)	RECOMMENT ES 2 M NO		WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH?	
ED BY PHYSICIAN: MEDICAL	CAUSE (Discess or injust that initiated events resulting in death) LAST PART II. Other significant control of the control of t	ont conditions  plus to  plus to  plus to  plus to  periodical	HOSPITAL: 1 Winpatient 2 Li 28a. DATE OF	ene art Legter Leveller	Legal Con Time	OTHER:	ar a	CAUSE GIVEN IN  CONCOLO  CONCO	olivain ine sch only one)	PROFINED?  ES 2 M NO  OW INJURY OF	CCURED	AMALABLE PROC COMPLETION OF OF DEATHY	
ETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injurthat initiated events resulting in death) LAST  PART II. Other significant  PART II. Other significant  25. WAS CASE RESERVED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Matural 5 1 2 Accident 3 Suicide 6 0 29a. CERTIFIER (Check only)  1 CERTIFIER (Check only)	ont conditions  of your  of yo	HOSPITAL: 1 of Inpatient 2 II 28e. DATE OF Indidding.	ERIOUtpatient  BIJURY  BIJURY  F INJURY — At hetc. (Specify)  my knowledge, d	POPULATION TO THE POPULATION OF THE POPULATION O	OTHER:	26. PL. ing Homitec. IN.A. ing, officer	Cause given in Coraclo  Levy Coraclo  Levy Coraclo  ACE OF DEATH (Ch.	ack only one)  6 Other (Specify or Early, or Early, or Early, or to the cause(a) and	REGINEOT  ES 2 M NO  NOW INJUSTY OC  State)  d manner as sta	CCURED or Plum A	AMALABLE PRODUCTION OF DEATHY  1 YES 2   Number:	
ED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injurthat initiated events resulting in death) LAST  PART II. Other significant  PART II. Other significant  25. WAS CASE RESERVED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Matural 5 1 2 Accident 3 Suicide 6 0 29a. CERTIFIER (Check only)  1 CERTIFIER (Check only)	nt conditions  Cycy  Declar  Pending  Investigation  Could not be  determined  IFVING PHYSIC  ICAL EXAMINER	HOSPITAL: 1 of Inpatient 2 II 28e. DATE OF Indidding.	ERIOUtpatient  BIJURY  BIJURY  F INJURY — At hetc. (Specify)  my knowledge, d	POPULATION TO THE POPULATION OF THE POPULATION O	OTHER:	26. PL. ing Homitec. IN.A. ing, officer	CRUBE given in	ack only one)  8 Other (Specify 28d, DESCRIBE )  28d, DESCRIBE )  28d, DESCRIBE )  1 Other (Specify or Raw),  1 of the cause(a) and time, data and ple	PROFINED?  ES 2 MNO  OW INJURY OC  State)  d manner as state, and due to t	or or flow A	AMALABLE PRODUCTION OF DEATHY  1 YES 2   Number:	
E COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injurthat initiated events resulting in death) LAST  PART II. Other significant of the control of the contro	mit conditions  Pending  Investigation  Could not be  determined  OF CERTIFIER  MANAGEMENT  OF CERTIFIER	HOSPITAL: 1 of Inpatient 2 L 28e. PLACE OF building. Clan: To the best of 8: On the best of a	ERIOutpetient  BAUTY  THATTY   2 DOA 386. TIM NU	OTHER:  A I Nursit of August Married, fector at the time, in my opin	26. PL. ing Homitec. IN.A. ing, officer	Cause given in	ack only one)  8 Other (Specify 28d, DESCRIBE )  28d, DESCRIBE )  28d, DESCRIBE )  1 Other (Specify or Raw),  1 of the cause(a) and time, data and ple	PROFINED?  ES 2 MNO  OW INJURY OC  State)  d manner as state, and due to t	or or flow A	AMALABLE PROCESSION OF DEATHY  1 YES 2   Norm Mumber:		



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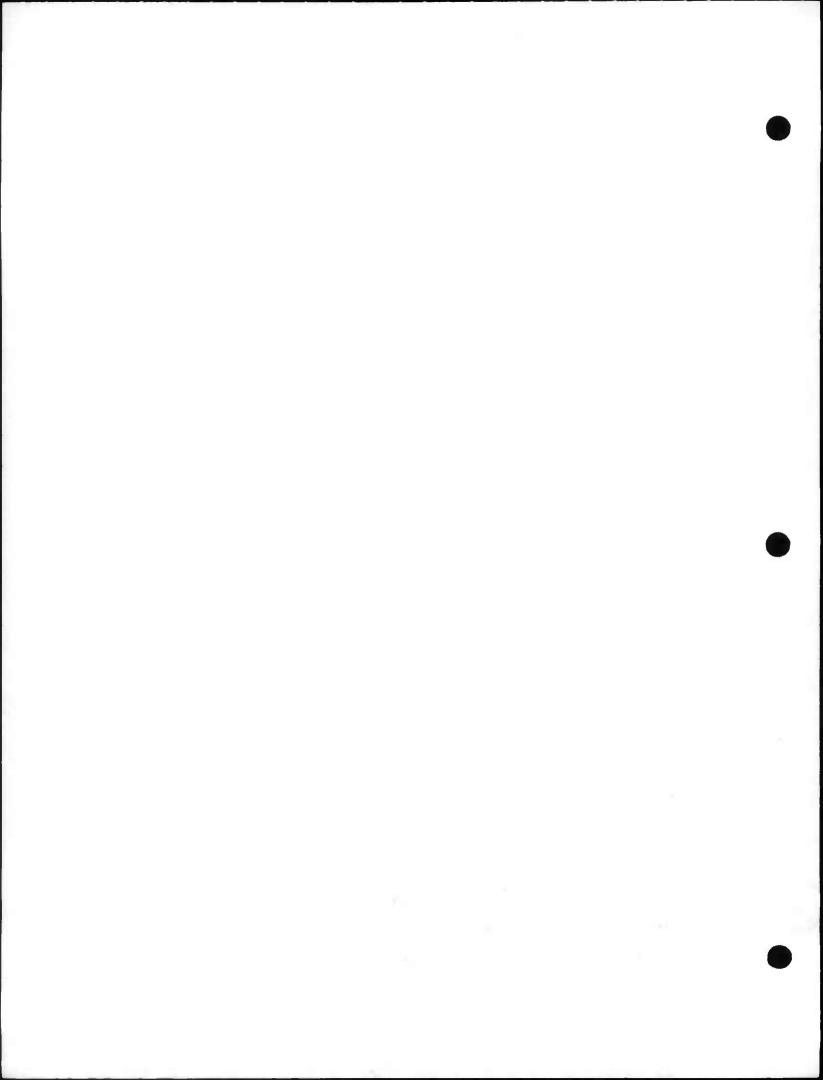
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Last)							DEN		2. DATE OF			3.	TIME OF DEATH	
	AURA		LEE MARTIN						6 11			1998 11:24 P				
	4. SOCIAL SECURITY NUMBER		5. SEX	SEX 6. AGE (In yrs. les				1 YEAR			7. DATE OF BIRTH			8. BIRTHPLACE (State or Foreign		
	390-86-12	1 M 2 F	M 2 ★ F 26		YRS.	IS. MONTHS		HOURS MIN.		(Morith, Day, Year) SEPT. 27, 1966		WISCONSIN				
_	9a. FACILITY NAME (If not in			9b. CITY, TOWN OR LOCATION OF DE.							NTY OF DEATH					
5	HUWARD CO	T HC	HOSPITAL			COLUMBIA			H			IOWARI	)			
DIRECTOR	10e. STATE		10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY						
H	MARYLAND	PRING	CE GEORG	E		COL	LEGE PARK				1				LIMITS?	
AL	10e. STREET AND NUMBER					OOL.	DECH	_	. ZIP CODI	E .			10g. CITI	IZEN OF WHA		
Ä	9316 CHERRY HILL ROAD APT.								207	40				USA		
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT E							WAS DEC	ENDENT O	F HISPAN	IC ORIGIN?	ORIGIN? (Specify Yea or No. 14, RACE -			American Indian, hita, atc.	
ВУ	1 Never Married 2 Married FORCES? 1 IF YES, GIVE WAR (						If yea, specify Cuban, Maxican, Puerto Rican, etc.)  1  YES 2 NO Specify:  Specify:					riting, acco.				
ED		EDENT'S EDUC			16a. DECEDENT'S USUAL OCCUPATION 16b KIND OF BIIS						WHITE					
ET.	(Specify onl) Elementary/Secondary (0)	highest grade	Completed) College (1-4 or 5		(Give kind of work done du life. Do NOT use retired.)						16b. KIND OF BUSINESS/INDUS				MEDICAL	
AP.			2	·	CHIF	ROPR	ACTI	C AS	SIST	ANT			HEDICAL			
COMPLET	17. FATHER'S NAME (First, Mi	ddle, Last)			18. MOTHER'S NAME (First, Middle, Maiden						die, Maiden	Surname)				
BE	JAMES RICHAR		INGTON								RA		OBUS			
0	19a. INFORMANT'S NAME (7)										loute Number,					
	JOHN M. MART		9316 CHERRY HILL ROAD #3 COLLEGE PAR													
	1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from State					PLACE AND DATE OF DISPOSITION (Name of place)  TYPO DOT TYPAN ODEMATODY 6/1/							LOCATION — City or Town, State			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY																
	repone:	\$ 5	Lada	X										HOME,	INC. MD.20901	
	23. PART i. Enter the di	seases, or c	omplications the	t caused	the dea	th. Do r	not anter	the mo	de of dyl	ng, such	as cardia	or respi	ratory arr	est,	Approximate	
shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  s									r					Interval Between Onset and Death		
			OUE TO	(OR AS A	CONSEQU	JENCE OF	F):	1								
NO.	Sequentially list conditions, If any, laading to immediate  Due TO (OR AS A CONSEQUENCE OF):															
CAT	cause. Enter UNDERLY	NG					,-									
CERTIFICATION	CAUSE (Disesse or injurthat initiated events		DUE TO	(OR AS A	CONSEQU	JENCE OF	P):									
ËR	resulting in death) LAST															
									24b. WE	RE AUTOPSY FINDINGS						
EDICAL										PERFORMED?		CO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
Ä	-								_   x	1			YES 2 NO			
ÿ														^		
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?  1 ☑ YES 2 ☐ NO		HOSPITAL: 37	37			OTHER		ACE OF DI	EATH (Che	ck only one)					
1YS	1 🕒 YES 2 🗌 NO	A MANUEL OF DEATH														
اق	1 Netural 5 I	Pending	6 1	ay, Year)	993	26b. TIM!	2.0 E	28c. INJI		Nuo	28d. OEŞCR	IBE HOW II	JURY OCC	CURED	TMDACT	
B⊀	2 Deutste	nvestigation	28e. PLACE O	F INJURY -	- At hom					780		ENGI			· O	
City or Town, State								own, State)		Number or Rural Route Number,  D COUNTY						
빌	29a. CERTIFIER (Check only	FYING PHYSIC	IAN: To the best of	my knowled	dge, dest	h occurre	d at the II	me data	and place	and due t						
OM													and manner as stated.  Place, and due to the cause(a) and manner as stated.			
	296. SIGHATURE AND TITLE		1							NSE NUM				E SIGNED (Mo		
BE C	1160	un	-le	Le	_ /	W				ОСМЕ			▶6	12	0.000	
٩	AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEAT		,,,,,				- ::::						
	WHITE POR	6	KE, M			Pen	n St	ree	et,	Balt	imor	e, N	Mary	land	21201	
	31. DATE FILED (Month, Day, )		32. REGISTRA													
	JUN 1 6	1993	Fulia Day	4dson-	gand	ملك										



	TO SET HIGGS OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE THE FAIL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If less 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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VERAL DIRECTOR		SEX 6. AGE (In	JAY MER  yrs. lest birthdey)  70 yrs.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	2. DATE OF DEATH MONTH 6	11 4	3. TIME OF DEATH 3 8 1 05 CL M		
DIRECTOR = 1	SOCIAL SECURITY NUMBER  233-10-7742  1.  FACILITY NAME (If not institution, give street  FOR THE STOCK TO STOCK	SEX 6. AGE (in				6	11 9	3 8:05 a. H		
DIRECTOR = 1	ARA-10-7742 1.  FACILITY NAME (If not institution, give street  FOR THE CONTROL OF THE PROPERTY OF THE PROPERT	M 2 □ F				7 DATE OF BIRTH				
DIRECTOR	Holy Cross Hop	and number)			HOURS MIN.	JAN. 27,		BIRTHPLACE (State or Foreign Country)		
		taQ			OR LOCATION OF DEA		9c. COUNTY	OF DEATH		
				SI	SILVER SPRING Monte					
	MD Man		10c. CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY		
INERAL		domery	P	od hos	la			1 NE 2 NO		
Z I	00. STREET AND NUMBER	o t	D	101	1. ZIP CODE	_	10g. CITIZEN	OF WHAT COUNTRY?		
1 -2 11 "		WAS DECEDENT EVEN IN	U.S. ARMED	13. WAS DEC	CENDENT OF HISPANIC	C ORIGIN? (Specify Yes	or No.— 14.	U.S.A.		
	Never Married 2 Married  □ Widowed 4 □ Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR DAT	2 NO	If yes, sp	pecify Cuban, Mexican, 3 2 NO Specify:		1 3	Black, White, etc. Specify:		
	15. DECEDENT'S EDUCATIV	WWII	40. DECEDENTIO	HOUSE COCUPATION				WHITE		
COMPLETED	(Specify only highest grade com	college (1-4 or 5+)	16a. DECEDENT'S (Give kind of v life. Do NOT us	vork done during mo	ost of working	16b. KIND OF BUS	iness/indust	TRY		
4 L		5+	SYSTEM	S ANALYS	ST	US. D	potos	Thistico.		
0 17	7. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle, Maiden	Surname)			
W	WARNER JAY	MERRILL S	SR.				IILLARD			
۵ "	COLLEEN B. MER	RRILL			**	ute Number, City or Town	n, State, Zip Cod	de)		
	On. METHOD OF DISPOSITION	20b. F	SAME	F DISPOSITION (No	FEM #10	DATE 20c. LOC	CATION — City	or Town, State		
	☐ Burlal 2 「Cremation 3 ☐ Removal ☐ Donation 5 ☐ Other (Specify)	from State ceme	CHAMBERS	CREMATO	ORY 6	1				
- 21	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	N.M. Chan	nbueat	- M0009	1 W. W.	CHAMBERS	S CO. INC.	SILVE	20910 R SPRING, MD.		
2	3. PART i. Enter the diseases, or com	plications that caused	the death. Do n	ot enter the mo	ode of dying, such	aa cerdiac or reapi	ratory arrest,	Approximate		
1 0	shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):									
_	DUE TO (OR & A CONSEQUENCE OF):  Sequentially list conditions.  L. Congestive heart failure  34rs.									
F 1 11	if any, leading to immediate DUE 19 (OR AS A CONSEQUENCE OF):									
2 8	cause. Enter UNDERLYING C c	DUE TO (DR AS A (	2011501515105 05							
E N	hat initiated events esuiting in death) LAST	DOE TO (DR AS A C	CONSEQUENCE OF	·):						
1 11 -	d	in a second								
1 % 1	PART II. Other significant conditions co	fficiency	t not resulting i	n the underlying	g cause given in P	ert i. 24a. WAS AN. PERFOR		24b. WERE AUTOPSY FINDINGS MAJLABLE PRIOR TO		
MEDIC	Coulers Word	+17 ancy				1 □ YES 2	NO NO	COMPLETION OF CAUSE OF DEATH?		
Σ	- FULL					-		1 □ YES 2 ① -NO		
PHYSICIAN:	5. WAS CASE REFERRED TO MEDICAL EXAMINER?	-/ Halis /	C00	26. PI	LACE OF DEATH (Chec	k only one)				
Z Z		OSPITAL: HOLY (	flent 3 DOA	OTHER:	ne 5 🗆 Residence 8	Other (Specify)	-			
H 27	7. MANNER OF DEATH  1 Notural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIMI INJ	URY WO	DRK?	28d. DEŞCRIBE HOW IN	JURY OCCURE	ED		
B	2 Accident Investigation	28e. PLACE OF INJURY -	At home form a		YES 2 NO	THE LOCATION (C)		12 12 14 14 14 14 14 14 14 14 14 14 14 14 14		
	4 Homicide 8 Could not ba	building, etc. (Specify	(y)	areat, factory, offic		281. LOCATION (Street a City or Town, State)	na Number or H	surair Houte Number,		
29	Check only	: To the best of my knowle	dge, death occurre	d at the time, date	and place, and due to	the cause(s) and man	ner as stated.			
OM								use(s) and manner as stated.		
ш 29	6. SIGNATURE AND TITLE OF CERTIFIER		. ^		29c. LICENSE NUMB	ER	29d. DATE SK	GNEDI(Month, Day, Year)		
0	Haran Coch	man,	M.D,		D1964	15	► 6/1	11/93		
30	NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEAT	_		1 1.10	ka	. / .	0		
31	Same as above and safety start of the safety start of the safety	32, REGISTRAR'S SIGNAL		ecricut	Ave	Kensing	gron,	ay 20895		
	JUN 1 4 1993	Lulia Savidson				l	,			
BE COMP	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									

364 and the second 

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

G. HALLICK

31. DATE FILED (Month, Day, Year)

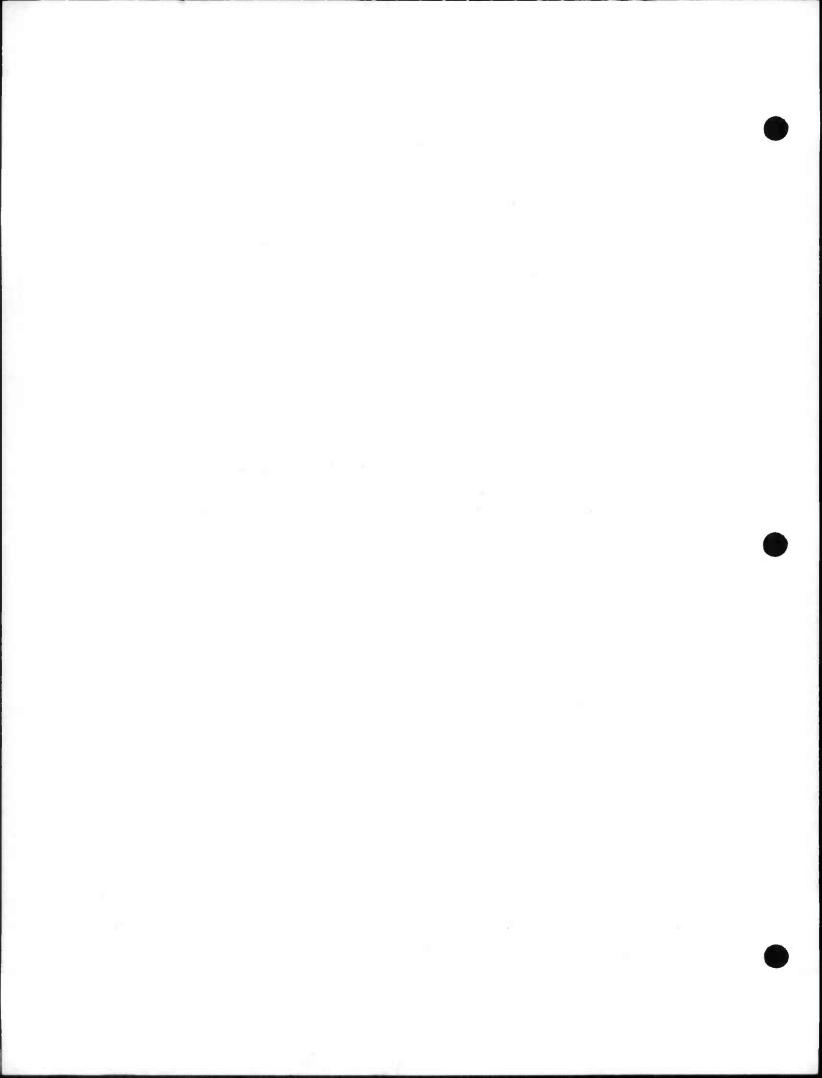
	2. 3 should		
	Pages 1		
SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	or use as the burial-transit permit. F	in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	
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require	een sig	. of Hea	ohome
The law	te has t	ite Dept	50 mg
ICIAN:	certifica	the Sta	or the
G PHYS	er this u	ath with	T: Hitem 22 is marked or item 22 shows any injury or other traumatic event the madical available as notified at once
TENDIN	OR: Aft	of dea	no is
OR AT	DIRECT	hours a	Bam ?
PITAL	ERAL	in 72	H 4

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest, 2. DATE OF DEATH MONTH 3. TIME OF DEATH DAY YEAR June 10, Ann MacNaughton 1993 3:20 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. Oct. 14, 1901 1 M 2 91 YRS Scotland 090-22-8177 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWH OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Bethesda Montgomery Suburban Hospital RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Kensington 1 TES ZXX NO Montgomery FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? United States 5210 Gretchen Street 20895 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES XX NO BY Specify: Specify: White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION secify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE Not Available Not Available Farmer 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Bryce T. MacNaughton 5210 Gretchen Street, Kensington, Maryland 20895 20a. METHOD OF DISPOSITION
1 □ Burial 2 【X Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 6/11/93 DATE cemetery, crematory or other place) 20c. LOCATION - City or Town, State Montgomery Crematorium, Inc. 4 Donation 5 Other (Specify) Bethesda, Maryland 22. NAME AND ADDRESS OF FACILITY
Robert A. Pumphrey Funeral Home/BethesdaChevy Chase, Inc., 7557 Wisconsin Avenue
Bethesda, Maryland 20814-3501 21. SIGNATURE OF FUNERAL SERVICE LICENSE M00846 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata shock, or heart failure. List only one cause on each line. intarvai Between **Onset and Death IMMEDIATE CAUSE (Final** disease or condition resulting in death) Congestive heart Failure
DUE TO (OM AS A CONSEQUENCE OF): Cellulitie CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2XXNO OF DEATH? 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 200 etlent 2 - ER/Outpetient 3 - DOA me 5 - Residence 8 - Other (Specify) 27, MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as steted. MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as state TO THE FUNE Be filed within 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE Halling mo 0-28426 61 10 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 11125 Rockville Pike

Md 20852

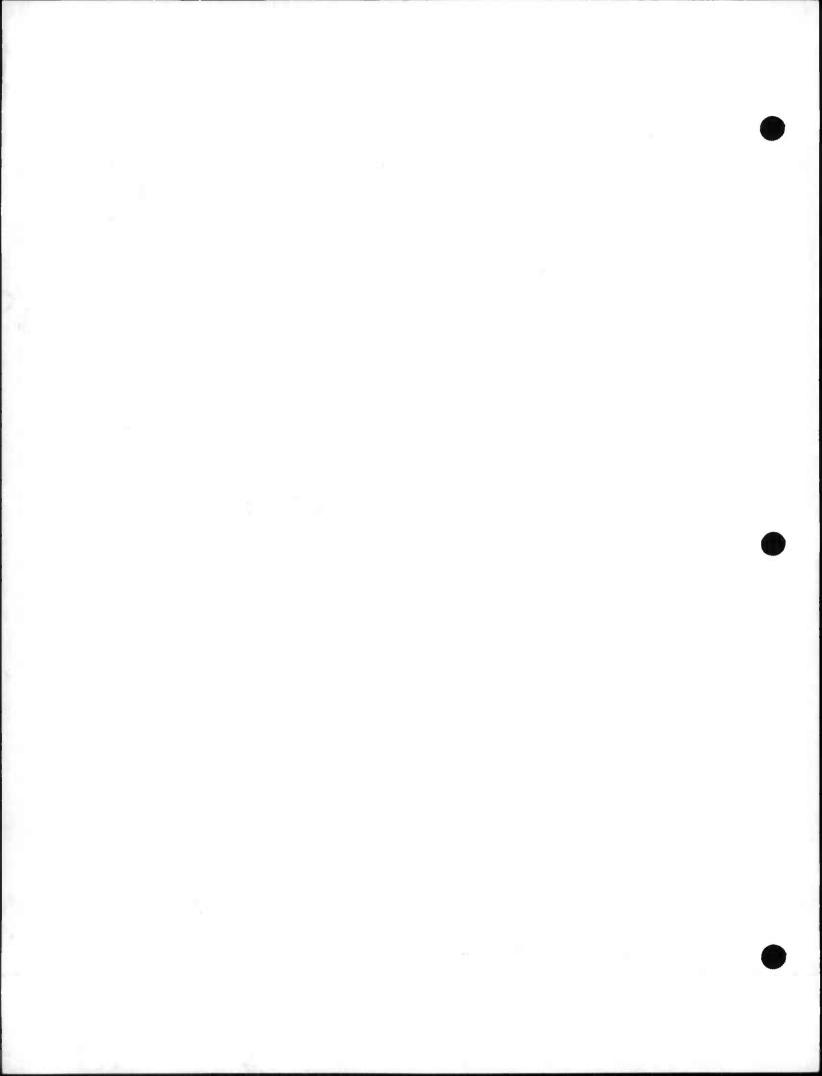
DIVISION OF VITAL RECORDS, P.O. BOX 68760,  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNEAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funear director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should importably: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE PERMENTAL WILLIAM

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				11111	2. DATE O				TIME OF DEATH
	Cha	arles Raymon	d McNeill			MONTH	ie 10.	1993	EAR	8:25 pm M
			yrs. lest birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTN	8.	BIRTHPL	ACE (State or Foreign
	120-01-5138	M 2 □ F 78		THE DAYS	HOURS MIN.		Day, Year)		Country)	
- 9	9a. FACILITY NAME (If not institution, give stree			CITY, TOWN (	OR LOCATION OF D		10,1	9c. COUNT	700	sylvania
Œ	9305 Holly Oak	Court							-	
9	9305 HOLLY Oak Court Bethesda Montgomery RESIDENCE OF DECEDENT									
Maryland Montgomeny									d. INSIDE CITY	
									LIMITS?  YES 2 X NO	
10e. STREET AND NUMBER  9305 Holly Oak Court  20817  United  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED PDRCES? 1   VES 2   No   12   Never Married   2   2   Married   2   2   Married   2   2   Married   14. RACE   Black   15. Never Married   2   2   Married   15. Never Married   2   2   Married   16. Never Married   2   2   Married   16. Never Married   2   2   Married   17. Never Married   2   2   Married   18. Never Married   2   2   Married   19. Never Ma										
2		2. WAS DECEDENT EVER IN U	I.S. ARMED	13. WAS DEC	ENDENT OF NISPAI		(Specify Vee			
	1 Never Married 2 2 Married	FDRCES? 1 YES		It yes, sp	ecify Cuben, Maxica	en, Puarto Rk		31110		American Indian, Thita, atc.
R	3 Widowed 4 Divorced	TES, GIVE WAN ON DATE	25	1 1 123	2 & NO Specif	γ:			Specify:	Nhite
2	16. DECEDENT'S EDUCAT	IDN 1	6a. DECEDENT'S USU			16b. F	(IND OF BUSI	NESS/INDUS		
ш	(Specify only highest grade cor Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life, Do NOT use ret	done during mo ired.)	st of working					
로		5+	Att	orney			Lav	V		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Mid	ddle, Maiden S	umame)		
	Charle	s Alexander	MCNoi11		Marge					
8	19a. INFORMANT'S NAME (Type/Print)	o merander		RESS (Street a	nd Number or Rural			State 7in C-	del	
2	Patricia McNeill				h Street					10014
		100.0				· -				
	20a. METNOD OF DISPOSITION  1 Burlel 2X Cremation 3 Remova	from State cemate	LACE AND DATE OF DI			993 DATE		ATION — City		
	4 Donation 5 Other (Specify)  21, SIGNATURE DF FUNERAL SERVICE LICEN	Mo	ontgomery	Crema	torium I	nc.	Betl	nesda.	Mar	yland
	21. SIGNATURE DE FUNERAL SERVICE LICEN	SEE		Rober	ADDRESS OF FA	SHYey	Funer	al Ho	me/	isconsin
	Kary to	unch	M00198	Avenue	Betheso	y Chas	se, in	d 208	5/ W 14-3	1sconsin
$\neg$	23. PART I. Enter the diseeses, or con	plications that caused t	ha daath. Do not e	ntar tha mo	da of dylng, suc	h ss cardla	c or respir	atory arrest		Approximate
- 1	shock, or heart fellure. Lis	t only one cause on aac	h line.							Interval Between Onset and Death
- 1	disease or condition	Hepatic In	ocufficio	2017						L .
ł	resulting in death)	DUE TO (DR AS A C		псу						1 month
_	_	Liver Meta								l year
EHILICATION	Sequentially list conditions, b.	DUE TO (DR AS A C	ONSEDUENCE OF):							
₹	If sny, leading to immediata cause. Enter UNDERLYING	Colon Cand								5 years
€	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C								Jack
=	resulting in death) LAST									İ
	d							96-		
ا ب	PART II. Other significant conditions of		not resulting in th	e underlying	ceuse given in	Part I. 2	4a. WAS AN A		24b. WE	RE AUTOPSY FINDINGS
3	Pulmonary Metas	tasis					PERFORM		00	AILABLE PRIOR TO MPLETION OF CAUSE
MEDIC	Coronary Heart	Disease				_   '	1 1 TES 2 (	ZNO		DEATH?
						- 1			11	YES 2 NO
THI SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 DI	ACE DF DEATH (Ch	ack anti-an-1			<u> </u>	
2	EXAMINER?	OSPITAL:	от	HER:						
	27. MANNER OF DEATN	28e. DATE OF INJURY	28b. TIME OF	Nursing Hom 28c. INJ	e 5X Residence		Specify) RIBE NOW IN.			
	144 Natural 5 Pending	(Month, Day, Year)	INJURY	WO	RK?	286. DESC	HIBE NOW IN.	JURY OCCUR	ED	
5	2 Accident Investigation	20 - DI 107 OF BUILDIN			ES 2 NO					
3	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, atc. (Specify)	ni nome, term, street	, ractory, office		26f. LOCAT City or	ION (Street en Town, State)	d Number or i	Runal Rout	e Number,
COMPLETED	29a, CERTIFIER (Check only	N: To the best of my knowled	ge, death occurred at	the time, data	and place, end due	to the cause	(a) and mann	er as stated.		
5	one) 2 MEDICAL EXAMINER: (	On the basis of axamination a	nd/or investigation, in	my opinion, d	eath occured at the	time, data as	nd place, and	due to the c	euse(a) an	d manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUN					onth, Day, Year)
	16-01	fano ()	) and							
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH	(ITEM 27) (Type Dele	1	61	U4		Jui	ne 1.	1, 1993
					0 3757 77	a a k d a	mh a	D C	200	16
	Thomas C. Havell, 31. DATE FILED (Month, Day, Year)	M.D. 42U1 C	Cathedral	Avenu	e, NW W	asnin	gton,	ט.C.	200	Tρ
	JUN 1 4 1993	Julia Savidson	D. 1.00							
	JUN 1 4 1993	Tanna Managary	Maderace							



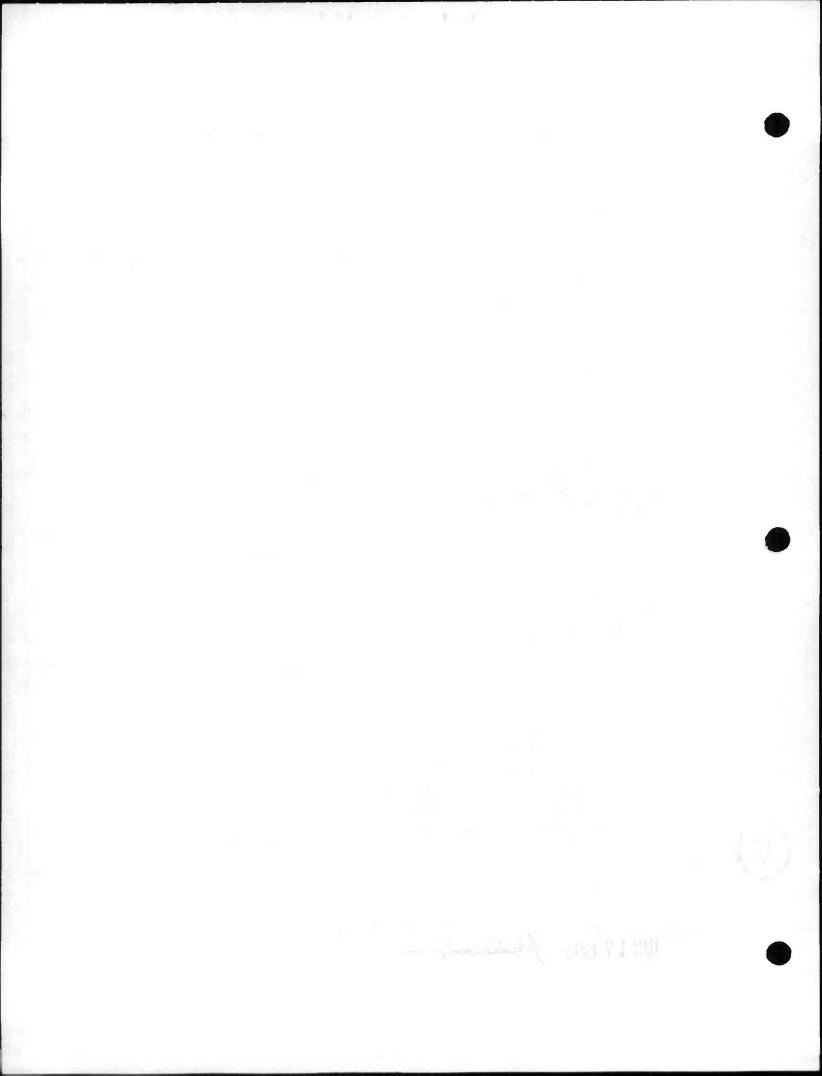
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	FOR STATE REGISTRAR	STATE OF MARYI		MENT OF HE		IENTAL HYGIEN		13093	
8	1. DECEDENT'S NAME (First, Middle, Last) Dorothy	Frances	Mack			June 15,	1993	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 578-26-8880  9a. FACILITY NAME (If not institution, give s	1 - M 2 - 6	8 YRS.	ONTHS DAYS H	FUNDER 24 HRS, OUTS MIN.	7. DATE OF BIRTH (Morth, Day, Year) NOV. 7, 19	24 V	SIRTHPLACE (State or Foreign Country) Nashington, D.C.	
TOR	Sunrise Retiremen	·	9		Frederick School of DEATH Soc COUNTY OF DEATH Frederick				
DIRECTOR	Maryland Fred	v erick		rown on Location	N .			10d. INSIDE CITY LIMITS?  12 YES 2 NO	
FUNERAL	990 Waterford Dr			10f. Z	101. ZIP CODE 109. CITIZEN OF WI United S				
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, speci	DENT OF HISPANI y Cuban, Mexican NO Specify:	C ORIGIN? (Specify Ye, Puerto Rican, etc.)	s or No 14	Back, White, etc.  Specify:White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	SUAL OCCUPATION k done during most o etired.)	f working	16b. KIND OF BU	SINESS/INDUS	TRY	
MPL		2	Secretary	У		Engine	ering		
	17. FATHER'S NAME (First, Middle, Last)	1		1		E (First, Middle, Maider			
BE	Orin F. Bal	.10u	19b. MAILING AC	ORESS (Street and		oute Number, City or You	Rudd	viel	
2	Jennifer N. Ma	ck				, Ijamsvi			
	20a. METHOD OF DISPOSITION 1	ioval from State Cel	b. PLACE AND DATE OF to metery, crematory or other	plece)		6-17-93 L	Dothor	y or Town, State Sda, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC		ontgomery (	22. NAME AND	LUM, LIC	WTY Robert			
	· Will Es	Bours	M00672				1.1	mphrey Funeral 0850-2805	
	23. PART i. Enter the diseases, or shock, or heart failure.	complications that cause List only one cause on a	d the death. Do not sach lina.	enter the mode	of dying, such	an cardiac or resp	iratory arres	t, Approximata interval Between	
	immediate cause (Final disease or condition resulting in death)	. CAR	A CONSEQUENCE OF:	- AF	RES	.7		Onset and Death	
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	· Nutri	A CONSEQUENCE OF):	I	ntal.	nnce			
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	M - A -	A CONSEQUENCE OF):	y (	Pala	t-e		6 Months	
MEDICAL (	PART II. Other significant condition  A 12 H J E M	as contributing to death	but not resulting in t		ause given in P	Part I. 24a. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	Lung	1)150	ease					
SICI	EXAMINER?  1 YES 2 NO	HOSPITAL:	patient 3 DOA 4	THER:	E OF DEATH (Chec				
PHY	27. MANNER OF DEATH	28a. DATE DF INJURY (Month, Day, Year)	28b, TIME O	F 28c. INJUR	r AT	28d. DESCRIBE HOW	INJURY OCCUP	NED	
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 TYES	2 🗌 NO				
ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, stre- icity)	et, factory, offica		281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,	
COMPLET		CIAN: To the best of my know						ause(s) and menner as stated.	
BE	29b. SIGNATURE AND TITLE OF CENTIFIES	In 2		2	H16396	BER	29d. DATE, S	IGNED (Month, Day, Year)	
5	30. MAINE AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pri	Geral	M Ree	d, M.D.	m	121701	
	JUN 1 8 1993	31 REGISTRAN'S SIGN	- Handell						



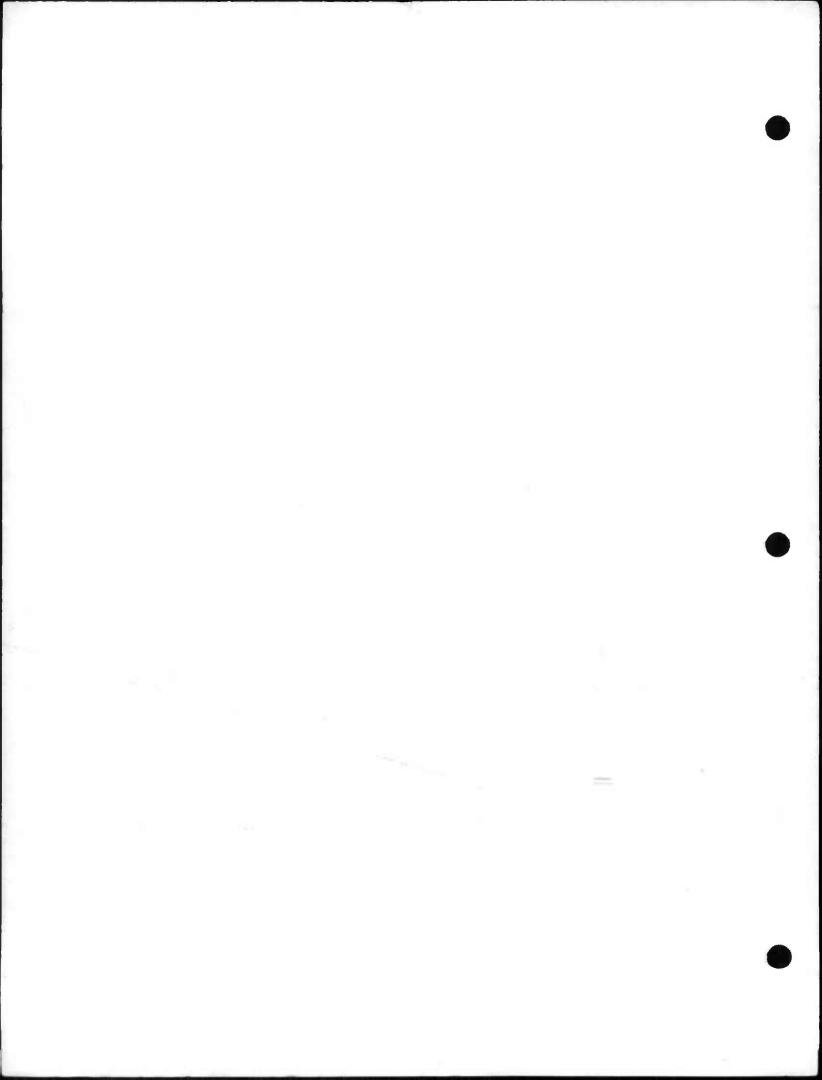
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Ū	The Differ this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	3	The second second is marked, or item 23 shows any injury or other fraumatic event the medical evantures much he nexisted at event

1 - STATE REGISTRAR	STATE OF MARY		ICATE OF			G. NO.	93 1909		
1. DECEDENT'S NAME (First, Middle HAZEL	E. MEDV	EE			2. DATE OF D MONTH JUNE	16, 19	93 3:20 A		
577 20 9316	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthdey)  577 20 9316 1 M 2 F 73 YRS.  9. FACILITY NAME (if not institution, give street and number)				7. DATE OF BE (Month, Day, Jan. 2	7, 192	a. BIRTHPLACE (State or Foreign Country)  South Dako		
	Adventist Nu:	rsing H	ome Gai				ntgomeryy		
10a. STATE 10b.	COUNTY INCE GEORGES	10c. CT	AKOMA P	ON ARK			10d. INSIDE CITY LIMITS? 1 PY YES 2 NO		
100. STREET AND NUMBER 7900 WILDWOO	D DRIVE			ZIP CODE		U.S.A.			
11. MARITAL STATUS  1 Never Merried 2 Merrie  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR I	2 NO	If yes, spe	ENDENT OF HISPA cify Cuban, Mexic 2 M NO Spec	an, Puerto Rican,	ecify Yee or No— etc.)	14. RACE — American Indian, Black, White, etc. Specify: WHITE		
(Specify only higher Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, I		(Give kind of life. Do NOT u	usual occupation work done during most set retired.)	OR, PER		CINFE	GENERAL		
VICTOR  190. INFORMANT'S NAME (Typo/Pri	NELSO			MAR	THA A	NDERSO			
DENNIS MEDVE	196. INFORMANT'S NAME (TyperPrint) DENNIS MEDVEE  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 909 ANNE ST., TAKOMA PARK, , MD. 209								
23. PART i. Enter the disease shock, or heart if iMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. HEPA OUE TO (OR AS	STATIC A CONSEQUENCE O	MEL	e of dying, aud	ch as cardisc o	ON, D. C	reet, Approximate interval Betwee Onset and Dear		
that initiated events resulting in death) LAST  PART II. Other significant con	d	A CONSEQUENCE OF		ceuse given in		MAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO		
25. WAS CASE REFERRED TO MED EXAMINER?	CAL HOSPITAL:			CE OF DEATH (C/	neck only one)				
1 TYES 2 NO 27. MANNER OF CEATH	1 - Inpetient 2 - ER/Out		QTHER:						
Netural 5 Pending Property	(Month, Day, Year)	28b. TIM	URY WOR		28d. OEŞCRIBE	HOW INJURY OC	CURED		
3 Suicide 6 Could 4 Homicide determ		f — Al home, ferm, s cify)	street, factory, office		28f. LOCATION City or Town	(Street and Number n, State)	or Rural Route Number,		
29e. CERTIFIER (Check only one) 1 CERTIFYING 2 MEDICAL EX	PHYSICIAN: To the best of my know	riedge, death occurre	ed at the lime, date e	nd place, end due	lo lhe cause(e)	end menner as stat	ed.		
29b. SIGNATURE AND TITLE OF CE		MP		28c. LICENSE NU		29d. DAT	E SIGNED (Month, Day, Year) JUNE 17, 199		
	NAER WD	125( LO	CK WOOT	DOR	SILVE	ER SIA	ING 20904		
31. DATE-FILED Month, Day, Year)	2. REGISTRAR'S SIGN	Hande BL							



BALTIMORE, MARYLAND 21215-0020

	1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / DI CER	EPARTMEN TIFICAT	T OF H	EALTH AND DEATH	MENT	AL HYGIEN	IE		19095	
	1. DECEDENT'S NAME (First, Middle, Last)				Niemann				2. DATE OF DEATH SOUTH OAY YEAR 3. TIME OF DEATH			
	Donald	Pa		N	i ema					93	6:50 P.M	
		SEX 6. A	GE (In yrs. last bir	MONTHS	ER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Mo	TE OF BIRTH onth, Day, Year)	1	BIRTHE Country	PLACE (State or Foreign	
	223 00 7002		44	YRS.		-35.45	1	/25/49			nois	
œ	9a. FACILITY NAME (If not institution, give stree	and number)		9b. CI	TY, TOWN (	R LOCATION OF E	DEATH		9c. COUNT	Y OF DE	ATH	
DIRECTOR	Ft Washingtor	Marina		F	+ 1	lashing	ton		Pri	nce	George	
<u>ا</u> پ	10a. STATE 10b. COUNTY			c. CITY, TOWN	OR LOCAT	ION					10d. INSIDE CITY	
	West VA Jeffer	son		Harper	s Fe	rry					LIMITS?	
¥	10e, STREET AND NUMBER				101	ZIP CODE			10g. CITtZE	EN OF WI	HAT COUNTRY?	
FUNERAL	Walnut Lane					25410			USA			
2	11. MARITAL STATUS 1:	FORCES? 1 7	ER IN U.S. ARMED	13	If yes, sp	ENDENT OF HISPA	ANIC ORK	GIN? (Specify Yes	r or No- 1	4. RACE Black.	— American Indian, White, atc.	
B	3 Widowed 4 Divorced	IF YES, GIVE WAR O	R OATES			2 NO Spec		, , , , , ,	İ	Specify	r	
	15. DECEDENT'S EDUCAT	ION	16a. DECED	ENT'S USUAL	OCCUPATIO	N .	1	6b. KIND OF BU		Whit	e	
COMPLETED	(Specify only highest grade cor Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give k	ind of work done NOT use retired.	e during mo .)	st of working						
를		4	Ana1	yst				Comput	ers			
ତ୍ର	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (Firs	t, Middle, Maiden	Surname)			
H	Arthur W. Niemann					Eleanor	_					
2	19a. INFORMANT'S NAME (Type/Print)					nd Number or Rural						
	Eleanor Niemann							andria,				
	1 A Buriel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	from State	20b. PLACE AND cemetery, cremato	ry or other plece	9)		D		CATION CI	,		
	21. BIGHNOUSE OF FENERAL SERVICE LICEN	sex /)	Mount C			D ADDRESS OF F	ACILITY	Ale	xandr	1a,	Virginia	
- 1	( ) ( ) ( ) ( )	SA les	43		Dema	ine Fune	eral					
-	23. PART II. Enter the diseases, or com	polications that on	and the death	Do not onto	Alex	andria,	Vir	ginia	22314			
	anock, or neart fellure. Lia	only one cause o	n eech line.	DO HOL BING	n the mo	se or dying, au	CII MM CE	iralec or respi	iratory erres	5 <b>t</b> ,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	DROWNING									Onset and Death	
	resulting in death) / a		AS A CONSEQUE	ICE OF):								
z I	Sequentially list conditions, b											
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	AS A CONSEQUEN	ICE OF):								
5	CAUSE (Disease or Injury that initiated events	DUE TO (OR (	LS A CONSEQUEN	ICE OED:								
CERTIFICATION	resulting in death) LAST			,-							İ	
- 11	0										1	
8	PART II. Other algnificant conditions c	ontributing to deat	h but not resul	ting in the u	inderlying	cause given in	Part I.	24s. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS WAILABLE PRIOR TO	
MEDIC								1 TYES 2	□ NO		COMPLETION OF CAUSE OF DEATH?	
								l		1	YES 2 NO	
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26 PI	ACE OF DEATH (C)	hank ank	2001				
		OSPITAL:	Outpetient 3 🗆 D	OTHE		5 🗆 Residence			Post	ina	Marina	
Ė	27. MANNER OF DEATH	26a. DATE OF INJUI (Month, Day, Yea		b. TIME OF INJURY	28c, INJL	IRY AT	_	ESCRIBE HOW II			Marilla	
<u> </u>	1 Natural 5 Pending 2 Accident Investigation	FOUND: 6-13-	-93 UN	IKNOWN M	1 U Y	ES 2 X NO	UNK	IOWN				
	3 Suicide a)() Could not be	id not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Numb							ute Number,			
	4 Homicide determined	FOUND IN WATER FT. WASHINGTON, MD.							ER			
릴	29a. CERTIFIER (Check only one)											
COMPLETED	2 MEDICAL EXAMINER: C	n the beals of examina	ation and/or inves	tigation, in my	opinion, de	ath occured at the	e time, de	te and place, an	d due to the	canse(s) t	and manner as stated,	
BE C	BIGHATURE AND TITLE OF CERTIFIER	E AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)							Wonth, Day, Year)			
2	muyers The YY	wer				0.C.	M.E		0	6/1	4/1993	
	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF										
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	1111 P	enn S	tree	t. Bal	tim	ore. M	Maryl	and	21201	
	4	i Denistra										
	JUN 3 0 1993 d		1								DHMH-18 Ray 1/89	



Pages 1, 2, 3 should

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	Fig. 10 THE MISSITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may b	TOTHE PLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be
F	The	ate h	ate	E
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29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year)
MAY 2 1 1993

WIELAND

BE

2

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN NOCK MAY 20 CHARLES T 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. DAY: YRS. 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Md. Wicomico Salisbury FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 413 Deborah Dr Ant 21801 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Maxican, Puerto Rican, stc.) 1 Never Married 2 Married BY 1 TYES 2 X NO Specify: 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grad Elementary/Secondary (0-12) College (1-4 or 5+) Utility Man Ice Company be notified at once. 17. FATNER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Maiden Sumame) BE Charles Nock Clara Parker 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 William I. Nock 413 Deborah Drive Apt. 20e. METNOD OF DISPOSITION
1 © Burlel 2 Cremation 3 He
4 Donationy 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must Memorial 22. NAME AND ADDRESS OF FACILITY Wicomico Salisbury medicai examiner Holloway Funeral Home, 501 Snow Hill Rd. 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final marked, or item 23 shows any injury, or other traumatic event, the disease or condition\_ RUIAC resulting in death) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events QUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpetient 3 | DOA 1 - YES 2 NO OTHER: e 5 🗆 Residence 8 🗆 Other (Specify) 4 I Nursi 27. MANNER OF DEATN 28e. OATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 1 Natural 2 Accident 5 Pending Investigation BY 1 YES 2 NO 3 Sulcide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) COMPLETED 8 Could not be datermined 4 Nomicide

Approximate Interval Between Onset and Death 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DE DEATN? 1 - YES 2 - NO 28d. DESCRIBE NOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 CERTIFYING PNYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 560 RIVERSIDE DYBRIOI, SALISBURY Julia Day Son Hondale **DHMN-16 Rev 1/89** 

19096

8. BIRTNPLACE (State or Foreign Country)

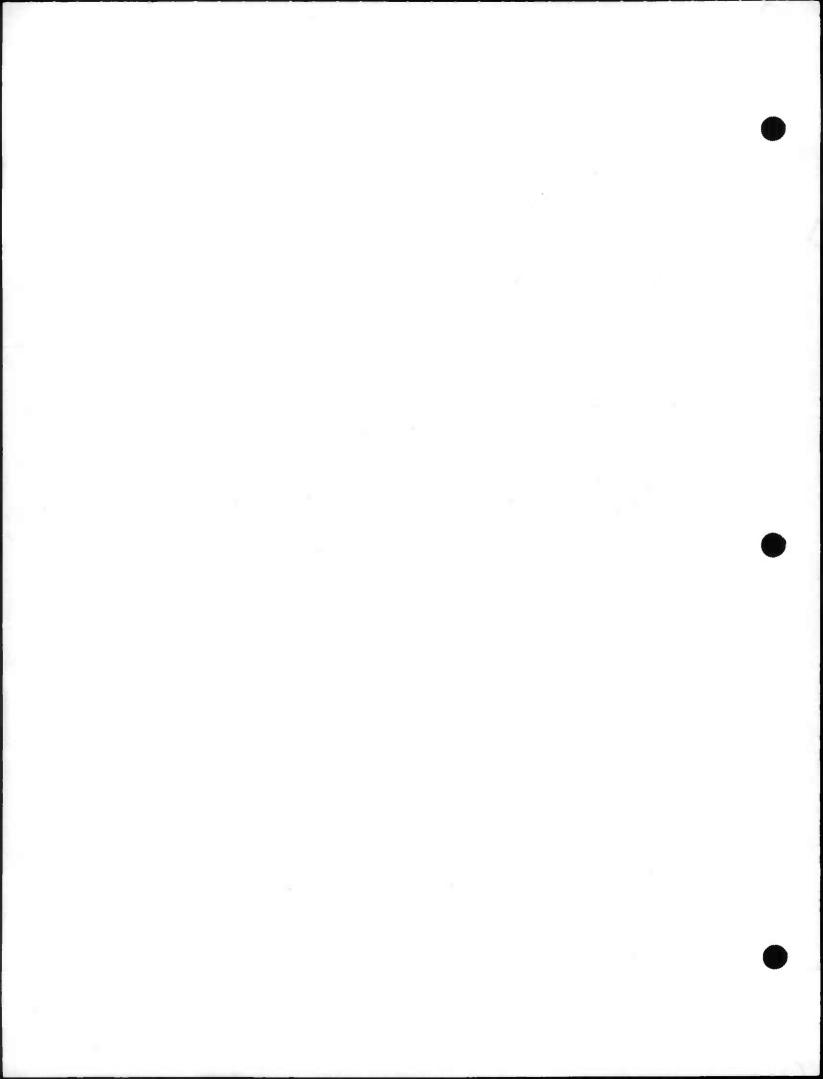
10d, INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, etc.

Specify: White

1 TY YES 2 NO

MARYLAND

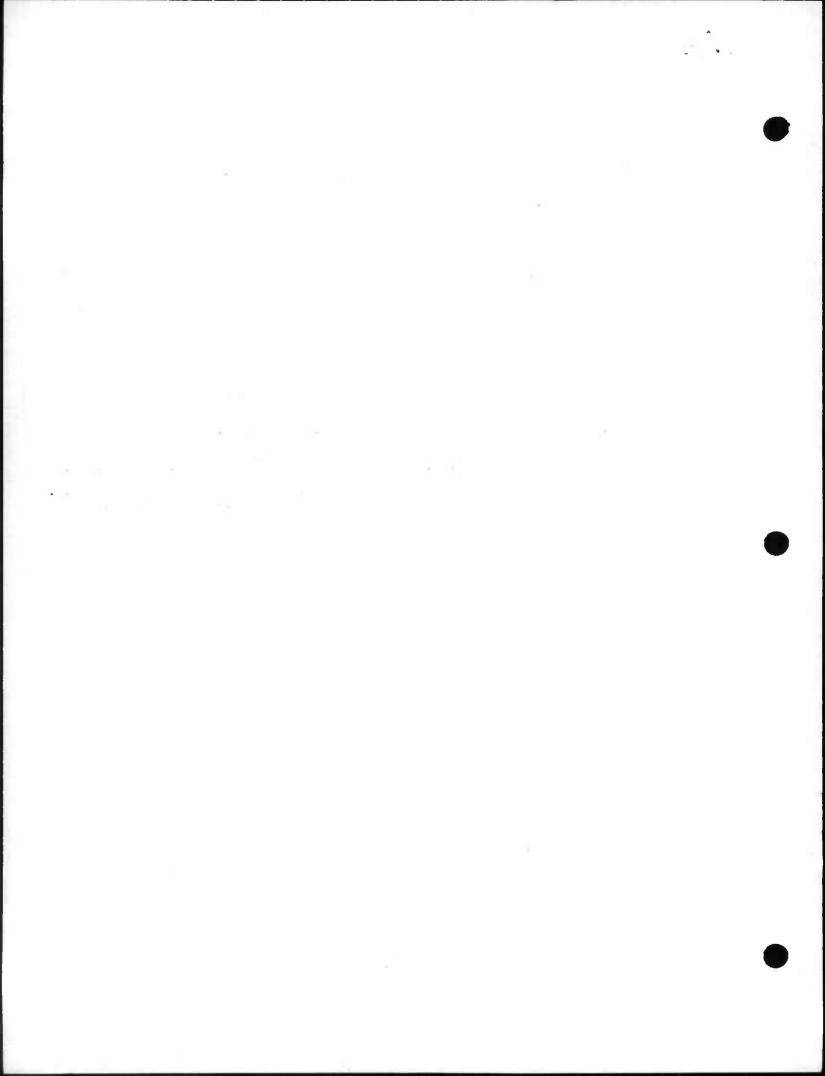


	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIEN		0 1909
6	DECEDENT'S NAME (First, Middle, Last)     CARI	EMIL NIEL	SEN		9		5 19 <b>9</b> 2	
	4. SOCIAL SECURITY NUMBER 185-09-4692	1 🔯 M 2 🗆 F	(In yrs. lest birthday) 80 yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV. 25,	1912 D	NRTHPLACE (State or Foreign country) enmark
TOR HOT	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  5607 Carrington Dr.  Baltimore							
DIRECTOR	residence of decedent  10a. STATE 10b. COUNT  Maryland Ba	ATION		10d. INSIDE CITY LIMITS?				
	10a. STREET AND NUMBER	ltimore		hite Mar	Of. ZIP CODE			1 YES 2 NO
BY FUNERAL	5607 Carrington  11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 XNO	If yes, s	21162 CENDENT OF HISPAN pocify Cuban, Mexican s 2 3 NO Specify			A  RACE — American Indian, Black, White, etc.  Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12	CATION completed) College (1-4 or 5+)	(Give kind of a	usual occupat work done during m se retired.) rpenter	10N lost of working	166. KIND OF BU	I STRESS/INDUSTI STRUCTIO	RY
BE	17. FATHER'S NAME (First, Middle, Lest)  Axel Martin  19a. INFORMANT'S NAME (Type/Print)	Nielsen	10h MAH ING	ADDRESS (Street	Rita	ME (First, Middle, Maiden	Kolze	
5	Lawrence E. Niels  20a. METHOD OF DISPOSITION 1 Burlal 2X Cremation 3 Rem	20b	2415	Romney I	Rd., Joppa	a, Md. 210		
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIN	R		Ferris Crematory 6-17-93 W. Chester, F.  22. NAME AND ADDRESS OF FACILITY HOWARD K. McComas III Funeral Home, 1317 Cokesbury Rd., Abingdon, Md. 21				
	23. PART I. Enter the diseases, Dr shock, or heert fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a.	d the death. Do in ach line.	not enter the m $A \subset A$	ode of dying, such	h as cardiac or resp	iratory arrest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с.	CONSEQUENCE D	U	art	my D.	scar	
: MEDICAL C	PART II. Other significant condition	s contributing to death b	out not resulting	In the underlyir	ng cause given in	Part I. 24s. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Che			
BY PHYS	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN	me 5 Residence  JURY AT  ORK?  YES 2 ND	6 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCURE	D
ETED E	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, :	streel, factory, offi	CB	281. LOCATION (Street City or Town, State,	and Number or Ru )	ural Route Number,
O BE COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI MEDICAL EXAMINE	CIAN: To the best of my know	ledge, death occurr n end/or investigatio	n, in my opinion,	e and place, and due death occured at the	to the cause(a) and me time, data and place, ar	nner as stated. nd due to the cau	use(s) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIED 30. NAME AND ADDRESS OF PÉRSON WH	1 Jon	ATH (ITEM 27) (See	(9)	29c. LICENSE NUM	18ER 179	29d, DATE BIG	MED (Morth, Apr. Year)
	31. DATE FILED (Month, Day, Year)	ut Z Jm 32. REGISTRAR'S SIGN.	1m	mD-	7 303 (	sel aire Fal	Istan,	MD
	JUN 17'93	the Savidson-Par	dill					DHMH-16 Rev 1/6

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. **BALTIMORE, MARYLAND 21215-0020** 

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

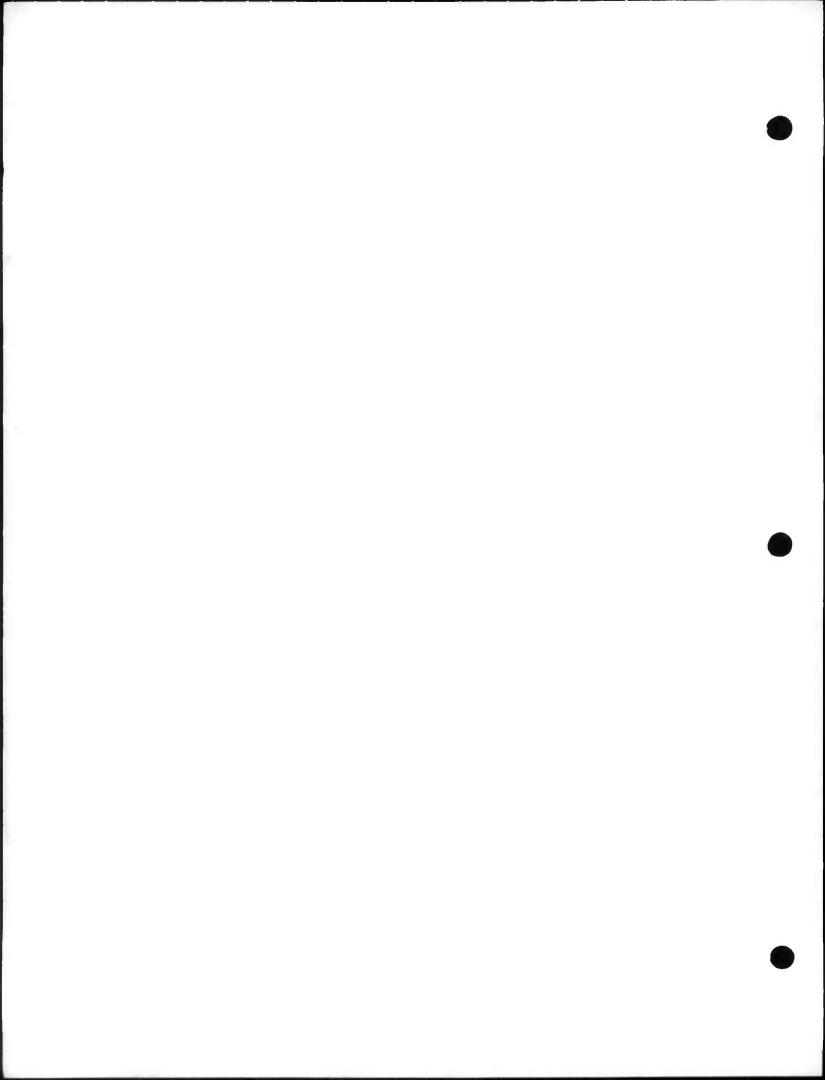
	REGISTRAR									REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)	=======================================		CERTIF		- 01			2. DAT	OF DEATH		-0.7	3. TIME OF OEATH	
	Elizabeth	P. N	IORMZ	MDV					MON.		26	YEAR	11:15	
	4. SOCIAL SECURITY NUMBER	5. SEX		yrs. lest birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	~ ~	a. BIRTH	IPLACE (State or Foreign	
	579-14-3389	1 M 2 F	91	YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year)	000	Countr		
	9a. FACILITY NAME (If not Institution, give s	treet and number)			9b. CITY	, TOWN O	R LOCATI	ON OF DE	JApr. 25,		902 Virg		rginia	
ξ	Frederick Me m	orial E	Ioeni	+ - 1		Fre	dor.	ale	Des					
UIRECTOR	Frederick Me m	OII al I	rosp1	LUAI		rre	uer.	LCK	FIG			rede	ederick	
	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCAT							10d. INSIDE CITY	
	Maryland Car	roll		I	Mt. Airy							- 1	X YES 2 NO	
	10e. STREET AND NUMBER			10f. ZIP CODE				E	10g. CIT			IZEN OF WHAT COUNTRY?		
	205 East Rid	geville	Bou	levaro	Ē		2	1771			Ar	neri	can	
LONEUAL	11. MARITAL STATUS	T EVER IN	U.S. ARMED	13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIGI	N? (Specify Yes	or No—	14. RACE	- American Indian,		
	1 Never Married 2 Married	YES YAR OR DAT			If yes, spe 1   YES				Rican, etc.)			White, atc.		
- 13	3XXVidowed 4 Divorced						,,,,,,,,				фос	"White		
	15. DECEDENT'S EDUC (Specify only highest grade	0.	16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working			v7	16	COUNT	SINESS/INC	DUSTRY				
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Ilfe. Do NOT us	se retired.)		n or works	19	Librar					
	12	4		Libr	carı	an				DINIG	- <i>y</i>			
	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	S NAME (First, Middle, Melden Surname)					
	Eugene Para	vano					Pauline Johnstone							
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	S (Street a	nd Number	or Rural I	Il Route Number, City or Town, State, Zip Code)					
1	Eugene C. Norm	andy		189 F	Robe	Es	tate	es,	Ost	een,	Flor	ida	32764-9	
	20a. METHOD OF DISPOSITION		20b. P	LACEANDDATE	OF DISPOS	ITION/Na	me of		OAT	E 20c 10c				
	1   Burlet 2   Cremation 3   Removal from Stale   Competery, crematory or other place)   Montgomery Crematorium   Bethesda, Maryland													
	21. SIGNATURE OF FUNE IAL SERVICE LIC	ENSEE			22.1	NAME AN	O ADDRE	SS OF FA	CILITY					
	Dlin L. Molesworth, P.A., Funeral Hm.													
4	Damascus, Maryland 20872-0117  23. PART Letter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest,   Approximate													
7.0	23. PART I Enter the diseases, or c	complications the	t ceused t	the death. Do r	Da:	mas	cus,	Ma	rv1	and	2.0	872	-0117	
	IMMEDIATE CAUSE (Final	a. S = C	(OR AS A C	consequence of	Da:	mase the mod	cus,	Maing, such	ryl	and diec or reepi	2 ( ratory arr	)87 <u>2</u> reat,	-0117   Approximate   Interval Between Onset and Death	
	IMMEDIATE CAUSE (Final	a. S C OUE TO OUE TO	(OR AS A C	consequence of	Da:	mase the mod	cus,	Maing, such	ryl	and diec or reepi	2 ( ratory arr	)87 <u>2</u> reat,	-0117 Approximate Interval Between	
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40 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THATHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

> 1993 Julia Lavidson-Randale JUN 2 DHMH-18 Rev 1/89



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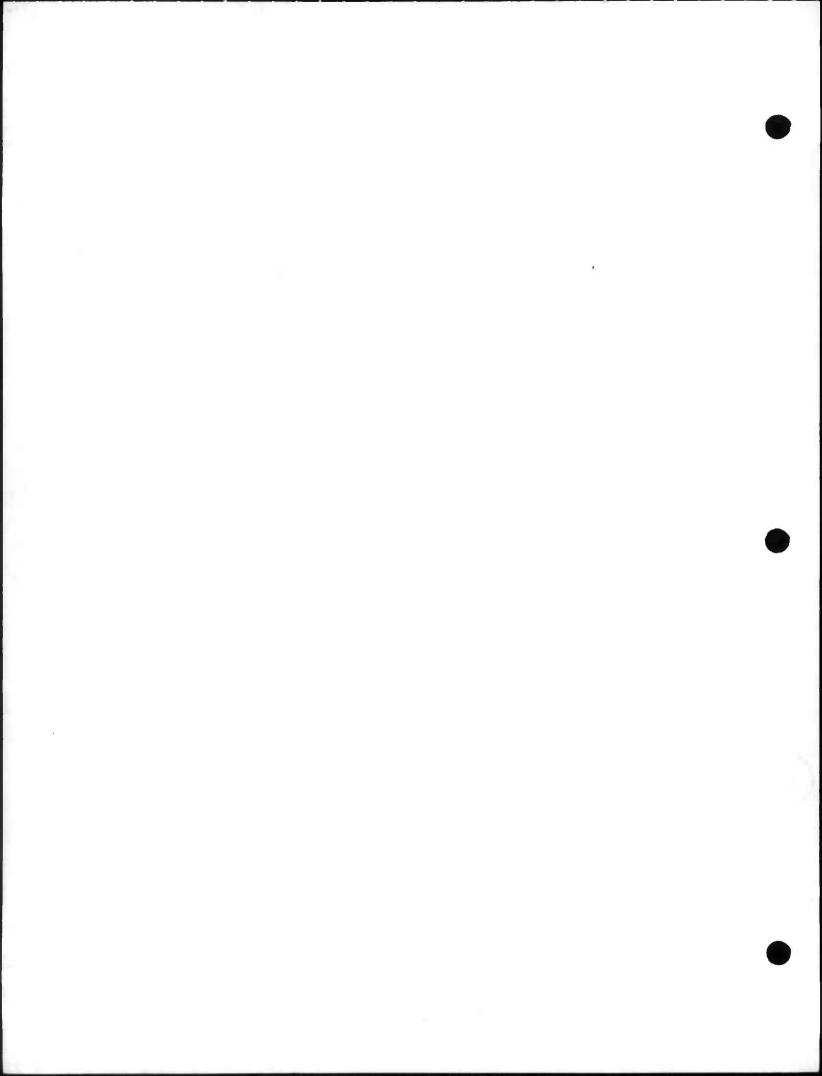
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1 - STATE REGISTRAR
1. DECEDENT'S NA
SHIRLE
4. SOCIAL SECURIT
212-24-
9a. FACILITY NAME
Memoria
RESIDENCE O
10a. STATE
MD
100. STREET AND N
500 Woo
11. MARITAL STATUS

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle,	Lest)						2. DATE	OF DEATH	AV	VEAD	3. TIME OF DEATH
	SHIRLEY				NESB	ITT		Jui		2 19	YEAR 93	9:55 рм
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER 1 YE		F UNDER 24 HRS.		OF BIRTH h, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign
	212-24-1277	1 🗆 M 2 🛣 F	64	YRS.	MONTAS	WAR HK	OURS MIN.		29-28			, Ohio
	9a. FACILITY NAME (If not institution,	give street and number)			9b. CITY, TO	WN OR L	OCATION OF	DEATH			ITY OF D	
DIRECTOR	Memorial Hosp	ital			Cumberland A						11eg	gany
Ä	10a. STATE 10b. CC	VTNU		10c. CIT	TY, TOWN OR L	OCATION						10d. INSIDE CITY
	MD				umber1	and						LIMITS?
¥.	100. STREET AND NUMBER						P CODE			10g. CITI	ZEN OF Y	WHAT COUNTRY?
FUNERAL	500 Woodside A						21502			1	USA	
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEOE FORCES?	NT EVER IN U.S. A	RMED NO	13. WAS	DECEND 8. specify	DENT OF HISPA y Cuban, Maxic	ANIC ORIGIN	17 (Specify Yes	s or No-	Black	E — American Indian, k, White, etc.
B	3 Wildowed 4 Divorced	IF YES, GIVE	WAR OR DATES	*			NO Spec		, ,		Speci	White
	15. DECEDENT'S	EDUCATION	16a, 0	DECEDENT'S	USUAL OCCU	PATION		16/1	. KIND OF BU	SINESS/INO		WILLE
COMPLETED	(Specify only highest Elementary/Secondary (0-12)	grade completed) College (1-4 or 5		(Give kind of te. Do NOT u	work done durir se retired.)	g most of	f working					
鱼	12		"	UNK	N							
ő	17. FATHER'S NAME (First, Middle, Las					18	L MOTHER'S N	AME (First,	Middle, Malden	Surname)		
BE (	Samuel Nichols						Olive D	Mae N	ichols	3		
0	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (St	reet and N	Number or Rural	Route Num	ber, City or Tow	n, State, Zip	Code)	
	Hosp. Rec./don	or Info.										
	20a. METNOD OF DISPOSITION 1 Devial 2 Cremation 3 D		cemetery, c	rematory or o	OF DISPOSITIO			OAT	_	CATION		* ' =
	4 ADonation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE		_ West	Virgi	nia Un	iv.	HGR	6-2	3 <b>-</b>  93	Morga	anto	wn, WV
	· ///	)			7.7	4 77	,	тт Н	uman (	fitt i	Regi	stry of
	1/1/07	la							_		_	town, WV
	23. PART I. Enter the disease.	Dr complications thure. List only one ca	at caused the c use on each iir	iaath. Do i ne.	not enter tha	mode	of dying, su	ch ss card	liac or resp	iratory arr	est,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disesse or condition				100							Onset and Death
ļ	resulting in death)	e	Doren	- 20	1 2 20	my						
_	disesse or condition resulting in death)  e. Surv. English Sens.  DUE TO (OR AS A CONSEQUENCE OF)!  Sulen dem a											
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate	DUE TO	(OR AS A CONS	EOUENCE O	F):				· · · · · · · · · · · · · · · · · · ·			
S	cause. Enter UNDERLYING											
FIF	CAUSE (Disease or injury that initiated events OUE TO (OR AS/A CONSEQUENCE OF):											
Ä	resulting in death) LAST  d.   hypoxomica											
	PART II. Other significant cond	itione contributing to	death but not	resulting	in tha under	lying c	uee given ir	Part i.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
MEDICAL		Serve 1	radyca	ndin	+ 69	top			PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1			1   123 2			OF DEATH?
SI	25. WAS CASE REFERRED TO MEDICA EXAMINER?					6. PLACE	OF DEATH (C	hack only on	e)			
PHYSICIAN:	1 TYES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER: 4 - Nursing	Home 5	□ Residence	6 🗆 Othe	r (Specify)			
F	27. MANNER OF DEATH  1 Netural 5 Pending	26a. DATE Of (Month, I		28b. TIM	IE OF 28c	WORK?		28d. DES	CRIBE HOW I	NJURY OCC	URED	
BY	1 Natural 5 Pending 2 Accident Investigat						2 NO					
	3 Suicide 6 Could no	building	OF INJURY — At I	ome, farm,	street, fectory,	office		28f. LOC City	ATION (Street a or Town, State)	and Number	or Rural A	loute Number,
COMPLETED												
₽ F	(Check only 1 CERTIFYING P	HYSICIAN: To the best of	my kobwiedge, o	leath occurr	ed at the time,	data and	place, end du	e to the cau	se(e) end mer	mer ee atate	rd.	
8		MINER: On the bests of	Ination and/o	r Investigatio	on, in my opinie	on, death	occured at the	time, date	end placa, an	d due to the	cause(s)	) and manner as atated.
BE	296. SIGNATURE AND TITLE OF CER	Tirely 1				29	c. LICENSE NU				SIGNED	(Month, Day, Year)
2	30, NAME AND ADDRESS OF PERSON	WHO COMPLETED CALL	SE OF DEATH AT	EM 27 /=-	Orient		D 367	/66	-:"			
The angle of the a												
Vik Poonai M.D. P.O. Box 338 Cumberland, MD 21501  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE												
	JUL 0 1 1993		den-Rand	as. Sec.								
	2 2 1000		- 1									



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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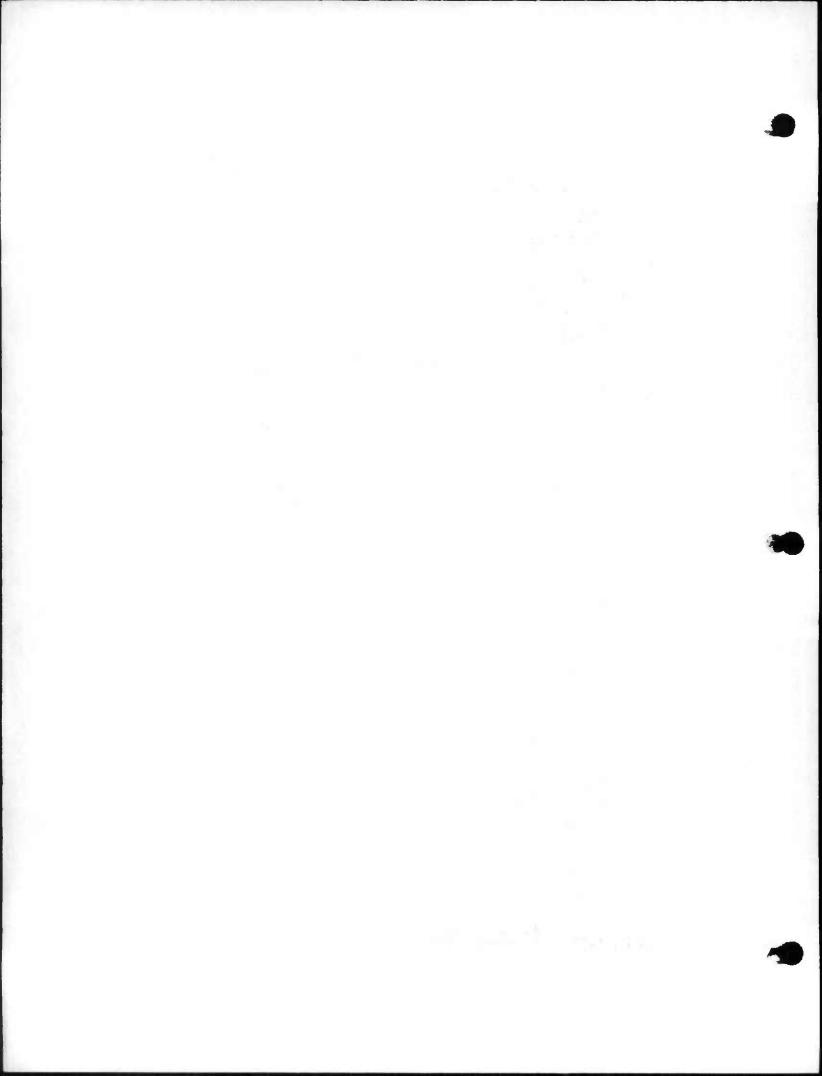
IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN		3 19100			
	1. DECEDENT'S NAME (First, Middle, Last)  (William We	esley Nea			2. DATE OF GEATN	MY - XE	3. TIME OF OEATN  3. 11:00 P M			
	4. SOCIAL SECURITY NUMBER 216-07-6532	5. SEX 6. AGE (1)	7 YRS. WONT		7. DATE OF BIRTH (Month, Day, Year) Aug. 6 19	15 N	BIRTNPLACE (State or Foreign Country) ANYLAND			
TOR	as. FACILITY NAME (II not institution, give a Anne Arundel Media Residence of Decedent		9b. (	Annapolis	DEATH	Anne Anne	or beath Arundel			
DIRECTOR		Arundel		un or Location Pavidsonville			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	829 West Centra			101. ZIP CODE 2103		Unite	of what country? d States			
B	11. MARITAL STATUS 1 Never Married XX Married 3 Divorced	12. WAS DECEDENT EVER IN FORCES? XX YES IF YES, GIVE WAS OR DA	I U.S. ARMED 2 NO NTES	13. WAS OECENDENT OF NISP/ If yes, specify Cuben, Mexic 1 YES 2 NO Speci	can, Puerto Rican, etc.)	s or No— 14.	RACE — American Indian, Black, White, atc. Specify: White			
COMPLETED	15. OECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	life. Do NOT use retin	one during most of working ed.)	16b. KIND OF BU					
N N	17. FATHER'S NAME (First, Middle, Last)		Postmasi		IAME (First, Middle, Malder	vernme	nt			
Ö	Walter Raymond N	loall			ce McKinlei					
BE	19a. INFORMANT'S NAME (Type/Print)	eure	19b. MAILING ADDI	RESS (Street and Number or Rura		,	iel			
2	Doris M. Neall			Central Aver						
	20b. PLACE AND DATE OF DISPOSITION (Name of Cameleton 3   Ramoval from State   20b. PLACE AND DATE OF DISPOSITION (Name of Cameleton 3   Cameleton 3   Ramoval from State   20b. PLACE AND DATE   20c. LOCATION — City or Town, State   20b. PLACE AND DATE   20c. LOCATION — City or Town, State   20b. PLACE AND DATE   20c. LOCATION — City or Town, State   20b. PLACE AND DATE   20c. LOCATION — City or Town, State   20b. PLACE AND DATE   20c. LOCATION — City or Town, State   20b. PLACE AND DATE   20c. LOCATION — City or Town, State   20b. PLACE AND DATE   20c. LOCATION — City or Town, State   20b. PLACE AND DATE   20c. LOCATION — City or Town, State   20b. PLACE AND DATE   20c. LOCATION — City or Town, State   20b. PLACE AND DATE   20c. LOCATION — City or Town, State   20c. LOCATION — City									
CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A  DUE TO (OR AS A  C.		epatitis/Ci	ivvlosis		Interval Battween Onset and Death    Year			
PHYSICIAN: MEDICAL CE	PART II. Other algnificant condition	ns contributing to deeth be	ut not resulting in the	underlying cause given in	Part I. 24a. WAS AI PERFO	RMEO?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF OEATH?  1 YES 2 NO			
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	uodin.		26. PLACE OF DEATH (C	heck only one)					
YSIC	1 YES 2 NO	HOSPITAL: 1 Unpatient 2 ER/Outp		IER: Nursing Home 8 - Residence	6 Other (Specify)					
F	27. MANNER OF GEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. OEŞCRIBE NOW	INJURY OCCUR	ED			
B	1 Natural 5 Pending Investigation			1 YES 2 NO						
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, street,	factory, offica	281. LOCATION (Street City or Town, State	and Number or F )	tural Route Number,			
COMPLETED				he time, date and place, and du my opinion, death occured at th			use(s) and manner as stated.			
TO BE	296 SIGNATURE AND TITLE OF CERTIFIES	elouil, u	29c. LICENSE NU 01983	29d. DATE SIGNED (Month, Day, Year)						
	Strart E. St	COMPLETED CAUSE OF DEA		estable Au	napolis U	u. 2	1401			
JUN 17 1993 June Davidor Render										

MARY LESS IN SEE THAT

purs after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely wind in by the funeral director, page 5 should be detached for use as the bunlal-transit permit. Pages 1, 2, 3 should nith the State Dept. of Health and Mental Hygiene prior to bunlal, cremation, or removal.	medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within purs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely wind in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	HAPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	10c. CITV. Ger  T EVER IN U.S. ARMED YES 2 X NO MR OR DATES  16c. DECEDENT'S U. (Give kind of wo. line. Do NOT use Painter  19b. MAILING A 19209  20b. PLACE OF DISPOSIT	DAYS HOURS  9b. CITY, TOWN OR LOCAL  Olney  TOWN OR LOCATION  TMANTOWN  10f. ZIP CO 20  13. WAS DECENDENT  If yes, specify Cui 1 yes 2 N  DEVAL OCCUPATION  C/Contracto  18. MC  ADDRESS (Street and Numb  Fox Chapel  TION (Name of cometery, ci  ferson Ceme  22. NAME AND ADDR  DeVol Fi 10 East  at enter the mode of ci	DDE 874  TO F HISPANIC ORI Dans, Maxican, Puer O Specify:  OTHER'S NAME (Find Della Ruber or Rural Route N Dr. Germentory or extery Ress of FACILITY In eral H Deer Pa	GIN7 (Specify Yea or No- to Rican, etc.)  109.	Black, White, etc. Specify: White  White  Loyed  Do 20874  City or Town, State  Crsburg, Md20877						
4. SOCIAL SECURITY NUMBER  186-30-0662  9a. FACILITY NAME (If not institution, give street and number)  Montgomery General H  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Maryland  Montgomery  10c. STREET AND NUMBER  19209 Fox Chapel Dr.  11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)  Norval Neel  19c. INFORMANT'S NAME (First, Middle, Last)  Norval Neel  20a. METHOD OF DISPOSITION  1 M Burlal 2 Cramation 3 Removal from State 4 Doneston 5 Other/Specify)  21. SIGNATURE OF PUBLICAL STANCE LICENSEE  22. PART I. Enter the diseases, or complications the shown, or heart feliure. List only one can immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant conditione contributing to	10c. CITY, Ger  T EVER IN U.S. ARMED YES 2 X NO MR OR DATES  16c. DECEDENT'S U. Glive kind of wo- life. Do NOT use Painter  19b. MAILING A 19209  20b. PLACE OF DISPOSITE OF DESCRIPTION OF THE Res on sech line.	DAYS HOURS  9b. CITY, TOWN OR LOCAL  Olney  TOWN OR LOCATION  TMANTOWN  10f. ZIP CO 20  13. WAS DECENDENT  If yes, specify Cui 1 yes 2 N  DEVAL OCCUPATION  C/Contracto  18. MC  ADDRESS (Street and Numb  Fox Chapel  TION (Name of cometery, ci  ferson Ceme  22. NAME AND ADDR  DeVol Fi 10 East  at enter the mode of ci	DER 24 HRS. 7. DAY (MO) (MO) (MO) (MO) (MO) (MO) (MO) (MO)	GIN7 (Specify Yea or No- to Rican, etc.)  Self Empl st, Middle, Maiden Surnar 15h  umber, City or Town, State mantown, Mo 20c. Location Jeffe ome—Gaithe rk Drive	e. BIRTHPLACE (State or Foreign Country) Pennsylvania COUNTY OF DEATH Ontgomery  10d. INSIDE CITY LIMITS? 1 YES 2 K NO  CITIZEN OF WHAT COUNTRY? U.S.A.  14. RACE — American Indian, Black, White, etc. Specify: White CINDUSTRY  Loyed  16. Zip Code) 17. City or Town, State 18. Crsburg, Md20877  Verrest, Approximate Intervel Between						
9a. FACILITY NAME (If not institution, give street and number)  Montgomery General H  RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY  Maryland Montgomery  10a. STREET AND NUMBER  19209 Fox Chapel Dr.  11. MARITAL STATUS  1 Never Merried 2 Married  3 Wildowed 4 Divorced  15. DECEDENT'S EDUCATION (Specity only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5-11)  17. FATHER'S NAME (First, Middle, Last)  Norval Neel  19a. INFORMANT'S NAME (Type/Print)  Mary R. Neel  20a. METHOD OF DISPOSITION 1 M Burlal 2 Campation 3 Removal from State 4 Donation 5 Other (Specify)  21. SIGNATURE of Function 1 Removal from State  A Donation 5 Other (Specify)  22. PART I. Eller the diseases, or complications the chart, or heart feliure. List only one can immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inflitted eventa resulting in death) LAST  DUE TO  Sequenticity list conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inflitted eventa resulting in death) LAST  DUE TO  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NOT 1 DISPOSITION 1 DISPOSITION 2 DUE TO 2	10c. CITY, Ger  T EVER IN U.S. ARMED YES 2 NO MR OR DATES  16c. DECEDENT'S U. (Give kind of wo. ifie. Do NOT use Painter  19b. MAILING A 19209  20b. PLACE OF DISPOSIT	96. CITY, TOWN OR LOCA  Olney  TOWN OR LOCATION  TMAN TOWN  101. ZIP CO  20  13. WAS DECEMBENT  If yes, apacity Cu  1 yes, apacity Cu  1 yes 2 N  N  SUAL OCCUPATION  or doing during most of wor  retired.)  C/Contracto  18. MC  ADDRESS (Street and Numb  Fox Chapel  TION (Name of cometery, cu  ferson Ceme  22. NAME AND ADDR  DeVol Ft  10 East  at enter the mode of cu  10. Contractor  10. Contractor  11. Contractor  12. NAME AND ADDR  10. East  10. East	TION OF DEATH  DEE 874  TOF HISPANIC ORI ban, Maxican, Puer O Specify:  Thing T Della Ru Der or Rurel Route N Dr. Ger Termetory or Detry RESS OF FACILITY There all H Deer Pa	GIN7 (Specify Yea or Noto Rican, etc.)  10g.  GIN7 (Specify Yea or Noto Rican, etc.)  16b. KIND OF BUSINESS  Self Employer, Middle, Malden Surman  1sh  20c. LOCATION  Jeffe  ome—Gaithe  rk Drive	Pennsylvania COUNTY OF DEATH Ontgomery  10d. INSIDE CITY LIMITS? 1 YES 2 K NO  CITIZEN OF WHAT COUNTRY?  U.S.A.  14. RACE — American Indian, Black, White, etc.  Specify: White  White  CINDUSTRY  Loyed  10. Zip Code) 10. Zip Code) 11. RACE — American Indian, Black, White, etc.  Specify: White  CINDUSTRY  Loyed  10. Zip Code) 11. Zip Code) 12. Zip Code) 13. Zip Code) 14. Town, State 15. Crest, Approximate 16. Crest, Approximate 17. Crest, Approximate 18. Cr						
Montgomery General H  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Maryland  Montgomery  10c. STREET AND NUMBER  19209 Fox Chapel Dr.  11. MARITAL STATUS  1	10c. CITY, Ger  T EVER IN U.S. ARMED YES 2 NO AR OR DATES  16e. DECEDENT'S U. (Qive kind of wo. ) Painter  19b. MAILING A 19209  20b. PLACE OF DISPOSIT	Olney  TOWN OR LOCATION  THE TOWN  101. ZIP CO 20  13. WAS DECENDENT If yes, specify Cui 1 YES 2 N  USUAL OCCUPATION Or done during most of wor refired)  18. MC  ADDRESS (Street and Numb  FOX Chapel  TION (Name of cemetery, or ferson Cemeters)  22. NAME AND ADDRESS  10 East enter the mode of cemeter of the content of the cemeter of th	TOF HISPANIC ORIGINAL MAXICAN, Puer O Specify:  Thing There's NAME (Fire Della Ruber or Rurel Route N Dr. Germentory or Letery Ineral H Deer Pa	GIN7 (Specify Yea or No- to Rican, etc.)  109.	ontgomery  10d. INSIDE CITY LIMITS? 1 VES 2 K NO  CITIZEN OF WHAT COUNTRY? U.S.A.  14. RACE — American Indian, Black, White, etc. Specify: White  White  INDUSTRY  Loyed  10. 20874  N — City or Town, State Erson, Pa.  11. Approximate Intervel Between						
Maryland  Montgomery  10e. STREET AND NUMBER  19209 Fox Chapel Dr.  11. MARITAL STATUS  1	T EVER IN U.S. ARMED  YES 2 NO AR OR DATES  160. DECEDENT'S U. (Qive kind of wo. ) Painter  190. MAILING A 19209  200. PLACE OF DISPOSIT	In town  10f. ZIP CO 20  13. WAS DECENDENT If yes, specify Cui 1 VES 2 N  ISUAL OCCUPATION Or done during most of wor refired)  18. MC  ADDRESS (Street and Numb FOX Chapel TION (Name of cometer), or ferson Ceme 22. NAME AND ADDR DeVol Fu 10 East of enter the mode of cometer the mode of	874  TOF HISPANIC ORIH ban, Maxican, Puer O Specify:  Thing Ther's NAME (Fir Della Ru ber or Rural Route N Dr. Ger Termetory or Etery RESS OF FACILITY IN ET AL	GIN7 (Specify Yea or Note Rican, etc.)  18b. KIND OF BUSINESS  Self Employ, Middle, Maiden Surnariash  umber, City or Town, State  "mantown, Modern Surnariash"  20c. LOCATION  Jeffe  ome-Gaithe  rk Drive	LIMITS?  1 YES 2 NO  CITIZEN OF WHAT COUNTRY?  U.S.A.  14. RACE — American Indian, Black, White, etc.  Specify: White  CINDUSTRY  LOYED  10. Zip Code)  11. Zip Code)  12. Zip Code)  13. Zip Code)  14. City or Town, State  15. Crsburg, Md20877  16. Verrest, Approximate Intervel Between						
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Elementary/Secondary (0-12)   College (1-4 or 5-1)	Painter  196. MAILING A 19209  206. PLACE OF DISPOSIT	ADDRESS (Street and Number of Contractors)  ADDRESS (Street and Number of Company)  FOX Chapel  TION (Name of Competer), or ferson Cemes  22. NAME AND ADDRESS (Street and Number of Company), or ferson Cemes  10 East  at enter the mode of company or ferson Cemes  22. NAME AND ADDRESS (Street and Number of Company), or ferson Cemes  22. NAME AND ADDRESS (Street and Number of Company), or ferson Cemes  23. NAME AND ADDRESS (Street and Number of Company), or ferson Cemes  24. NAME AND ADDRESS (Street and Number of Company), or ferson Cemes  25. NAME AND ADDRESS (Street and Number of Company), or ferson Cemes  26. NAME AND ADDRESS (Street and Number of Company), or ferson Cemes  26. NAME AND ADDRESS (Street and Number of Company), or ferson Cemes  26. NAME AND ADDRESS (Street and Number of Company), or ferson Cemes  26. NAME AND ADDRESS (Street and Number of Company), or ferson Cemes  27. NAME AND ADDRESS (Street and Number of Cemes of Cem	r  Della Ru  Der or Rurel Route N  Dr. Ger  Teremetory or  Detery  RESS OF FACILITY  Deer Pa	Self Emplost, Middle, Maiden Surman ish umber, City or Town, State mantown, Mo 20c. LOCATION Jeffe ome-Gaithe rk Drive	Loyed  a. Zip Code)  d. 20874  N — City or Town, State  erson, Pa.  ersburg, Md20877  verrest, Approximate Intervel Between						
11  17. FATHER'S NAME (First, Middle, Last) NOTVAL Neel  190. INFORMANT'S NAME (Type/Print)  Mary R. Neel  200. METHOD OF DISPOSITION 1 M Burlat 2 Cammitton 3 Removal from State 4 Donation 5 Other (Apperty)  21. SIGNATURE of Funeral State Understand disease or condition resulting in death)  Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inflitted eventa resulting in death) LAST  DUE TO d.  PART II. Other significant conditione contributing to the cause. Enter Understand d.  PART II. Other significant conditione contributing to the cause. Enter Understand d.  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NOT 1 DISPITAL: 28. DATE OF 28.	Painter  196. MAILING A 19209  206. PLACE OF DISPOSIT	ADDRESS (Street and Number Fox Chapel Tion (Name of cometer), or ferson Ceme 22. NAME AND ADDRESS to enter the mode of cometer the mode of cometers at enter the mode of cometers.	orther's NAME (Fire Della Ruber or Rurel Route N Dr. Germentory or Letery Lineral H Deer Pa	et, Middle, Maiden Surmari 15h  umber, City or Town, State cmantown, Mo  20c. LOCATION  Jeffe  ome-Gaithe rk Drive	d. 20874  N - City or Town, State erson, Pa.  ersburg, Md20877  verrest, Approximate intervel Between						
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19e. INFORMANT'S NAME (Type/Print)  Mary R. Neel  20e. METHOD OF DISPOSITION  1 M Burlal 2 Crametton 3 Removal from State  4 Donation 5 Other (Specify)  21. SIGNATURE of Full Labor Licenses  immediate Cause (Final disease or condition, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST  DUE TO d.  PART II. Other significant conditione contributing to the cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NOT 1 DISPOSITAL:  27. MANNER OF OEATH 28e. DATE OF TABLE OF THE CAUSE (DISEASE OF TABLE)  28e. DATE OF TABLE OF TAB	19209 20b. PLACE OF DISPOSIT DESCRIPTION OF THE PROPERTY OF TH	Fox Chape1  Tion (Name of cemeter), ci ferson Ceme  22. NAME AND ADDR DeVol Fi 10 East  at enter the mode of cemeter)	Dr. Ger  Dr. Ger  Termetory or  Etery  RESS OF FACILITY  IN CREAT H  Deer Pa	umber, City or Town, State cmantown, Mo 20c. LOCATION Jeffe ome-Gaithe rk Drive	d. 20874  N-City or Town, State erson, Pa. ersburg, Md20877  verrest, Approximate Intervel Between						
Mary R. Neel  20a. METHOD OF DISPOSITION  1 % Burlal 2 Cramation 3 Removal from State  4 Donation 5 Other (Specify)  21. SIGNATURE of Published State Licenses  about, or heert feliure. Liet only one can immediate cause are undertoon in the cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO.  26. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO.  27. MANNER OF OEATH  28a. DATE OI	19209 20b. PLACE OF DISPOSIT DESCRIPTION OF THE PROPERTY OF TH	Fox Chapel TION (Name of cometer), or ferson Ceme  22. NAME AND ADDOR DeVol Fit 10 East at enter the mode of or	Dr. Ger etery etery RESS OF FACILITY IN ERAL H	200. LOCATION Jeffe ome-Gaithe rk Drive	d. 20874  N-City or Town, State erson, Pa. ersburg, Md20877  verrest, Approximate Intervel Between						
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EXAMINER?  1 ☐ YES 2 ☐ NO	deeth but not resulting in	n the underlying ceus	e given in Part i	. 24s. WAS AN AUTOF PERFORMED? 1 YES 2 11 MG	AVAILABLE PRIOR TO COMPLETION OF CAUSE						
1 ☐ YES 2 ☐ NO 1 ☐ Impatient 2 ☐ 27. MANNER OF OEATH 28a. DATE OF			DEATH (Check only	y one)							
1 Natural 5 Pending	ER/Outpatient 3 DOA	OTHER: 4 Nursing Home 5 COF 20C. INJURY AT WORK? M 1 YES 2	28d.	Other (Specify) DESCRIBE HOW INJURY	OCCURED						
2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE 0 building	oF INJURY — At home, farm, atrete. (Specify)		26f, L	OCATION (Street and Nur City or Town, State)	mber or Rural Route Number,						
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of a MEDICAL EXAMINER: On the basis of a											
29b. SIGNATURE AND TITLE OF CRATIFIER	and	M 280. L	ICENSE NUMBER	209 P	DATE SIGNED (Month, Day, Year)  (C - 14-93						
1040 Co. LOOMS	111000	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  31. DATE FILED (INDITION DISPLAY)  31. DATE FILED (INDITION DISPLAY)  31. DATE FILED (INDITION DISPLAY)  31. DATE FILED (INDITION DISPLAY)  31. DATE FILED (INDITION DISPLAY)									



BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	or emoval. Medical examiner must be notified at once	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE CONTINUE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FIRST CONFICIENCY After this certificate has been signed by the attending physician and completely fills be find unitally and being been signed by the first property of the first and beautiful the first property of the first property o	be incommunity to make began with the state began of the meant and mental mything product or beneating, or believal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once	

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC			MENTA	L HYGIEN	_		
Î	1. DECEDENT'S NAME (First, Middle, Last)	William J				MONT	OF DEATH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 577-10-1038  9a. FACILITY NAME (If not institution, give a	5. SEX 6. AGE	(In yrs. lest birthday) F 89 YRS.	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month	OF BIRTH	1903	Vash	PLACE (State or Foreign ) aington, DC
DIRECTOR	3500 Forest Edge	Drive #2G		Silver	Spring	EATH		Montgomery		
		gomery		ver Spi				10a CITIZE		10d. INSIDE CITY LIMITS? 1 YES XX NO HAT COUNTRY?
FUNERAL	3500 Forest Edge	12. WAS DECEDENT EVER		13. WAS DEC	20906 ENDENT OF HISPAN	iic origin	? (Specify Yea	Uni	ted	States - American Indian,
BY	1 Never Married 2XX Married 3 Wildowed 4 Divorced  15. DECEDENT'S EDU	FORCES? 1 YES	DATES	1 🗆 YES	ACT NO Specify	r			Specify	White White
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+) 5+	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re Presider	done during mo- tired.)	on st of working	166	KIND OF BUS Pair	it Com		7
BE COM	17. FATHER'S NAME (First, Middle, Last) William Newman				18. MOTHER'S NAI	ME (First, I	Viddle, Maiden			
10	19a. INFORMANT'S NAME (Type/Print)  William A. Newma		445 Hi	ghland	nd Number or Aural F Street,		onvil:	le, Ma	ssa	
	20a. METHOD OF DISPOSITION  1	oval from State	b.PLACE AND DATE OF D metery, cremetory, ocother Cedar Hill	Cemete	ry 6/11/			tland		n, Steta ryland
	· Michal &	Liesins	M00846	Robert Chevy Bethes	Chase, I	hrey nc. land	Fune: 7557 V L 2081	cal Ho Viscon L4-350	me/] sin l	Bethesda- Avenue
	23. PART I. Enter the diseases, or canock, or heert failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Myocardia	each line. al Infarcti		de of dying, auch	h aa card	llec or reapi	ratory erres	t,	Approximeta interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. Arterioso  DUE TO (OR AS	A CONSEQUENCE OF):  Clerotic Ca A CONSEQUENCE OF):  A CONSEQUENCE OF):	ardiova	scular D	isea	se			INDEF
CERTI	resulting in deeth) LAST	d								
MEDICAL	PART II. Other algorificant condition	a contributing to death I	but not resulting in ti	he underlying	ceuse given in i	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 \( \subseteq \text{ NO} \)	HOSPITAL:		THER:	ACE OF DEATH (Che					
ВУ РНУ	27. MANNER OF DEATH  1 X Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	93 P	28c. INJ		28d. DES	CRIBE HOW II	N BE	RED	
	3 Suicide 6 Could not be determined	de 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Inc. (Specify) 28f. (Spe								ute Number,
COMPLETED		CIAN: To the best of my known.  R: On the besis of estimination.								and manner as stated.
TO, BE	296. SIGNATURE AND PYTTE OF CERTIFIES	DO 7099							Month, Day, Year)	
	Francis C. Mayle, M.D., 10215 Fernwood Road, Bethesda, Maryland 20817									
	JUN 1 4 1993	3 Julia David	ser-Randell							

		REGISTRAR		CE	RTIFIC	ATE OF	DEATH		REG. NO.			
		1. DECEDENT'S NAME (First, Middle, Last)  Marquerite				rle		2. DATE OF MONTH	DA	6/16/9: E	3 3. TI	ME OF DEATH ]
		4. SOCIAL SECURITY NUMBER 579-40-0166	5. SEX 8. AG	E (In yrs. lesi		THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D 08 25	BIRTH Py: Years	8, E	Country	irginia
3 should		9a. FACILITY NAME (If not institution, give s	treet and number)		9b.	CITY, TOWN	OR LOCATION OF DE	ATN		9c. COUNTY		
1, 2, 3 s	DIRECTOR	Holy Cross Hospi	tal		Montgomery			у				
Socie	\( \tilde{\ti}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	10a. STATE 10b. COUNT	1		10c. CITY, TO	WN OR LOCA	TION				10d.	INSIDE CITY
iji M			gomery		Silve:	r Spri	ng					YES 2 NO
t pert	FUNERAL	10e. STREET AND NUMBER				10	H. ZIP CODE	10g. CITIZEN			OF WHAT	COUNTRY?
lan. transi	밀	631 Bennington L					20910	USA				
215-0020 attending physician. use as the bunal-transit permit. Pages	BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 VE IF YES, GIVE WAR OR	S 2/ /N	2/L/NO If yes, specify Cuben, it			Aexican, Puerto Rican, etc.) B			Black, White Specify:	merican Indian, a, atc. White
1215-0 r attending use as the	ED	15. DECEDENT'S EDU		16a. DE	CEDENT'S USU	'S USUAL OCCUPATION			16b. KIND OF BUSINESS/INDUSTR			WILLE
<b>5</b> 8 2	17	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Gi	ve kind of work of Do NOT use reti	done during m red.)	ost of working					
G ∰ D	절	12	2	Int	erior 1	Decora	tor	Hec	ht C	ompany		
	COMPLET	17. FATNER'S NAME (First, Middle, Last)		18. MOTHER'S NAME (First, I					lle, Maiden	Surname)		
~ 2 ~ w	BE	Charles Franklin	Clark					Joseph				
MAR retained 5 should notified	2	19a. INFORMANT'S NAME (Type/Print)					and Number or Rural F					
		Frank Meyerle					d, Silve	r Spri	ng,M	D 20904	4	
FIMORE, Page 6 may be al director, page		20a. METNOD OF DISPOSITION 1 Duriel 2 Coremetion 3 Rem		emetery, crer	ND DATE OF DI	lace)		DATE		CATION — City		ate
Age direc		4 Donation 5 Other (Specify)		ort ]	Lincol		netory 6		Bre	ntwood;	, MD	
ALTIMOR death. Page 6 ma funeral director, p		* Kmi K	HO			Hines	-Rinaldi	Funer	al H	ome		20904
	_	( Jours )	Com			11800	New Ham	pshire	Ave	,Silver	r Spr	ing,MD
24 hours filled in jon, or re		23. PART . Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition	List Dnly Dne cause Dn	esch line.								Approximats Interval Betwee Onset and Dec
760, ed withlic omplete I. cremi event,		resulting in deeth)	DUE TO (OR AS	A CONSEO	UENCE OF):	4 KC A	JOSUM	100011	1/ (	<i></i>	-	
	z	weeds and a second second second	CELLUL	ins	(2)	HIF						2mo
N 5 7 5 1	5	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS	A CONSEO	UENCE-OFT:							
cate be physicial to prior train	CERTIFICATION	CAUSE (Disesse or Injury	C	OR AS A CONSEQUENCE OF):								
certificate ding physical principle	Ë	that initiated events resulting in death) LAST	DUE TO (OR AS									
구 들 들 등 이	ä	Heatters College College	d									
CKOS, P that the death red by the atten th and Mental P any Injury, o		PART II. Other significant condition				e underlyin	g cause given in	Part I. 24	. WAS AN			AUTOPSY FINDING
That the	EDICA	CORONARY AR		619	SE			_   1	PERFOR		COMP	ABLE PRIOR TO LETION DF CAUSE
requires that seen signed of Health and shows and seen signed of the seed of t	ME	THROMBOCYTOR	ENLA								OF DE	YES 2 NO
		MEMIA						_				
	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF DEATH (Che	ock only one)				
SICIAN: The Certificate the State to the State	YSI	1 TYES 2 NO	1 Cinpatient 2 ER/Ou	tpatient 3		HER: Nursing Hon	ne 5 🗆 Rasidence	6 Other (S	ecify)			
ON OP OP OP OF OF OF OF OF OF OF OF OF OF OF OF OF	ву Рн	27. MANNER OF VEATH  1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		28b. TIME OF INJURY	WC	JURY AT ORK? YES 2 NO	28d. DESCRI	BE NOW IN	JURY OCCURE	D	
ATTENDI ATTENDI CTOR: A after de	ETED I	3 Suicide 6 Could not be determined	28e. PLACE OF INJUS building, stc. (Sp	RY — At hone	ne, farm, street	factory, offic		26f. LOCATIO	N (Street a	nd Number or Ru	ural Route N	umber,
	MPLE	29a. CERTIFIER Check only	CIAN: To the best of my kno	wiedge, das	th occurred at	the time, date	and place, and dua	to the cause(s	and man	ner as stated.		
PITAL ERAL n 72 h	COM		R: On the basis of axaminati								use(s) and r	nanner aa stated.
TNE	Ö	296 SIGNATURE AND TILE OF CERTIFIER		$\overline{}$			29c. LICENSE NUM			29d. DATE SIG		
D THE POPERANT.	TO BE	A NAME AND ADDRESS OF PERSON WH	COMPLETER PAUSE OF I	L ATH STEM	1970 (Sense Order		D253	44		1616	19	3
		ROBERT J. GINGGE	26, ND 9	3016	ESVIL	CE R	Ed. Silo	ion Si	PEINC	i- M	0 2	1901
		31. DATE FILED (Month, Day, Year)  JUN 1 7 1993	32. Julia Javid	SON-RO	ndell							

TO THE HIGH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

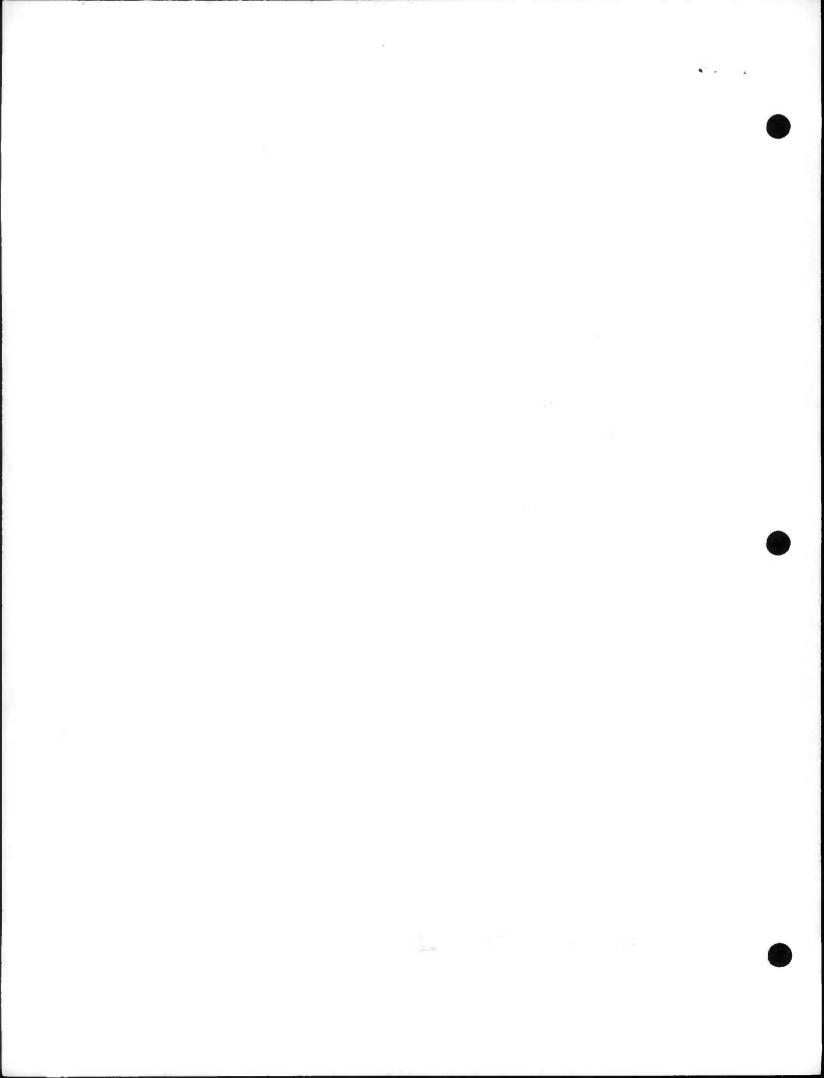
The FUNE ALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be consistent of the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANE II item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

93-19/04

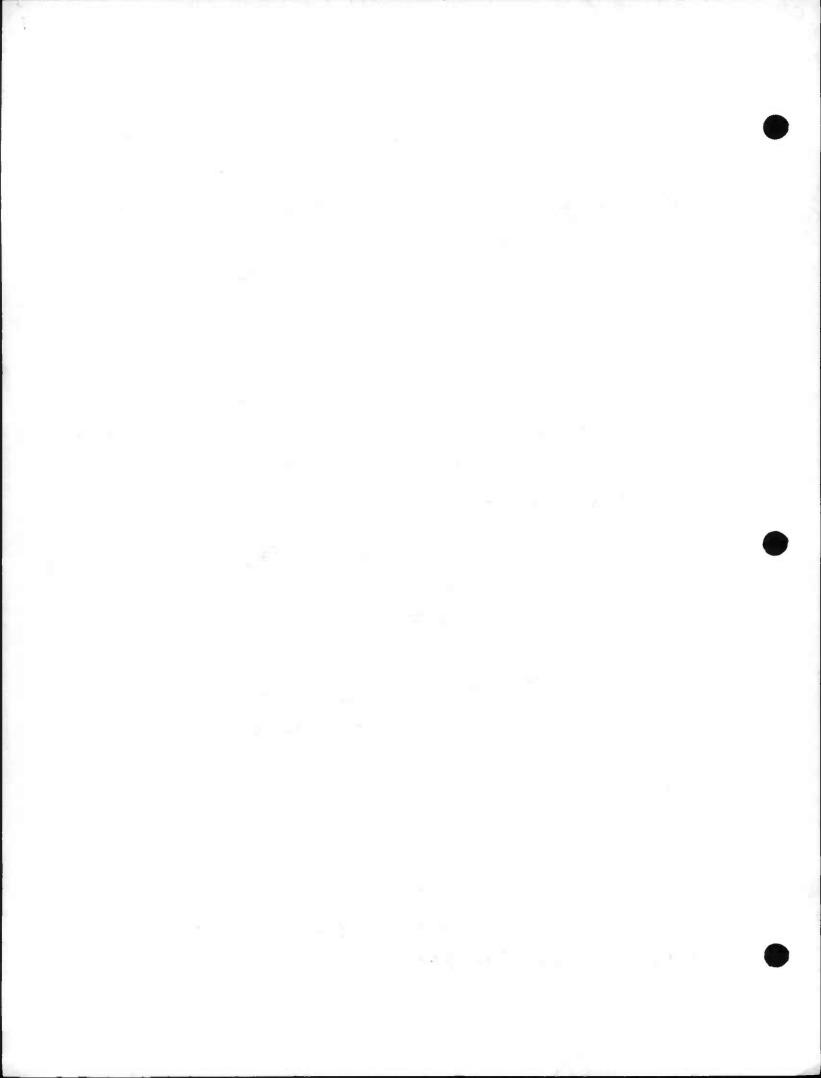
	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAI CERTIF					MENTAL	HYGIENI	E	0.5	10101
	1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH		3	TIME OF DEATH
	GLENN	ORTON						MONTH.	UN 10		YEAR	12:20 A M
			GE (In yrs. last birthday)		R 1 YEAR	IF UNDER	24 HRS.	7. DATE O	OF BIRTH		BIRTHPL	ACE (State or Foreign
	365-22-6077	M 2 □ F	65 YRS.	MONTHS	DAYS	HOURS	MIN.		24 19	28	Country) MICH	TCAN
	90. FACILITY NAME (If not institution, give stree	t and number)	0.5	9b. CIT	Y, TOWN O	R LOCATI	ON OF DE		24 17	9c. COUNT		
R C	NATIONAL NAVAL M	EDICAL CE	VITED.		BETH	FCDA				MO	NTGO	MEDV
DIRECTOR	RESIDENCE OF DECEDENT	EDICAL CE								HO	NIGO	MICKI
2	10e. STATE 10b. COUNTY		10c. Cl	TY, TOWN	OR LOCAT	ION					10	Dd. INSIDE CITY LIMITS?
0	MARYLAND CHA	RLES		IN	DIAN							YES 2 NO
RA	108. STREET AND NOMBER				101.	ZIP COD	E			10g. CITIZE	N OF WH	AT COUNTRY?
FUNERAL	TWTN O	AKS 2. WAS DECEDENT EVE					640					D STATES
	1 Never Married 2 Married	FORCES? 1 Y	ER IN U.S. ARMED		If yes, spi	city Cube	n, Mexice	NIC ORIGIN: nп, Puerto R	(Specify Yes ican, etc.)	or No- 14	I. RACE Black, V	- American Indian, Vhite, atc.
ВУ	3 Widowed 4 Divorced	1947 -			1 TYES	2 X NO	Specify	<b>y</b> :			Specify:	WHITE
ED	15. DECEDENT'S EDUCAT	ION	18e. DECEDENT'S	USUAL O	CCUPATIO	N		16b.	KIND OF BUS	INESS/INOUS	STRY	WILLID
ᄪ	(Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) College (1-4 or 5 +)	(Give kind of life. Do NOT u	work done ise retired.)	during mos	st of working	ng					
Ę.	12		U.S.AI	R FOR	CE				DEFENS	E		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTI	HER'S NA		iddle, Maiden S	-		
BE	GLENN WAYNE ORT	ON				ELI	ZABE	ETH B	AKER			
5	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRES	S (Street si	nd Number	or Rural F	Route Number	er, City or Town	, State, Zip Co	ode)	
	SHETIA M. ORTON		TWI	I OAK	S. I	NDIA	N HE	EAD. I	MD 206	40		
	20e METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Remova	I from State	20b. PLACE AND DATE cemetery, crematory or	other place!				OATE		ATION — CIF		
	4 Donetion 5 Other (Specify)		Arlingto	n Nat	ciona				-15 Ar	lingt	on V	irqinia
	21. SIGNATURE OF FUNERAL SERVICE LICEN	M MI	60668	22. V	NAME AN	ams	Fune	eral l	Home			
	Westhal	Le		F	Rt. 2	25 8	Glv	mont	Rd.,	India	n Hea	ad, Md.
	23. PART I. Enter the diseases, or con shock, or hasrt fallure. Lis	plications that cau	sed the death. Do	not anter	the mod	de of dy	ing, suci	h as cardi	sc or reapir	atory arres	it,	Approximats
	IMMEDIATE CAUSE (Final	t only one cause of	ii aacii iiile.									Interval Between Onset and Death
	disesse or condition resulting in death)	NON	SMALL CEI	LL LU	ING C	ANCE	ER					
		DUE TO (OR A	AS A CONSEQUENCE O	F):								
ON	Sequentially list conditions, b.	DUE TO JOB J	AS A CONSEQUENCE O	· D.								
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUL TO (ON A	S A CONSECUENCE C	r):								
띮	CAUSE (Disease or Injury that initiated events	OUE TO (OR A	S A CONSEQUENCE O	F):								
F	resulting in death) LAST											!
	PART II Other cloudlesses and district	THE HEAVE THE PARTY										
CAL	PART II. Other significant conditions of	ontributing to deat	h but not reauiting	In the ur	nderiying	cause g	given in	Part I.	24a, WAS AN A PERFORE			ERE AUTOPSY FINDINGS AILABLE PRIOR TO
ă								_	1   YES 2	ON		MPLETION OF CAUSE DEATH?
MEDI								_ 1			1	☐ YES 2 ☐ NO
ä												
ᅙ		IOSPITAL:		OTHE		ACE OF D	EATH (Che	eck only one	)			
PHYSICIAN:	1 VES 2 NO 1	Inpetient 2 - ER/C		4 🗆 Nur	sing Home		sidence	6 🗆 Other				
	1X Netural 5 Pending	(Month, Day, Yea		JURY M	28c. INJU WOR	RK?		28d. DE\$0	CRIBE HOW IN	JURY OCCUP	RED	
B	2 Accident Investigation 3 Suicide	28a DI ACE OF IN II	JRY — At home, farm,	اــــــــــــــــــــــــــــــــــــــ		ES 2	NO					
ED.	4 Homicide determined	building, etc. (S	Specify)	atreet, Iac	ory, ornee				TION (Street ar Town, State)	nd Number or	Rural Rout	n Number,
29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as attend.  2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end menner as attend.												
MP.												
	2 MEDICAL EXAMINER: 0	The paper of strium	enver arra/or investigatio	eri, an my c	pinion, de				and place, and			
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER												
2 JAMES AND ADDRESS OF STREET AND ADDRESS OF							1093					
				, rnnt)					MEDIC		NTER	
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	JW 15 93	guiant	widon-fond	عاف								



BALTIMORE, MARYLAND 21215-0020 SATURATION OF VITAL RECORDS, P.O. BOX 68760, SATURATION OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should man, burial and which hygher prior to burial regiment or removal.	BALTIMORE, MARYLAND 21215-0020	is after death. Page 6 may be retained by the hospital or attending physician.	1 by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	removal.	direct aversions must be availabled at con-
SION OF VITAL RECORDS, P.O. BOX 68760, ENDING PHYSICIAN: The law requires that the death certificate be executed with R. After this certificate has been signed by the attending physician and complete or death with the State Dept. of health and Member Hygiens phorito burds, created to the complete control of the control		in 24 hou	ily filled i	lation, or	the me
ITAL OR ATTE	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SATA, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	BAL DIRECTOR: After this certificate has been signed by the attending physician and completely	7.72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematii	VF If item 28 is marked or item 23 shows any injury or other transmitte event the medical evancines must be notified at once

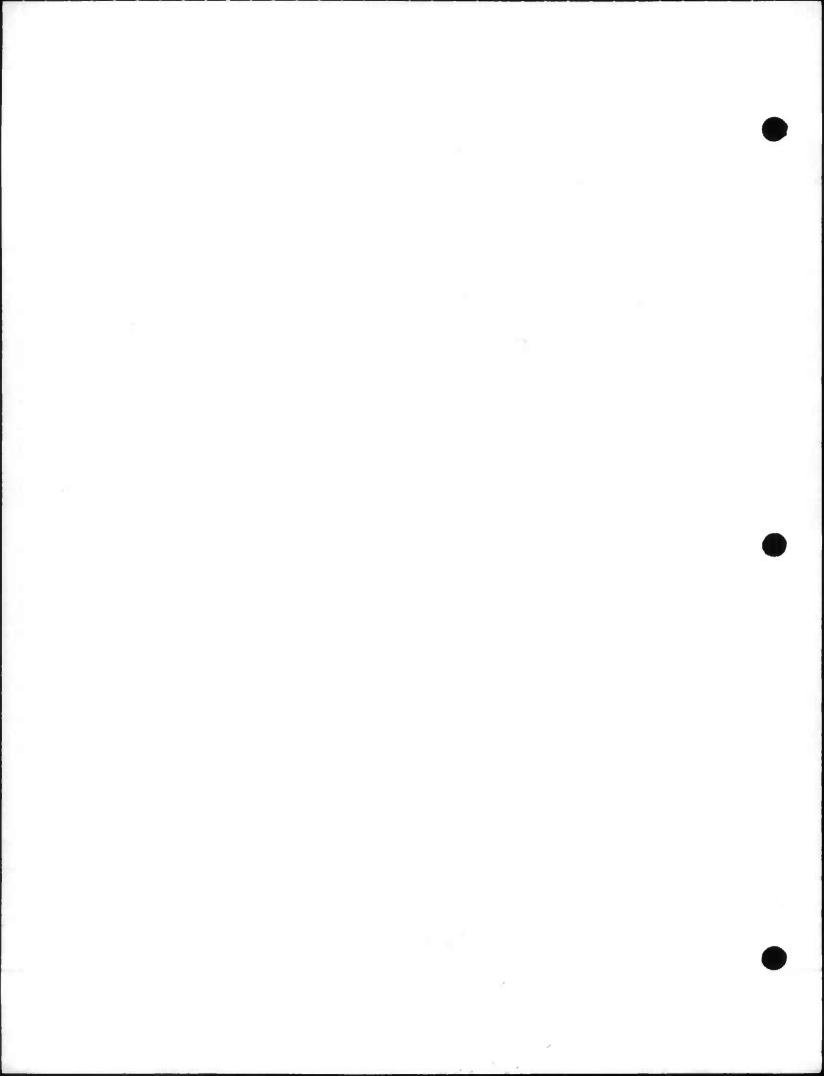
	REGISTRAR		) / DEPARTMENT CERTIFICATE	OF HEALTH AND	MENTAL HYGIEN REG. NO		9105			
	WILHMINA		Overstree	t	2. DATE OF DEATH MONTH	AV YEAR	3. TIME OF DEATH  535 P M			
	557- 30-7057	SEX 6. AGE (In yrs.	YRS. MONTHS	DAYS HOURS MIN.		1915 Mary	land			
TOR	9a. FACILITY NAME (II not institution, give street  HAN LOT A MEHO  RESIDENCE OF DECEDENT	rial Hospit	al Hay	re de Grac	E Hd.	9c. COUNTY OF DE				
DIRECTOR	Maryland 10b. COUNTY	Cecil	10c. CITY, TOWN C	Perryville			10d. INSIDE CITY LIMITS? 1XXYES 2 NO			
FUNERAL	100. STREET AND NUMBER 423 Elm Street			10f. ZIP CODE	903 U.S.A.					
S		. WAS DECEDENT EVER IN U.S.		WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	- American Indian.				
à	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES 2	_	f yes, specify Cuban, Mexic    YES 2   NO Speci		Black, Specify	White, etc.			
ETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)	npleted)	(Give kind of work done of life. Do NOT use retired.)	CCUPATION during most of working	16b. KIND OF BUS	SINESS/INDUSTRY				
ONCE.		years	Manager		Canvasba	ack Restau	rant			
5 5	17. FATHER'S NAME (First, Middle, Last)			18. MOTNER'S NA	AME (First, Middle, Maiden					
S S	Joseph Henry Mck	Kenney			a Mary Dean					
2	Mary V. Overstreet			Street and Number or Rural Street, Peri			1002			
2	20a METHOD OF DISPOSITION 14-3 Burlel 2 Cremetion 3 Removal	20b. PLA	CE AND DATE OF DISPOS	ITION /Nama of	DATE 20c. LO	CATION — City or Tow	1903			
Ē	4 Donation 5 Other (Specify)	Newa	ark Method	ist Cemetery	6/18/93	Newark, D	elaware			
examiner must be notified at once.  TO BE COM	21. SIGNATURE OF FUNERAL SERVICE LICENS	AHERDON	L:	name and address of Face A. Patter erryville, N	son & Son	Funeral H				
medical	23. PART i. Enter the diseases, or com ahock, or heart feliure. List	iplications that caused tha	death. Do not antar	the mode of dying, suc	ch as cerdiac or reapi	ratory errest,	Approximata			
2	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	CARL		NART ARK	25	•	intarval Batween Onset and Death			
event,		OUE TO (OR AS A CON	SEQUENCE OF):							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate									
E E	CAUSE (Disease or injury									
HE HE	that initiated events oue TO (DR AS A CONSEQUENCE DF): resulting in death) LAST									
= 1	d									
	PART II. Other aignificent conditions of	ontributing to death but no	ot resulting in the un	derlying ceuse given in	AND PERFOR	RMED?	WERE AUTOPSY FINDINGS			
shows any : MEDIC	100	cecias.	April	TPA)	1 U YES &	APPEARO (	COMPLETION OF CAUSE OF DEATH?			
2 2	ASONO		R	nAl ASILLA	11	1	YES 2 NO			
ed, or item 23 shows any PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	Logues	28. PLACE DF DEATH (C)	neck only one)					
I SI	1 TYES 2-1 ND 27. MANNER OF DEATH			ing Nome 5 - Residence						
BY PF	1 Natural 5 Pending 2 Accident Investigation	28a. DATE DF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCURED				
Z8 IS TED	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street, facto	ory, office	28f. LOCATION (Street a City or Town, State)	and Number or Rural Ro	ute Number,			
BE COMPLETED		N: To the best of my knowledge, on the basis of examination and/					and manner as stated			
E E	29b. SIGNATURE AND TITLE OF CERTIFIER	01	7	29c. LICENSE NU		29d. DATE SIGNED (A				
TO BE	THAMBS H. J.	Entle MI	<i>[]</i> .	042	300	1 6.1	5.93			
	31. DATE FILED (Month). Day: (Nat)	OMPLETED CAUSE OF DEATH (I	90 3195.	Union	af Hel	S. Md	21078.			
	JUN 17'93 4	lia Savidan Rand	486							

DHMH-16 Rev 1/89



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	TO THE HIGSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	50	"We filed within 32 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	INFORMATIFIED IS marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR		MARYLAND	CERTIF	ICATI	E OF	DEA	ГН		REG. N	o.	20	1910		
1. DECEDENT'S NAME (First, Middle			47						ATE OF DEATH	DAY	YEAR	3. TIME OF DEATH		
	Martha S. Osburn								ne 12,		45	2010		
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER	1 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)				BIRTHPLACE (State or Foreign Country)		
578-14-9057	- A	1 M 2 X F 76 YRS.					-		ly 23,	L916		rgia		
	Sa. FACILITY NAME (If not institution, give street and number)					OR LOCATI		EATH			JNTY OF D			
Shady Grove Adventist Hospital Rockville Montgomery										ery				
Shady Grove Administration of December 10a. STATE 10a. C	10c. CIT	ry, town (	OR LOCAT	TION		_			10d. INSIDE CITY					
Maryland Montgomery				Gai	the	rsbu	rg			LIMITS?				
10s. STREET AND NUMBER			101	. ZIP COD	E			10g. CI	TIZEN OF Y	WHAT COUNTRY?				
18424 Bishopst				208	379			ted :	ed States					
11. MARITAL STATUS	ARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A					ENDENT C	F HISPA!		IGIN? (Specify Y		14. RAC	E — American Indian.		
1 Never Married 2 Married		1 YES 2 E WAR OR DATES	(XNO			ecify Cubi			rto Rican, etc.)		Blec	Black, White, etc.  Specify:		
3 X Widowed 4 Divorced						A						White		
15. DECEDENT (Specify only highes		16a.	DECEDENT'S	Work done	CCUPATIO	ON ist of working	na	T	166. KINO OF B	USINESS/IN	DUSTRY			
Elementary/Secondary (0-12)	College (1-4 or	5+)	Iffe. Do NOT u	ree retired.)										
	2		Cler	ıcal					Red (					
17. FATHER'S NAME (First, Middle, Li									rst, Middle, Maide	n Surname)				
	W. Shield	ls					nel :							
19a. INFORMANT'S NAME (Type/Prin	,								Number, City or To					
Elizabeth A. M			18428	Bish	ops	tone	Cou	rt,	Gaith	ersbu	rg, l	MD 20879		
20a. METHOD OF DISPOSITION 1 N Buriel 2 Cremation 3	Removel from State	20b. PLA	CE AND DATE	OF DISPOS	SITION /Na	ime of			DATE 20c. L	OCATION -	City or To	own, State		
4 Donation 5 Other (Specify	)	Ebe	nezer									Virginia		
21. SIGNATURE OF FUNERAL SERV	21. SIGNATURE OF FUNERAL SERVICE UCENSEE 22. NAME AND ADDRESS OF FACILITY ROBERT A. PUMP hrev Funera													
M00348 Rockville, Maryland 20850-2805														
IMMEDIATE CAUSE (Fine)	illure. List only one o	ause on each	death. Do	not enter								Approximate		
disease or condition resulting in death)	Pull	nonem						n as (	cardiac or res	piratory a	iteat,	Onset and De		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	TO (OR AS A CON	SEQUENCE O	мр нг):				n as (	carulac or res	piratory a	itoot,	Onset and De		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	TO (OR AS A CON	SEQUENCE O	M p F):	hy s	eng			. 24a. WAS A	N AUTOPSY		interval Betw		
resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant cor	bDUE  cDUE d iditions contributing Witz	TO (OR AS A CON	SEQUENCE O	M p F):	Ly S	g cause (	given in	Part i	24a. WAS A PERFC	N AUTOPSY		WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS		
resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant cor	DUE  DUE  d  diltiona contributing  WITA	TO (OR AS A CONTO) (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO) (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO) (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO) (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO	SEQUENCE OF THE SECUENCE OF TH	M p  F):  In the ur	anderlying	g cause s	given in	Part I	24e. WAS A PERFC 1  YES	N AUTOPSY		WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	d. DUE	TO (OR AS A CONTO) (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO) (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO) (OR AS A CONTO	SEQUENCE OF THE SEQUENCE OF TH	MP:	28. PL	g cause s	given in	Part I	24e. WAS A PERFC 1 YES	N AUTOPSY PRMED? 2 Ø NO	24b	WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS		
resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infilated events resulting in death) LAST  PART II. Other aignificant cor  Date Porture  25. WAS CASE REFERRED TO MEDIE EXAMINER? I'C I'C A SCORE VY YES 2 DINO DY MEDIE AMINER OF DEATH  1 Natural 5 Pending	b. DUE  c. DUE  d	TO (OR AS A CONTO) (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO) (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO) (OR AS A CONTO	SEQUENCE OF SEQUEN	MP:	28. PL 2: Bing Hom 28c. INJ	g cause (	given in	Part I	24e. WAS A PERFC 1  YES	N AUTOPSY PRMED? 2 Ø NO	24b	WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS		
resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant cores and the condition of the caminers of the cam	DUE  c. DUE  d. DUE  d. With  CAL Discontinuiting  With  CAL Discontinuiting  With  CAL Discontinuiting  With  CAL Discontinuiting  With  CAL Discontinuiting  CAL Discontinuitin	TO (OR AS A CONTO (OR	SEQUENCE OF SEQUENCE OF THE SEQUENCE OF SE	OTHER	28. PL R: sing Hom 28c. INJ	g cause (	given in	Part i	24e. WAS A PERFC 1 YES  Y one)  Wher (Specify)  DESCRIBE HOW	N AUTOPSY RMED? 2 (M) NO INJURY OC	24b	WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSOF DEATH?		
resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infilated events resulting in death) LAST  PART II. Other aignificant cor  Date Porture  25. WAS CASE REFERRED TO MEDIE EXAMINER? I'C I'C A SCORE VY YES 2 DINO DY MEDIE AMINER OF DEATH  1 Natural 5 Pending	d. DUE  d. DUE  d. HOSPITAL: AVI Placetion  280. PLACE building  280. PLACE building	TO (OR AS A CONTO (OR	SEQUENCE OF SEQUENCE OF THE SEQUENCE OF SE	OTHER	28. PL R: sing Hom 28c. INJ	g cause (	given in	Part I	24e. WAS A PERFC 1 YES	N AUTOPSY RMEO? 2 A NO INJURY OC	24b	WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSOF DEATH?		
PART II. Other aignificant conditions.  25. WAS CASE REFERRED TO MEDIEXAMINER? TELE AS ECUTION OF DEATH  1 Netural 5 Pending 12 Pending 13 Suicide 6 Could referred to the condition of the condi	d. DUE  d. DUE  d. WiTZ  CAL D HOSPITAL: I PANDETER (Month) atton atton atton PHYSICIAN: To the best attaning to the best taminer.	TO (OR AS A CONTO (OR	SEQUENCE OF SEQUEN	M P  FF:  In the ur  OTHER  A Nur  Street, fact	28. PL R: sing Hom 28c. INJ WO 1 Uriory, office	g cause g  ACE OF D  THE STATE OF THE STATE	EATH (Chisidence NO	Part I	24e. WAS A PERFC  1  YES  Other (Specify)  DESCRIBE HOW  LOCATION (Street  City or Town, State	N AUTOPSY PRMED? 2 QM NO INJURY OC and Number o)	24b  CURED  or or Rural is	WERE AUTOPSY FINDER AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO		
PART II. Other significant cor by the Poropa Standard of Poropa Standa	d. DUE  d. DUE  d. WiTZ  CAL D HOSPITAL: I PANDETER (Month) atton atton atton PHYSICIAN: To the best attaning to the best taminer.	TO (OR AS A CONTO (OR	SEQUENCE OF SEQUEN	M P  FF:  In the ur  OTHER  A Nur  Street, fact	28. PL R: sing Hom 28c. INJ WO 1 Uriory, office	g cause g  ACE OF D  THE STATE OF THE STATE	EATH (Chasidence	Part I	24e. WAS A PERFC  1  YES  Other (Specify)  DESCRIBE HOW  LOCATION (Street  City or Town, State	N AUTOPSY PRMED? 2 QM NO INJURY OC and Number o)	24b  CURED  or or Rural is	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO		
PART II. Other aignificant core Examiner? I C C C S S Perform C Accident 1 Post of C C C C C C C C C C C C C C C C C C	d.  DUE  d.  DUE  d.  CAL  DIE  DUE  DUE  DUE  DUE  DUE  DUE  DUE	to death but not be considered to death but not be considered	SEQUENCE OF SEQUEN	M P  FF:  In the ur  OTHER  A D  Street, fact	28. PL R: along Hom 28c. INJ WO 1 1 1 Nory, office	g cause g  ACE OF D  o 5 Re  URY AT  RK?  YES 2  and place  and place	given in  EATH (Chasidence)  NO  and due  and at the	Part I	24e. WAS A PERFC  1  YES  Other (Specify)  DESCRIBE HOW  LOCATION (Street  City or Town, State	N AUTOPSY RMED? 2 (M NO INJURY OC and Number)	24b  COURED  Or or Rural I	WERE AUTOPSY FINDS AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO		



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IT. If Item 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND / DEP	PARTMENT OF		MENTA	L HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last) CAROLYN	В.	OCCHIPINT			2. DATE MONT JUN	OF DEATN	, 1993	3. TIME OF DEATN 9:50 P. M		
	4. SOCIAL SECURITY NUMBER 006-09-3660	1 🗆 M 2 💢 F	5. SEX  6. AGE (In yrs. lest birthdey)  1						BIRTNPLACE (State or Foreign Jountry) AINE		
TOR	99. FACILITY NAME (If not institution, give s  12108 GRANDVIE  RESIDENCE OF DECEDENT			NHEATON	DEATH		9c. COUNTY OF DEATH MONTGOMERY				
DIRECTOR	MARYLAND MON		CITY, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS? 1 ☐ YES 2 📉 NO				
FUNERAL	100. STREET AND NUMBER 12108 GRANDVIEW				101. ZIP CODE 209			USA	OF WHAT COUNTRY?		
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced		EVER IN U.S. ARMED YES 2 NO AR OR DATES	If yes,	DECENDENT OF NISP specify Cuben, Mexic (ES 2 NO Spec	can, Puerto		Yea or No 14. RACE — American Indian, Black, Whita, etc. Specify: WHITE			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	Coffege (1-4 or 5+)	(Give kind life. Do NC	IT'S USUAL OCCUP. I of work done during IT use retired.)	most of working	166	. KIND OF BUS	INESS/INDUST			
COMP	12 17. FATNER'S NAME (First, Middle, Last) WILLIAM J.						EAL ES				
TO BE	19a. INFORMANT'S NAME (Type/Print)  JOHN P. OCCHIPI	NTI	-1.5		EVA B	Route Num					
	20a. METNOD OF DISPOSITION    Date   Donation   Date   Date   Commetted   Date										
	21. SIGNATURE OF FUNERAL SERVICE LICENSE  22. NAME AND ADDRESS OF FACILITY  FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD 2090										
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ehock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. Conststive Heart Fallure										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
¥.	PART II. Other significant condition	ART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.							24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDIC									1 TES 2 NO		
IYSICI	EXAMINER?  1 YES 2 NO	YES 2 NO 1 Inpetlant 2 ER/Outpetlent 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify)									
BY Pt	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF II (Month, Day	(, Year)	TIME OF 1 28c.	28d. DESCRIBE NOW INJURY OCCURED						
COMPLETED	4 Nomicide determined	3 Suicide 4 Nomicide 5 Could not be determined  28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)  28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPL		PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  XAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as at									
TO BE (	29b. SIGNATURE AND TITLE OF CERTIFIED			29c. LICENSE NU D 47			29d. DATE SIGNED (Month, Day, Year)				
	30. NAME AND ADDRESS OF PERSON WH				MO 5041208	89					
	31. DATE FILED (MONTH), Day, Year)  JUN 1 6 1993	32. BEGISTHAR	s signature	82							

THE OTHERS THE ROLL OF THE PARTY OF THE PART
IMPORTANT If Item 28 is marked or Item 23 shows and Injury or other traumatic event the mailies assuring the notified at once
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the
THE-HOSPIGL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-

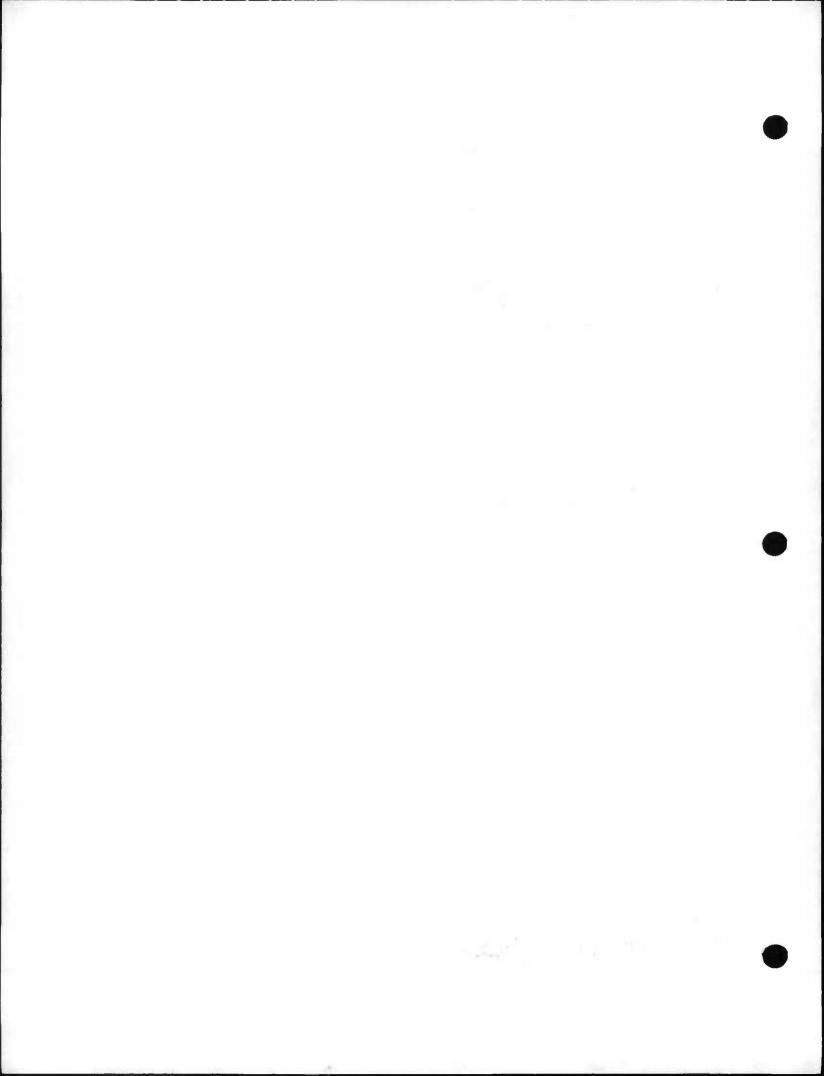
	FOR 1 - STATE REGISTRAR	STATE OF M	MARYLAND /	DEPAF ERTIF					MENTA	L HYGIEI		93	19108		
	1. DECEDENT'S NAME (First, Middle, Last)				IOAI		DEA	-	2. DATE	OF DEATH	).		3. TIME OF DEATH		
	John L. Oshinski	Cr.							MONT	н (	1000	YEAR			
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.		e 11.	1993		HPLACE (State or Foreign		
	190-22-2073	1 ₩ 2 □ F		YRS.	MONTHS	-	HOURS	MIN.	(Mont	h, Day, Year)	007	Count	(ry)		
		Λ	66		01-017	V 70484 6				18, 1			nsylvania		
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEAT									EATH	9c. COUNTY OF CEATH					
2	7813 Polara Place Rockville Montgomer											ery			
입	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										10d. INSIDE CITY				
7813 Polara Place Rockville Residence of Decedent 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Montgomery Rockville									LIMITS?						
	10e. STREET AND NUMBER	zomery		Kocr	CVII.	_	ZIP CODE				100 CT	TIZEN OF 1	WHAT COUNTRY?		
FUNERAL	7012 P-1 P1										1		WHAT COUNTRY?		
Z I	7813 Polara Place	12. WAS DECEDEN	T ENCO IN 110 AG		T as		0855					S.A.			
	1 Never Married 2 X Married	FORCES? 1	YES 2 1	NO	13.	If yes, sp	ecify Cuba	n, Mexica	in, Puerto	Y? (Specify Ye Rican, etc.)	s or No-	14, RACI Blac	E — American Indian, ik, White, etc.		
8	3 Widowed 4 Divorced	1945 - 1				1   YES	2 NO	Specif	y:			Spec			
ED	15. DECEOENT'S EDU			CEOENT'S	I I I I I I I	VCCI IDATIC	NA		1 405	. KINO OF BL	IONIEGO IN	DUDTEN	White		
E	(Specify only highest grade	completed)	(G	ive kind of Do NOT u	work done	during mo	st of workin	g	160	KINO OF BU	/SINESS/IN	DUSTRY			
12	Elementary/Secondary (0-12)	College (1-4 or 5 -	)						١,,	1		1	,		
COMPLET	17. FATHER'S NAME (First, Middle, Last)	4	Uni	on R	ep/	LODD			_	nited			rkers		
										Middle, Maide	,				
HH H	John F. Oshinski									noskie					
2	19a, INFORMANT'S NAME (Type/Print)									ber, City or To					
	Shirley L. Oshins	ski	78	813 E	olaı	ra Pl	., R	ocky.	√ille	, Mar	yland	1 208	355		
	20a. METHOD OF DISPOSITION  1 X Buriel 2 Cremetion 3 Ren	novel from State	20b. PLACE	ANO OATE	OF OISPO	SITION (Na	me of		OAT	E 20c. L	OCATION -	- City or To	own, Stata		
	4 Donation 5 Other (Specify)		cemetery, cre Gate	of H	eave	n Ce	meter	ry	6/	15 Si	lver	Spri	ng, MD		
	21. SIGNATURE OF FUNERAL SERVICE	CENSEE			22	NAME AN	O AOORES	S OF FA	CILITY L Hon						
	> > E.	20	_								of the lands	1	g, MD 20877		
	23. PART I. Enter the discesses, or	complications the	coursed the de	ath Do											
	shock, or heart fallure.	List only one cau	se on each line	94(II, DO I	not ente	r the mo	de or dy	ng, suc	n as can	diec or resp	iratory a	rrest,	Approximate Interval Between		
	IMMEDIATE CAUSE (Final disease or condition	Da		1	0	ÿ							Onset and Death		
	resulting in death)	. FU	wen	uc_	4	m	SU						14 MO		
		DUE TO	(OR AS A CONSE	QUENCE O	F):										
Z	Sequentially list conditions.	b													
Ĕ	If any, leading to immediate	OUE TO	(OR AS A CONSE	OUENCE O	F):										
CERTIFICATION	CAUSE (Disease or Injury	с													
별	that initiated events resulting in death) LAST	OUE TO	(OR AS A CONSE	OUENCE O	F):										
ER	resulting in death) LAST	d													
	PART II. Other significent condition	ns contribution to	death but not r	neulting	la the u	oderhilor		due le	Dort I	04- 100 44	I ALITOROV	Lan	WERE STEERING THE STATE OF		
S			acati bat not i	Counting	m the G	ilderlying	, cause y	nvon m	Tart.	24a, WAS AI PERFO	RMED?	240	AMAILABLE PRIOR TO		
ā									1	1 TES	2 X NO		OF DEATH?		
M												- 1	1 TYES 2 NO		
ä															
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSDITAL .			-		ACE OF D	EATH (Ch	eck only or	10)					
S	HOSPITAL: 1   Inpatient 2   ER/Outpatient 3   DOA   4   Nursing Home 5 12 Residence 6   Other (Specify)														
248. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO COMPLETION OF OF DEATH (Check only one)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 Inpatient 2 EN/Outpatient 3 DOA 4 Nursing Home 5 Name Residence 6 Other (Specify)  27. MANNER OF DEATH  28. OATE OF INJURY (Month, Day, Year)  28. TIME OF 28c. INJURY AT WORK?															
BY	1 Natural 5 Pending 2 Accident Investigation	(	-,,,		М		'ES 2 [	NO							
	3 Suicide 6 Could not be	26s. PLACE O	F INJURY — At ho	me, farm,	street, fac	tory, office	1					or or Runal I	Route Number,		
<u> </u>	4 Homicide datermined	bulliang,	etc. (Specify)						City	or Town, State	,				
COMPLETED	29a. CERTIFIER 1 VI CERTIFYING PHYS	ICIAN: To the heat of	me knowledge - 4	ath a		el	2/4		. Sellin	2.777		25v			
MP	(Check only 1 X CERTIFYING PHYS														
8	2 MEOICAL EXAMINE	-	North and/or	vestigatio	≓1, fri my	opinion, d	estn occun	ed at the	time, date	and place, a	nd due to t	ne cause(s	a) and manner as stated.		
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	1/1/1	116				29c. LICE	NSE NUI	MBER		29d. DA	TE SIGNEC	(Month, Day, Year)		
0		11/11	(W)				D32	2407			▶ J	une	12, 1993		
2															

M.D. 14808 Physician's Ln. Rockville, MD 20850
32 GEGISTRAN'S SIGNATURE
Julia Davidson Pandelle

O CAUSE OF DEATH (ITEM 27) (Type, Print)

Haggerty,

31. DATE FILED (Month, Day, Year)
JUN 1 4 1993



BALTIMORE, MARYLAND 21215-0020

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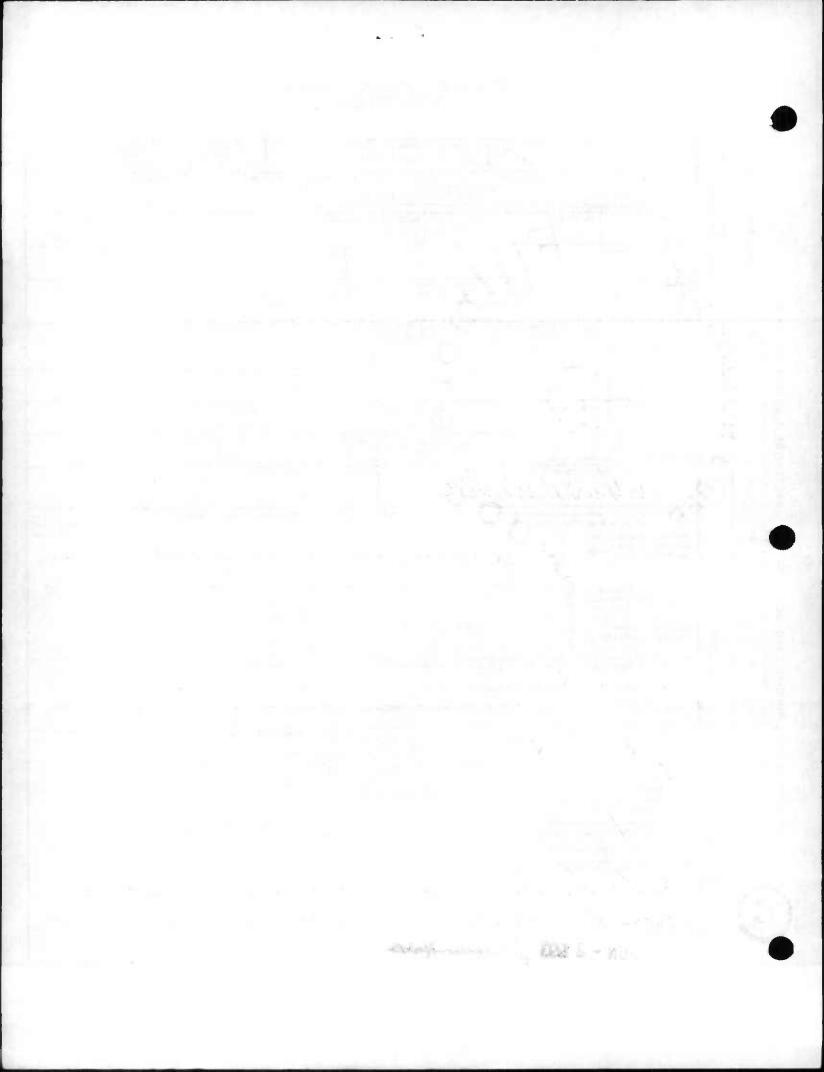
	1. Pages		
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,	WHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit.	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT if from 28 is marked or from 23 shows any lating or other fraumatic event the medical examinar must be negligible of occu-

93 19109 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Florence Melvina Poling May 20 1993 4:10 A 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) May 7, 1902 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. DAYS 1 M 24XF 235-80-0894 WV 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Garrett County Memorial Hospital DIRECTOR Oakland, MD Garrett RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Ohio Cuyahoga Cleveland 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7115 Hand Avenue 44127 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 25 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 □ YES 2 ☑ NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY Specify: White 3 🖾 Widowed 4 🗌 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) none Homemaker Housekeeping 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John M. Moats Anna Louisa Shipp Moats BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ney Poling 7115 Hand Ave. Cleveland, OH 44127 20a. METHOD OF DISPOSITION
1 M Buriel 2 Cremation 3 A 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Preston Mem. Gnds 5/23/93 Kingwood, WV 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAD SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY orthur Browning Funeral Home 201 E. Main St. Kingwood, WV 26537 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximata shock, or heart failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final 11 Onset and Death CERTIFICATION BY PHYSICIAN: MEDICAL

disease or condition resulting in death)	a. Horos	sclerot	ic CARD	101	MOPATHY	4 year
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	b. DUE TO (OR AS A CONSE	ongest	re Herry	f	-AILURE	10 hr.
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	QUENCE OF):				
PART II. Other significent condition Diabetes M	s contributing to deeth but not a	resulting in the u	inderlying cause given in	n Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 W NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only o	one)	
EXAMINER?	HOSPITAL: 1 M Inpatient 2 ER/Outpatient 3	DOA 4 N				
27. MANNER OF DEATH  1 Netural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)	DATE OF INJURY 286, TIME OF 286, INJURY AT 284, DESCRIBE HOW INJURY OCCURED			RED	
3 Suicide 8 Could not ba 4 Homicide determined	28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
	CIAN: To the bast of my knowledge, de					
296. SIGNATURE AND PITLE OF CERTIFIE	value MI		D 29c. LICENSE NU.	MBER 05	29d. DATE S	SIGNED (Moreth, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	SCHWALM	M 27) (Type, Print)	N. 47	57	OAKLA	AN am
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE					

whia Davido



1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

200-12-7819

14'93

6

Dorothy Peters

use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Forest Nursing & Rehab. Ctr Forest Hill RESIDENCE OF DECEDENT 10a STATE 10c. CITY, TOWN OR LOCATION Abingdon MD Harford Kopesoootokki 10e. STREET AND NUMBER FUNERAL 3338-A Memory Lane 101. ZIP CODE TO Oxborrace constitue doctors que 21009 Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-It yes, specify Cuben, Maxican, Puerto Rican, stc.) FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 1 YES 2 X NO Specify. 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade co. Elementary/Secondary (0-12) College (1-4 or 5+) Housewife once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Belle te de Donald Flenner Hettie BE notified 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rugal-Route Number, City or Toyal States 21009 3338-A Memory Lane, Abingdon, Md. 21009 9 Robert G. Peters pe 20s. METHOD OF DISPOSITION
1 Graph Burlei 2 Cremation 3 Removat from State
4 Donation 5 Other (Specify) 20b. PLACEAND DATE OF DISPOSITION (Name of compry. cranetory February Crematory 6-15must medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1317 Cokesbury Road, Abingdon, Md. 23. PART I. Enter the dieeeeea, or complications that caused the death. Do not enter the mode of dying, auch as cerdisc or respiratory errest, ahock, or heert feliure. Liet only one cause on each line. IMMEDIATE CAUSE (Finei the disease or condition\_ Pu/monary ardio-HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) Failure (End stage) Renal Chronic CERTIFICATION Sequentielly list conditione, DUE TO (OR AS A CONSEQUENCE OF) the attending physician at Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other 1 DUE TO (OR AS A CONSEQUENCE OF) that initieted evente reaulting in death) LAST 5 PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuee given in Part i. MEDICAL been signed by the ot. of Health and M 3 shows any inju Myeloma PHYSICIAN: Autritional Dept. traf and antic 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one THE FUNERAL DIRECTOR: After this certificate hifeb within 72 hours after death with the State IPORTANT; II item 28 is marked, or item HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TES 2 NO 5 - Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? Natural 5 Pending Investigation BY 1 YES 2 NO Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) ETED. Sulcide 8 Could not be 4 Homicide COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. IMPORTANT: II 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE THE DE THE elline 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) neclure 32 REGISTRAR'S SIGNATURE

1. Kaildon-Randall 31. DATE FILED (Month, Day, Year)

Dorothy

5. SEX

1 - M 2 -F

Ann

6. AGE (In yrs. last birthday)

68

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

Peters

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 2. DATE OF DEATH 3. TIME OF DEATH YEAR 6 93 5:40 A.M 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 4-9-25 Pennsylvania 9c. COUNTY OF DEATH Harford 10d. INSIDE CITY 1 X YES 2 | NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify: white 16b. KIND OF BUSINESS/INDUSTRY Dunner 93 W. Chester, Pa. Howard K. McComas III Funeral Home, P.A. Approximete Interval Between Onset and Death 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 | YES 2 | NO 28d, DESCRIBE HOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year)

E POSTIAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

EVERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

HIANT, II fem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE	93	19111
CERTIFICATE OF DEATH	REG. NO.		

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGIEN		3 19111
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D	AY YEA	3. TIME OF DEATH
Joanne Evans					June 10		
217-20-7132	1 D M 2 XX 61	YRS.	ONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 8 193	Co	RTHPLACE (State or Foreign unitry) Ohio
96. FACILITY NAME (If not institution, give stre 548 Greenfill Court RESIDENCE OF DECEMENT		9		or location of d	EATH	Anne A	rundel
10s. STATE 10b. COUNTY	Arundel	10c. CITY, 1	rown or locat				10d. INSIDE CITY LIMITS? 1  YES 2 YNO
100. STREET AND NUMBER 548 Greenhill Cour				21012	<u> </u>		of what country?
	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 100	If yes, sp	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No — 14. R	ACE — American Indian, linck, White, stc.
15. DECEDENT'S EDUCA (Specify only highest grade or	TION mpleted)	16a, DECEDENT'S US (Give kind of work life, Do NOT use n	SUAL OCCUPATION And Author Management (No. 1)	ON st of working	16b. KIND OF BU	SINESS/INDUSTR	White
Elementary/Secondary (0-12)	College (1-4 or 5+)	Magazin			Magaz	ine Publ	lishing
17. FATHER'S NAME (First, Middle, Last) Paul Fisher Evans					ME (First, Middle, Meiden Cola Marie		m
198. INFORMANT'S NAME (Type/Print) Rebecca M. Dereme	r				Arnold, Mo		
20s. METHOD OF DISPOSITION  1X Neurisi 2 Cremetion 3 Remov  4 Donation 5 Other (Specify)	20b.F	PLACE AND DATE OF I	DISPOSITION (Ne	me of	DATE 20c. LO	CATION — City or	
THE GLOR SERVICE LICE			22. NAME AN	D ADDRESS OF FA		Taylo	r Funeral Hom
23. PART I. Enter the diseases, or conshock, or heert fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	st only one ceuse on eed	STATIC			has cerdiac or respi		Approximate intervel Between Onset and Death
Sequantially list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	DUE TO (OR AS A C						
PART II. Other significent conditions	contributing to deeth but	not resulting in t	tha underlying	cause given in	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	IOSPITAL:		THER:	ACE OF DEATH (Ch			
27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WO	JRY AT	8 Other (Specify)  28d. DE\$CRIBE HOW II	NJURY OCCURED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, atc, (Specify	- At home, ferm, atre-		ES 2 NO	28f. LOCATION (Street s City or Town, State)	nd Number or Run	al Route Number,
29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA (Check only one) 2 MEDISAL EXAMINER:	IN: To the best of my knowled	ige, death occurred a	it the time, dats	and place, and dus	to the cause(s) and man	ner as stated.	
29b. SIGNATURE AND TITLE OF CERTIFIER	on the basis of examination s	0	n my opinion, di	29c. LICENSE NUM			e(s) and manner as stated.
30. NAME AND ADDRESS OF PERSON WHO O			M) T9 ATE	2.0	ANNAPO	alis	211103
31. DATE FILED (Month, Por Year) 4 199	32. HIGISTRANIO SIGNAT		· IFILE	ردره	MINIONA	7113	21403

war garantinate, see his will

DIVISION OF VITAL RECORDS, P.O. BOX 88760, BALLIMORE, MARYLAND 21215-0020	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician.	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not health with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	went the madical avanimar must be notified at once
DIVISION OF VILAL RECORDS, P.O. BOX 587	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	ERAL DIRECTOR: After this certificate has been signed by the attending physician and cor n 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial,	NIT if ham 28 is marked, or them 23 shows any injury or other traumatic event the marked avantage as notified at once

31. DATE FILED (MONTH, Day, Year) 1993

Julia Daydon-Handell

	1 - STATE REGISTRAR	STATE OF MAR			TMENT OF CATE O			MENTAL HYGIEN	E	0 19112
	1. DECEDENT'S NAME (First, Middle, La	"L. PER	EZ					2. DATE OF DEATH MONTH	1 /9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 266 - 17 - 224		The state of the s					7. DATE OF BIRTH	4	BIRTHPLACE (State or Foreign Country) TA-Vana Cuba
DIRECTOR	96. FACILITY NAME (If not institution, give street and number)  96. COUNTY OF DEATH  Prince Geo  RESIDENCE OF DECEDENT  PLANT OF DECEDENT  96. COUNTY OF DEATH  Prince Geo									ry of DEATH ace Georges
REC	10a. STATE 10b. COU	NTY		10c. CITY	TOWN OR LO	ATION				10d. INSIDE CITY
	Pr	ince Georges		Нуа	ttsvil:					1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 4922 LaSalle Ro	and				IOF. ZIP COD	€ 0782			EN OF WHAT COUNTRY?
I S	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. AR	MED	13. WAS 0			IIC ORIGIN? (Specify Yes		ed States
B	1 Never Married 2 Married  5 Wildowed 4 Divorced	FORCES? 1 []		10	If yes,	specify Cub ES 2 NO	nn, Mexica	n, Puerto Rican, etc.)		Black, White, etc. Specify: White
回	15. DECEDENT'S I (Specify only highest gr	DUCATION ade completed)	(G	ive kind of w	USUAL OCCUPA		ng	16b. KIND OF BU	SINESS/INDU	STRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	123	Do NOT use						
COM	17. FATHER'S NAME (First, Middle, Last)	0	пс	mema	ker	18. MOT	HER'S NA	House ME (First, Middle, Maiden		
BEC	Manuel Perez							Cortez	our name,	
TO B	19a. INFORMANT'S NAME (Type/Print)		191	. MAILING	ADDRESS (Street	_		Route Number, City or Tow	n, State, Zip C	Code)
	Aida Grosso						l, La	nham, Mary		
	20e. METHOD OF DISPOSITION: 1 Granton 3 Granton 3 Granton 5 Dither (Specify)	- 4	cemetery, cre	matory or ott	oln Cre	mato		15/93 Bres		l, Maryland
79	21. SIGNATURE OF FUNERAL SERVICE	UCENSEN /	7		Hines		ldi	Funeral Ho		
	23. PART/I. Enter the diseases,	or complications that ca	used the de	ath. Do no	1118U0	New	Hamp	shire Ave	Silve	er Spring, MD
	shock, or heart fallu IMMEDIATE CAUSE (Final disease or condition resulting in death)	re. List only one cause of	on each line							Interval Between
2	resulting in death)	DUE TO (OR	AS A CONSEC	QUENCE, OF	Head	+	dos	FAILUI erse.		
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		AS A CONSEC							
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEC	DUENCE OF	):					
	PART II. Other algoliticant condit	lone contributing to dee	oth hut not n	Luising Is	the underly		elisee le	Part I. 24s. WAS AN		
ICAL	(1) Premme	E KO		eule		ing cause	given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC	(ii) Deme	utrai	-0					1 _ YES 2	□ NO	OF DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL				26	DI ACE OF I	EATH (Ch.	ack only one)		
SIC	EXAMINER?  1   YES 2   NO	HOSPITAL:	/Outpatient 3		OTHER:			8 Other (Specify)		
	27. MANNER OF DEATH	28a. DATE OF INJU	URY	28b. TIME	OF 28c.	NJURY AT	Jacobice	28d. DESCRIBE HOW I	NJURY OCCU	PRED
β	1 Natural 5 Pending 2 Accident Investigation	on			M 1	YES 2 [	□ NO			
	3 Suicide 6 Could not 4 Homicide determined		JURY — At ho (Specify)	me, farm, si	ireet, factory, of	lice		281, LOCATION (Street a City or Town, State)	and Number of	r Rural Route Number,
COMPLETED		YSICIAN: To the best of my I								f. cause(a) and manner oz stated.
#	29b. SIGNATURE AND TITLE OF CENTS	Adar	4		*	29c, LIC	ENSE NUN	IBER	29d. DATE	SIGNED (Month, Day, Year)
유	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE O	F DEATH (ITE	4 27) (Type,	Print) / L	love 1 h	2 0	0 (11.	0.0	KADWAC

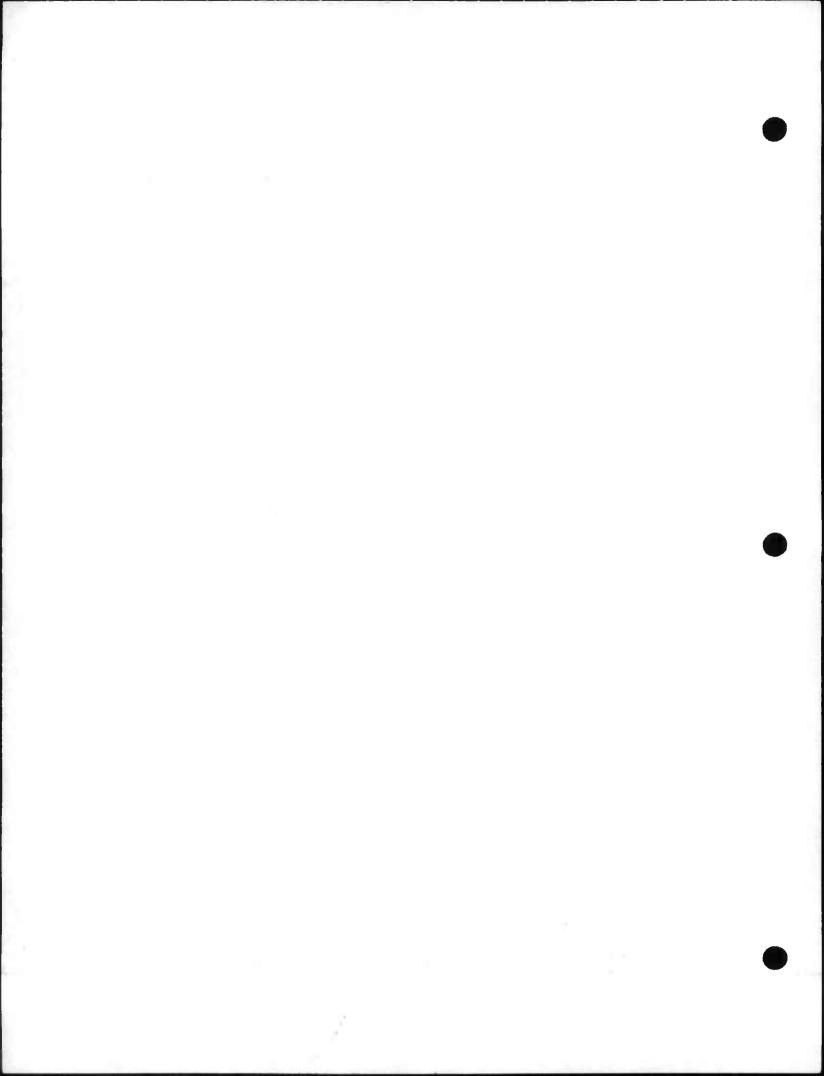
13.

BALTIMORE, MARYLAND 21215-0020	filled in by	the medical examiner must be notified at once,
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de TO THE FUNERAL ORECTOR; After this certificate has been signed by the attending physician and completely filled in by the fiber filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to bufal, ceremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN		
Į.	1. OECEDENT'S NAME (First, Miridle, Lest	ph .				2. DATE OF DEATH		3. TIME OF DEATH
	Helen	C. Power	s			June 12,		9:20 PM
1	4. SOCIAL SECURITY NUMBER	6.0		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE State or Foreign Country)
1	577-84-2053	1 □ M 2 X F 82		OWTHS DAYS	HOURS MIN.	June 16, 1		New York
-	9a. FACILITY NAME (If not institution, give		9		R LOCATION OF D	EATH	9c. COUNTY	OF DEATH
DIRECTOR	Suburban Hospita	al		Be	thesda		Mor	ntgomery
) E	10a. STATE 10b. COUN	TY	10c. CITY, 1	TOWN OR LOCAT	ION			10d. INSIDE CITY
I E	Maryland Mon	ntgomery		Cabin	John			LIMITS?
AL AL	10a. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN	N OF WHAT COUNTRY?
FUNERAL	7517 Arden Road	đ			20818		Unit	ted States
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES		13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No- 14.	. RACE — American Indian, Black, White, etc.
BY	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR D			2 XNO Specif			Specify:
	15. DECEDENT'S ED	UCATION	18e. DECEDENT'S US	HAL OCCUPATION	M	16b. KINO OF BUS	CINESC (NICHO)	White
ETE	(Specify only highest grad Elementary/Secondary (0-12)	de completed) College (1-4 or 5+)		k done during mo		ISB. KINO OF BUS	MESS/INDUS	INT
ם		5+	Volunte	er Doce	nt	Nationa	al Gall	Lery of Art
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maiden		7
w	Charles D. Hen	ry			Emma	R. Coombs		
0 8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AL	ODRESS (Street a	nd Number or Rural	Route Number, City or Tow	n, State, Zip Co	de)
-	Ellen C. Beaucha	amp	7517 A	rden Ro	ad, Cabi	n John, Ma	ıryland	20818
	20e. METHOD OF DISPOSITION 1 Buriel 2 X Cremation 3 Re	moval from State 20b	PLACE AND DATE OF	DISPOSITION (Na	me of 6/	14793		or Town, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L		netery, crematory or other					Maryland
	50 1 AW	-> 11	M00831	Rober	t A. Pull	iphrey Fune	ral Ho	me/
$\vdash$	Darbara ypi		whence	Avenu	e, Bethe	sda, Maryl	and 2	7557 Wisconsin 20814-3501
	23. PART I. Enter the displaces, or ahock, or heart failure	complications that cause b. List only pna cause pn a	the death. Do not ech line.	entar tha mo	de of dying, auc	h as cardiac or respi	iratory arrest	Approximate
	IMMEDIATE CAUSE (Fine)	Prings	1 DENYS	I				Onset end Death
	disease or condition resulting in death)	SUDDEN		7				
		CONVES	CONSEQUENCE OF):	DOT G	111 1105			
0	Sequentially list conditions,	DAME AND LOSS AND A	Company of the Compan					
ΑŦ	if any, leading to immediate cause. Enter UNDERLYING	CORDNA	RY ARTA	6R4 0	ISEARE			į
<u>E</u>	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	Olan	( (Aea)	110 01C	CLES	
CERTIFICATION	resulting in death) LAST	"HT#6108	CLEROTIC	GRU	COVESCU	LAR DISE	SUC	
	PART ii. Other significant condition							24b, WERE AUTOPSY FINDINGS
CAL	RECURRENT	STROKE,	ACPIK	ATION	PNEU	A DAVA PERFOR	IMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDIC		1	7137 (7		71100	YES 2	A) HO	OF DEATH?
Σ								t C YES 2 ND
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)		
Sic	EXAMINER?	HOSPITAL: 1 Denpatient 2 ER/Outs		THER:	s 5 🗆 Rasidence	8 Other (Specify)		
호	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME C	OF 28c. INJ	URY AT	28d. DESCRIBE HOW I	NJURY OCCUR	ED
ВУБ	1 Natural 5 Pending 2 Accident Investigation		INSUR		ES 2 NO			
ED E	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	At home, farm, stre	et, factory, office	1	26f. LOCATION (Street a City or Town, State)		Rural Route Number,
3	4 Homicide determined					ony or rown, oracley		
COMPLET	29a. CERTIFIER (Check only	SICIAN: To the best of my know	ledge, death occurred i	et the time, date	and place, and due	to the cause(a) and mer	ner as stated,	
S S	one) 2 MEDICAL EXAMIN	NER: On the basis of examination	n and/or investigation,	in my opinion, d	eath occured at the	time, data and place, an	d due to the ca	suse(s) and menner as stated.
BE C	296. SIGNATURE AND THUE OF CERTIFIE	ER CAC			29c. LICENSE NUI	REGR	29d. DATE S	GNED (Month, Day, Year)
0 8	To una	2,111			0265	H MO	> 6/	13/93
٦	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	4 (3 CED)	FR LA	NE #Z	206C BE	THESE	14,8P4
	31. DATE FILED (Morith, Day, Year) JUN 15 1993	Juna Day doon-V	andell					

BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin e State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within :	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	OIAL OF MAILE		IENT OF HEALTH AND ATE OF DEATH	REG. NO		
1	1. DECEDENT'S NAME (First, Middle, Last) HARRY E.	PIERS			2. DATE OF DEATH	DAY Y	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 522-16-4547	1 × M 2 □ F 82	100	UNDER 1 YEAR IF UNDER 24 HRS. (THS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 5, 19		BIRTHPLACE (State or Foreign Country)
E	9a. FACILITY NAME (If not institution, give s 7116 Kehne Road	street and number)		city, town on location of Frederick		Bc. COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	γ		OWN OR LOCATION		Fred	erick 10d. INSIDE CITY
		erick		erick			LIMITS?
FUNERAL	7116 Kehne Road			10f. ZIP CODE 21701			OF WHAT COUNTRY?
O.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 X YES		13. WAS DECENDENT OF HISP			d States  RACE — American Indian, Black, White, atc.
ig i	1 Never Married 2 Married 3 Wildowed 4 Divorced	1F YES, GIVE WAR OR D	6-26-1945	If yes, specify Cuben, Mexi  1 YES 2 NO Spec	city:		Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	IAL OCCUPATION done during most of working ired.)	16b. KIND OF BI	ISINESS/INDUS	TRY
MPL	12		Dairy Fa		Agricu		
	17. FATHER'S NAME (First, Middle, Last)  George Henry P:	iercv		Marga:	NAME (First, Middle, Maide Pet Hs	Sumame)	
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ORESS (Street and Number or Run			de)
-	Gordon Piercy (E	Brother)		enook Dr, Cha			
ı	1 Burial 2 XCremation 3 Rem 4 Donation 5 Other (Specify)	oval from State Con	p. PLACE AND DATE OF D metery, cremetory or other SUBURBAN C	olace)	6-11 Si	ocation - city Lvet Sn	NAME OF TAXABLE PARTY.
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AND ADDRESS OF Rapp Funeral	FACILITY		2219
4	Dell-B.	CW	M00827	933 Gist Ave.	, Silver Śr	ring,	MD 20910
	IMMEDIATE CAUSE (Finei	List only one ceuse on a	u the death. Do not sech line.	enter the mode of dying, su	ich es cardisc or reap	piratory srrest	Approximate interval Between Onset and Death
	resulting in death)			OTIC CARD	IOVASCUL	AR D	
NC	resulting in death)	DUE TO (OR AS A	A CONSEQUENCE OF):	OTIC CARD	IOVASCUL	AR D	
CATION	resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A		OTIC CARD	IOVASCUL	AR D	
ERTIFICATION	resulting in death)  Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A  DUE TO (OR AS A	A CONSEQUENCE OF):	OTIC CARD	10VASCUL	AR D	
AL CERTIFICATION	resulting in death)  Sequentially list conditions, if sry, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	A CONSEQUENCE OF):  A CONSEQUENCE OF):		n Part I. 24s WAS A	N AUTOPSY	1 SEA SE  24b. WERE AUTOPSY FINDINGS
AL	Sequentially list conditions, if sry, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	A CONSEQUENCE OF):  A CONSEQUENCE OF):		n Part I. 24s WAS A	N AUTOPSY RMED?	1 SEASE
AL.	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	A CONSEQUENCE OF):  A CONSEQUENCE OF):		n Part i. 24a. WAS Al PERFO	N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AL.	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 DA, YES 2 NO	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	A CONSEQUENCE OF):  A CONSEQUENCE OF):  Out not resulting in the	ie underlying cause given i	n Part i. 24a. WAS AI PERFO	N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	Sequentially list conditions, if sry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 2 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  d.  BE contributing to death b	A CONSEQUENCE OF):  A CONSEQUENCE OF):  Out not resulting in the	26. PLACE OF DEATH (CHER:  Nursing Home 5 \$\overline{\text{M}} \text{Residence} \text{Residence} \text{VORK?}	n Part i. 24a. WAS AI PERFO	N AUTOPSY RMED? 2 [XNO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 DA, VES 2 \( \) NO  27. MANNER OF DEATH	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  A  B COntributing to death b  HOSPITAL: 1   Inperior 2   ER/Oute (Month, Day, Year)	A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in the consequence of the conse	26. PLACE OF DEATH (C. HER: Nursing Home 5 Jt Residence WORK? M 1 YES 2 NO	n Part i. 24a. WAS AI PERFO 1	N AUTOPSY RMED? 2 [XNO INJURY OCCUR	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A  DUE TO (OR AS A  C.  DUE TO (OR AS A  d.  B contributing to death b  HOSPITAL: 1 □ Inpetient 2 □ ER/Outs (Month, Day, Year)  28a. DATE OF INJURY building, etc. (Spec	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in the consequence of the cons	26. PLACE OF DEATH (CITY AT WORK?  M 1 YES 2 NO  I, factory, office	n Part I. 24a. WAS AI PERFO 1 PERFO 1 PERFO 2	N AUTOPSY RMED? 2 [XNO INJURY OCCUR and Number or f	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A  DUE TO (OR AS A  C.  DUE TO (OR AS A  d.  BE contributing to death be  HOSPITAL:  1 Inpetiont 2 ER/Outs  28a. DATE OF INJURY (Month, Day, Year)  28b. PLACE OF INJURY building, atc. (Spec	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in the consequence of the cons	26. PLACE OF DEATH (CITY AT WORK?  M 1 YES 2 NO  I, factory, office  The time, data and place, and do my opinion, death occured at the street of the street	Part I. 24a. WAS AI PERFO  1  YES  Check only one)  8  Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)  ue to the cause(a) and mane time, data and place, a	N AUTOPSY RMED? 2 [XNO INJURY OCCUR and Number or I	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
O BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sry, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 DL YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 4 Memicide 6 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS A  DUE TO (OR AS A  C.  DUE TO (OR AS A  d.  BE contributing to death be  HOSPITAL:  1 Inpetiont 2 ER/Outs  28a. DATE OF INJURY (Month, Day, Year)  28b. PLACE OF INJURY building, atc. (Spec	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in the consequence of the cons	26. PLACE OF DEATH (CITY AT WORK?  M 1 YES 2 NO  I, factory, office  The time, data and place, and do my opinion, death occured at the street of the street	Part I. 24a. WAS AI PERFO  1  YES  Check only one)  8  Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)  ue to the cause(a) and mane time, data and place, a	N AUTOPSY RMED? 2 [XNO INJURY OCCUR and Number or fi	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
O BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Dayes 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	DUE TO (OR AS A  DUE TO (OR AS A  C.  DUE TO (OR AS A  d.  BE contributing to death be  HOSPITAL:  1 Inpetiont 2 ER/Outs  28a. DATE OF INJURY (Month, Day, Year)  28b. PLACE OF INJURY building, atc. (Spec	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in the consequence of the cons	26. PLACE OF DEATH (CHER:  Nursing Home 5 M Residence:  28c. INJURY AT WORK?  1 YES 2 NO  1, factory, office  The time, data and place, and do my opinion, death occured at the second s	Part I. 24a. WAS AI PERFO  1  YES  Check only one)  8  Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)  ue to the cause(a) and mane time, data and place, a	N AUTOPSY RMED? 2 [XNO INJURY OCCUR and Number or fi	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RURAL Floute Number,  RURAL Floute Number,  RURAL Floute Number,  RURAL Floute Number,



FOR STATE REGISTRAR

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1. DECEDENT'S NAME (First, Mid 2. DATE OF DEATH 3. TIME OF DEATH 152 A 4. SOCIAL SECURITY NUMBER s. SEX 7. DATE OF BIRTH (Month, Day, Year) 12-10-IF UNDER 1 YEAR 8. BIRTHPLACE (State DAYS Country) 1 10 M 2 | F HOURS 500-07-1230 Missouri Pages 1, 2, 3 should 9a. FACILITY NAME (# not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SUBURE OF DIRECTOR MIN DECEDENT 10s. STATE 10b. COUNTY 10d. INSIDE CITY KOCK U MONT 166 1 TES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 23 C 2080 burial-transit United States after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECÉDENT EVER IN U.S. ARMED FORCES? 1 ▼ YES 2 □ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuben, Mexican, Puerto Rican, etc.)

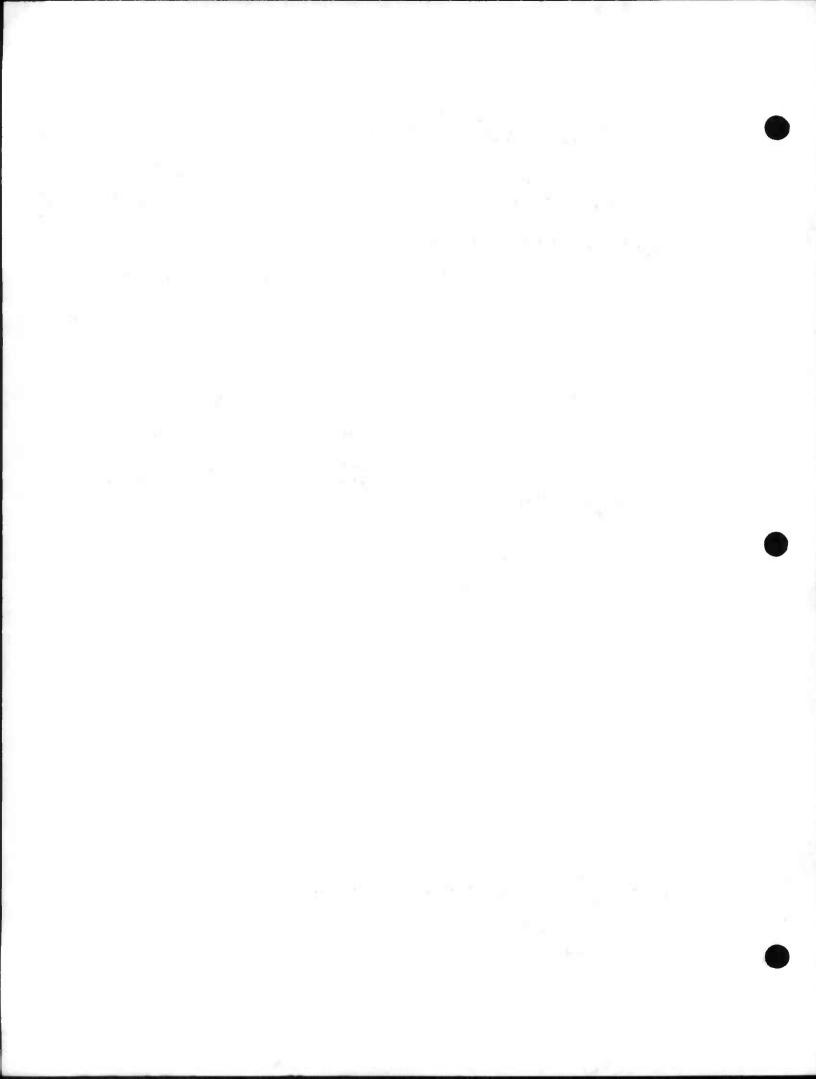
1 YES 2 NO Specify: 14. RACE — American Indian, Black. White, etc. 1 Never Merried 2 Married BY 3 Widowed 4 Divorced use as the WW II White COMPLETED 15. DECEDENT'S EDUCATION lecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY /Spi (Give kind of work done life. Do NOT use retired.) during most of working Western Electric and detached for College (1-4 or 5+) 12 National Director Bell Labs once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Sumeme) to William Price director, page 5 should be BE Sadie Poling notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Florence M. Price 23 Chantilly Court, Rockville, Maryland 20850 pe 20e, METHOD OF DISPOSITION
1 № Burlat 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Hill Cemetery 4 Donation 5 Other (Specify) 6/5/93 Maryville, Missouri examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Robert A. Pumphrey Funeral Home/Rockville, 300 West Montgomery Avenue Inc. Rockville, Maryland 20850-2805 the funeral M00198 ana medicai 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by Approximate shock, or heart failure. List only one cause on each line. interval Between 50 **IMMEDIATE CAUSE (Fine)** Onset and Death the cremation, disease or condition resulting in death) a. M YO CATE DIAL has been signed by the attending physician and completely in Dept. of Health and Mental Hygiene prior to burial, cremation ACUTE event, DUE TO (OR AS A CONSEQUENCE OF): NVDEL traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 6 injury, PART II. Other aignificant conditions contributing to death but not reauking in the underlying causa given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAILABLE PRIOR TO any COMPLETION OF CAUSE 1 | YES 2 Shows 1 TES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL Hem 26. PLACE OF DEATH (Check only one) this certificate the State EXAMINER? OTHER: 1 | Inpatient 2 ER/Outpatient 3 | DOA ne 5 🗆 Reside 0 27. MANNER OF DEATH 28e. OATE OF INJURY marked, 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED with Natural L DIRECTOR: After the hours after death w LOCATION (Street and Number or Rural Rou City or Town, Stete) 1 YES 2 1 BY INCA 2 Accident 28e. PLACE OF INJURY - Al home. 59 3 Suicide ETED 6 Could not be 28 4 Homicide Item COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner ee stated. THE PONETAL I MPORTANT: H 2 MEDICAL EXAMINER: On the basic of examin occured at the time, date end place, and due to the cause(s) and manner as stated 296. SIGNATURE AND TITLE OF CERTIFIER BE 0 31. DATE FILED (Mon 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

93

REG. NO



INTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

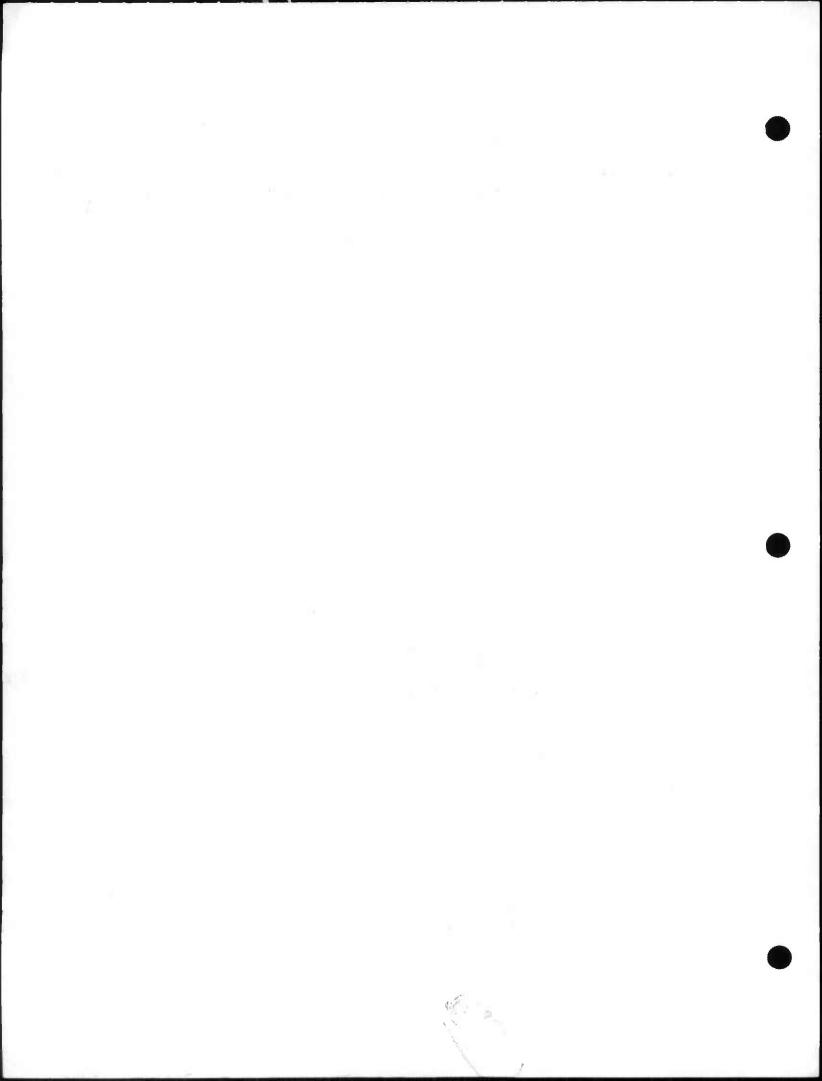
The control of the state of the state of the stranding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept, of Health and Memai Hygiene prior to burial, cremation, or removal.

28 In marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

VISION OF VITAL RECORDS, P.O. BOX 68760,

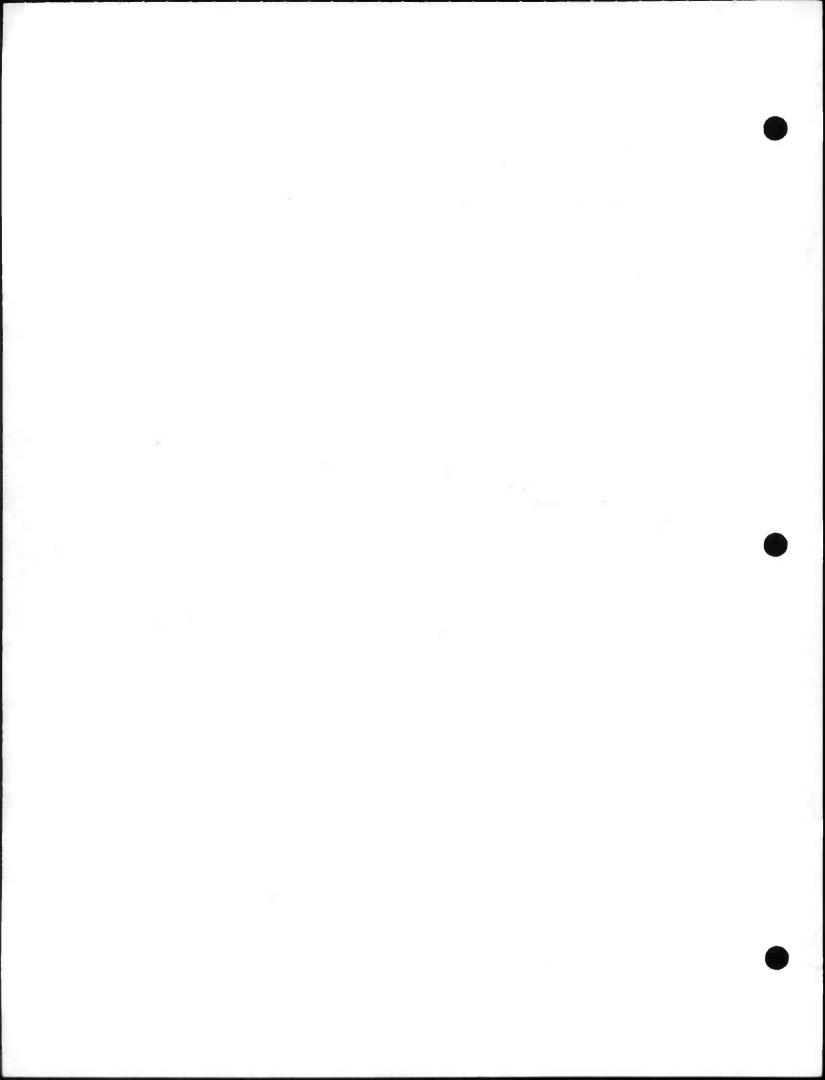
	REGISTRAR	ERTIFIC	ATE OF DEATH	REG. NO							
	1. DECEDENT'S NAME (FIRST, MICHIGING, LOST)  ALONZO  Prather	RATHE	?	2. DATE OF DEATH	1993 YEA	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER  5. SEX  1 MM 2   F	YRS. MON	UNDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	-d-907 <sup>88</sup>	THPLACE (State or Foreign unity) Maryland					
DIRECTOR	a. FACILITY NAME (If not institution, give street and number) arrolf County General Hosp County General Hosp Residence of Decedent	milit	Westmini	ster WX LV	9c. COUNTY OF	rrolly					
R	10a. STATE 10b. COUNTY		WN OR LOCATION			10d. INSIDE CITY					
	Maryland Montgomery  10c. STREET AND NUMBER	G	aithersburg			tXXYES 2 □ NO					
FUNERAL	17060 King James Way		101. ZIP CODE 20879			S.A.					
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Midowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 S IF YES, GIVE WAR OR DATES	RMED NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 XNO Specify	an, Puerto Rican, etc.)	91	ACE — American Indian, leck, White, etc.					
COMPLETED	(specify only highest grade completed) (( Elementary/Secondary (0-12) College (1-4 or 5 +)		done during most of working red.)	16b. KIND OF BUS							
MP	17. FATHER'S NAME (First, Middle, Last)	nımaı	Caretaker		.н.						
BE CC	Tobias Prather			th Moore	Sumame)						
2			RESS (Street and Number or Rural								
	TO HIS COLUMN TO SHARE THE PARTY OF THE PART		rbutus Ave.								
		emetory or other p	sposition (Neme of Cemetery	6/19 B		ville, MD					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	7	22. NAME AND ADDRESS OF FA	NERAL HOM							
	23. PART I. Enter the dispesse, or complications that caused the dispesses.		- ROCKVILLE,	MD 2085	0						
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due to lor as a conse	OUENCE OF			ratory arrest,	Approximate interval Between Onset and Death					
ATION	Sequentially list conditione,  B Lower Lower Pre-monia  Due to (or as a consequence of):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  c. Severe Dehydration, DUE TO (OR AS A CONSEQUENCE OF):  d. Hyperyratyeway.										
MEDICAL	PART II. Other significent conditions contributing to deeth but not Multi Infanct Nement		e underlying ceuse given in	Part I. 24a. WAS AN PERFOR	MED?	4b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
NA I	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C)	eck anly anu)							
8	EXAMINER?  1 VES B NO HOBERT 2 CENOutpetient 3		HER: Nursing Home 5 - Residence								
PHYSICIAN:	27. MANNER OF DEATH 26s. DATE OF BUILDRY (MOUTH, Day, Year)	28b. TIME OF INJURY	28c, INJURY AT WORKY  1 YES 2 NO	28d. DESCRIBE HOW IN	NURY OCCURED						
ED BY	2   Apocident   Investigation   3   Suicide   6   Count ago be   28e. PLACE OF INJURY — All his building, etc. (Security)	ome, form, street.		28f. LOCATION (Stoket and Number or Flural Route Number City of Teen, State)							
COMPLETED	29a CERTIFIER A CERTIFICATION INCOME.										
OM	(Chack only one) MEDICAL EDISENET: On the basis of examination replacement	rvestigation of	the time, date and place, and due my opinion, death occured at the	to the cause(s) and man time, date and place, and	ner as stated. I due to the cause	n(s) and manner as stated.					
BE C	296. SIGNATURE AND TIDE CERTIFIER	$\overline{}$	29c. LICENSE NUI			ED (Munth, Day, Year)					
0	W MANUE AND AND AND AND AND AND AND AND AND AND	2	0379	479	· 6-	14-93					
	30. NAME AND ADMINISTRATION OF PERSON WITH COMPLETE COURSE OF DEATH ATE	UZ CHOR POHO	1425 Like	at RA	Eden	hu mosor					
	JUN 18 1993	WE S	1-2-4170	2	10.00	7)					



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.

TO THE MUNECTOR: After this certificate has been signed by the statending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be first one of Haarith and Marrial Harinson prior to burial executions or present.

_	1 - STATE REGISTRAR	STATE OF MARYLAN		MENT OF H		MENTAL HYGIEN	_	3 19117			
	1. DECEDENT'S NAME (First, Middle, Last) Gertrude	Edla		REE	ves	/	ő g	3. TIME OF DEATH 3 0238 M			
	4. SOCIAL SECURITY NUMBER 061-16-2843	1 D M 2 🖾 F 79	YRS.	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 07 / 14 / 1		BIRTHPLACE (State or Foreign Country) New York			
10R	99. FACILITY NAME (If not institution, give street and number)  PENINSULA REGIONAL MEDICAL CENTER  SALISBURY  9c. COUNTY OF DEATN  WICOMICO  RESIDENCE OF DECEDENT										
DIRECTOR											
ERAL	Rt. 1, Box 510-				19940		10g. CITIZEN	OF WHAT COUNTRY?			
BY FUNER	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES	<b>⊠</b> NO	If yes, sp		IC ORIGIN? (Specify Yen, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc. Specify: hite			
APLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed)  College (1-4 or 5+)	(Give kind of wo life, Do NOT use	Sewife	DN st of working	166. KIND OF BU	SINESS/INDUST	ΓRY			
ed at once. BE COMPL	17. FATHER'S NAME (First, Middle, Last) Charles (unk)	Dawson			18. MOTHER'S NAI	ME (First, Middle, Melden (unk) Vo	Sumame) Osburg				
be notified TO Bi	190. INFORMANT'S NAME (Type/Print)  James C. Walton					r, DE 1994		jo)			
must b	20e. METNOD OF DISPOSITION  1 Description   Method   Meth	noval from State cametary	, crematory or other	olsposition (Na er place) ens Ceme			cation — city				
medical examiner must	St. Stephens Cemetery 6/12 Delmar, DE  22. NAME AND ADDRESS OF FACILITY Holloway Funeral Home 501 Snow Hill Rd., Salisbury, MD 21801										
y, or other traumatic event, the medici	23. 1991 I. Enter the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CO)  DUE TO (OR AS A CO)  DUE TO (OR AS A CO)	PP PC NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF):	2A		se cerdiac or responses		Approximata intervat Between Onset and Death with Angle Angl			
hows any injury, MEDICAL CE	PART II. Other elgnificant condition	d. ns contributing to death but n	ot resulting in	the underlying	g ceuse given in i	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 HO			
Item 23	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Che						
· ·	27. MANNER OF DEATN  1 Netural 5 Pending	28e. DATE OF INJURY (Morith, Day, Year)	28b. TIME	OF 28c. INJ	RK7	28d. DESCRIBE HOW I	NJURY OCCURI	ED			
8 H	2 Accident investigation 3 Suicide 8 Could not be determined	26e. PLACE OF INJURY — A building, etc. (Specify)	t home, farm, str	eet, factory, office		28f. LOCATION (Street of City or Town, State)	and Number or R	lural Route Number,			
을 급		ICIAN: To the best of my knowledge ER: On the basis of examination and						cuse(s) and manner es stated.			
IMPORTANT: IF TO BE COM	296. SIGNAÇURE AND OTLE OF PERTIFIE				D 36	7-83	29d. DATE SIG	GNED (Month, Day, Year)			
		Ether ton, 1	(ITEM 27) (Type, P	PR	mc,	S'AUS BO	my,	mp 21801			
8	JUN 1 1993	Juna Day Good Will	Stalls	i			, ,				
								DHMH-16 Rev 1/89			



		1 - STATE REGISTRAR  STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
		1. DECEDENT'S NAME (First, Middle, Last)  BARBARA ANN RUDD  2. DATE OF DEATH MONTH M
Pin		4. SOCIAL SECURITY NUMBER  213-38-7738  1  M 2
1, 2, 3 should	L DIRECTOR	HARFORD Memorial Hospital HarredeGrace, Md Harrors
permit. Pages		10e. STATE     10b. COUNTY     10c. CITY, TOWN OR LOCATION     10d. INSIDE CITY LIMITS?       Maryland     Harford     Aberdeen     1 □ YES 2 □ NO       10e. STREET AND NUMBER     10d. INSIDE CITY LIMITS?
15	FUNERAL	2400 Post Road Lot #7 21001 U.S.A.
215-0020 attending physician. se as the burlal-transit	ВУ	11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed 4 Divorced  12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  13. WAS OECENOENT OF HISPANIC ORIGIN? (Specify Yee or No- lif yes, specify Cuban, Mexican, Puerto Rican, etc.)  14. RACE — American Indian, Black, White, etc.  Specify:  White
21 al or for u	PLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed)  Elamentary/Secondary (0-12) 12  18e. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  HOMEMAKEY  16b. KIND OF BUSINESS/INDUSTRY
1ARYLAND 2 stained by the hospital should be detached fo	COMPL	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Melden Surname)
MARYLAND  retained by the hospil  s should be detached notified at once.	TO BE	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)
ж м д д		Charles N. Rudd, Jr.  901½ Quary Road, Havre de Grace, Maryland 21078  20e. METHOD OF DISPOSITION 10 Burlet 200 Place And Date Of Disposition (Name of committee of committee of committee of committee of committee of the place).
Pag P		1   Burlet 20 Cremetton 3   Removed from State   Committee   Commi
BALT rs after death. rby the funera removal.		Tarring-Cargo Funeral Home, P.A. Aberdeen, Maryland 21001-3399
in 24 hoursely filled in attion, or the me		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, abock, or heert failure. List prily one cause on each line.  Approximate interval Between Onset and Daati disease or condition  a. Shemic Colifs
D 2 2 - 2	NO	Sequentially list conditions,  b.  DUE TO (OR AS A CONSEQUENCE OF):  OWNEY OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT
BOX 68 cate be executionly sician and control prior to burit are traumatic	ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury C.
P.O. ath certificate transfer part of the Hygien to the transfer part of	CERTIF	thet initiated events resulting in death) LAST  d.
L RECORDS, law requires that the de as been signed by the ar the pt. of Health and Ment 23 shows any injury	SICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PREFORMED?  YES 2 \( \text{NO}\) NO  YES 2 \( \text{NO}\) NO  YES 2 \( \text{NO}\) NO
	ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  OTHER:  OTHER:
OF VIT, PHYSICIAN: Th this certificate with the State fixed, or Iten	PHYS	1   YES NO 1 Inpatient 2   ER/Outpatient 3   DOA 4   Nursing Home 5   Residence 6   Other (Specify)  27. MANNUTUF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK?  28b. TIME OF INJURY AT WORK?
	BY	5 Pending Investigation 28e PLACE OF INJURY — At home farm stead fortens office.
OIVISION OR ATTENDING IN OFFICE After the company of the company o	ETED	4 Homicide determined City or Town, State)
推新生	COMPLET	MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated.
TO THE HOSE TO THE FURE De filed with	TO BE	296. SIGNATURE WID TITLE DE CENTERIER (MOOR). Day: ************************************
		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, egich)  UNDA FIREILICH DIE Wheel Ward Beldu MI 4015
		31. DATE FILED (Month, Day, West)  JUN 18 93  Grand Davidson - Mondage

BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within 2x hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State hand Mental Mollane prior to brital permit.	he medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	I THESPIRE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	F. F. F. E. M. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the larger after death with the State plant of Haath and Mantal Horlane prior to burdal remarking or empanal	MINISTER 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

RESIDENCE OF DECEDE	1 □ M 2 😿 F  give street and number)  General Hosy	82	YRS. IF UNDER		IF UNDER 24 HRS.	5			93	0 7
Carroll Co.  RESIDENCE OF DECEDER  100. STATE 100. C  Maryland  100. STREET AND NUMBER	General Hos			DAYS	HOURS MIN.	Maj	OF BIRTH	,191	8. BIRTHI Country	PLACE (State or Foreign
Maryland 100. STREET AND NUMBER	OUNTY	pital	neral Hospital Westminste						rro]	
	Carroll		10c. CITY, TOWN (		oine					10d. INSIDE CITY LIMITS? 1 YES 2 NO
				101	2179	7		10g. CITIZ		A .
11. MARITAL STATUS 1 Never Married 2 Merries 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	R IN U.S. ARME S 2 1 NO DATES		If yes, sp	ecity Cuben, Mexico 2 ANO Specific	an, Puerto	17 (Specify Yea Rican, etc.)	or No-		- American Indian, White, etc.
15. DECEDENT (Specify only highes Elementary/Secondary (0-12)		(Give	DENT'S USUAL O kind of work done to NOT use retired.) untain	during mo	st of working		eople			g Store
17. FATHER'S NAME (First, Middle, Li John W.	Mercer					ry I	longer	rbear		
Mrs. Mary Su		196. [	430 Woo	odb:	ind Number or Rural	Route Num	bor, City or Tow	n, State, Zip	Code)	21797
20a. METHOD OF DISPOSITION  1 Burlet 2 Cremation 3 4 Donation Tober 1500000  21. SIGNATURE OF FUNERAL SERV	Removal from State		DDATE OF DISPOS			/28/		cation – c		vn, State
23. PART I. Entar the disease shock, or heart fe iMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	liure. List only one ceuse on	atay Olosyl	facture factors of the second	tha mo	de of dying, suc	ch as card	liac or respi	ratory arre	est,	Md 217 Approximate interval Betwo
that initiated events resulting in death) LAST	DUE NO FOR AS	A-COMSEQUE	ENCE OF):				1			
PART II. Other algnificent con	ditions contributing to death	but not rea	uiting in the un	derlying	g cause given in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEON EXAMINER?  1 YES 2 WHO	HOSPITAL:	utpatient 3 🗆	DOA 4 Num	3:	ACE OF DEATH (Ch					
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investig			29b. TIME OF INJURY M	28c. INJ WO			CRIBE HOW II	NJURY OCC	UREO	
3 Suicide 8 Could n 4 Homicide determin		RY — At home pecify)	, lerm, atreet, fact	ory, office		281. LOC City	ATION (Street e or Town, Stete)	and Number o	or Rural Ro	oute Number,
	PHYSICIAN: To the beat of my kno AMINER: On the basic of exeminat									end manner ee stated
29b. SIGNATURE AND TITLE OF CENTR OF CENTRE OF CENTRE OF CENTRE OF CENTRE OF CENTRE OF CENTRE OF	Tuncono				29c. LICENSE NUI	MBER 06		29d. DATE	SIGNED (	Mg/lth, Day, Year)

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STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1993 VEAR May 24, Calvin RICE Ira 11:43 A. M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH Sept. Sept. IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 548-26-4208 1 X M 2 F Marylan d YRS. 1915 use as the burial-transit permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Northampton Mamor Nursing Home DIRECTOR Frederick Frederick RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Jefferson Maryland Frederick 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3416 Jefferson Pike 21755 .S.A. executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. I and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAT 1 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Marrie 1 TES 2 NO Specify. BY White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 166. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17 Banker Banking 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ira Clifton Rice Emma Kate Crum 76 BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
4311 Havard Street, Silver Spring, Md. 20906 2 Ira Calvin Rice, Jr. pe 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Must ethodist Cemetery May 27, Jefferson, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Keeney and Basford Funeral Home M00021 Burhard 106 East Church St., Frederick medicai 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert failure. List only one cause on each line. Interval Betwe 0 **IMMEDIATE CAUSE (Final** Onset and Death has been signed by the attending physician and completely fille Dept. of Health and Mental Hygiene prior to burial, cremation, traumatic event, the Concesson disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF). Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING certificate be CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST 6 injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MEDICAL 24s. WAS AN AUTOPSY that t shows any 1 - YES 2 NO 1 WES 2 NO PHYSICIAN: MP 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) r this certificate h Item EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA Nursin OR ATTENDING PHYSICIAN: e 5 - Residence 8 - Other (Specify) 6 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, Natural Accident 5 Pending Investigation FUNERAL DIRECTOR; After this d within 72 hours after death within 18 hours after death with 18 16 market 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, and due to the cause(s) and manner as stated. IMPORTANT: IF 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner se stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) TO THE 5 26 139 2 ED CAUSE OF DEATH (ITEM 27) (Type, Print) Robert L. Kaufmann, M.D., 300 West Ninth Street, Frederick, Maryland 21701 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE MAY 26 Julia Lavidson-Randoll

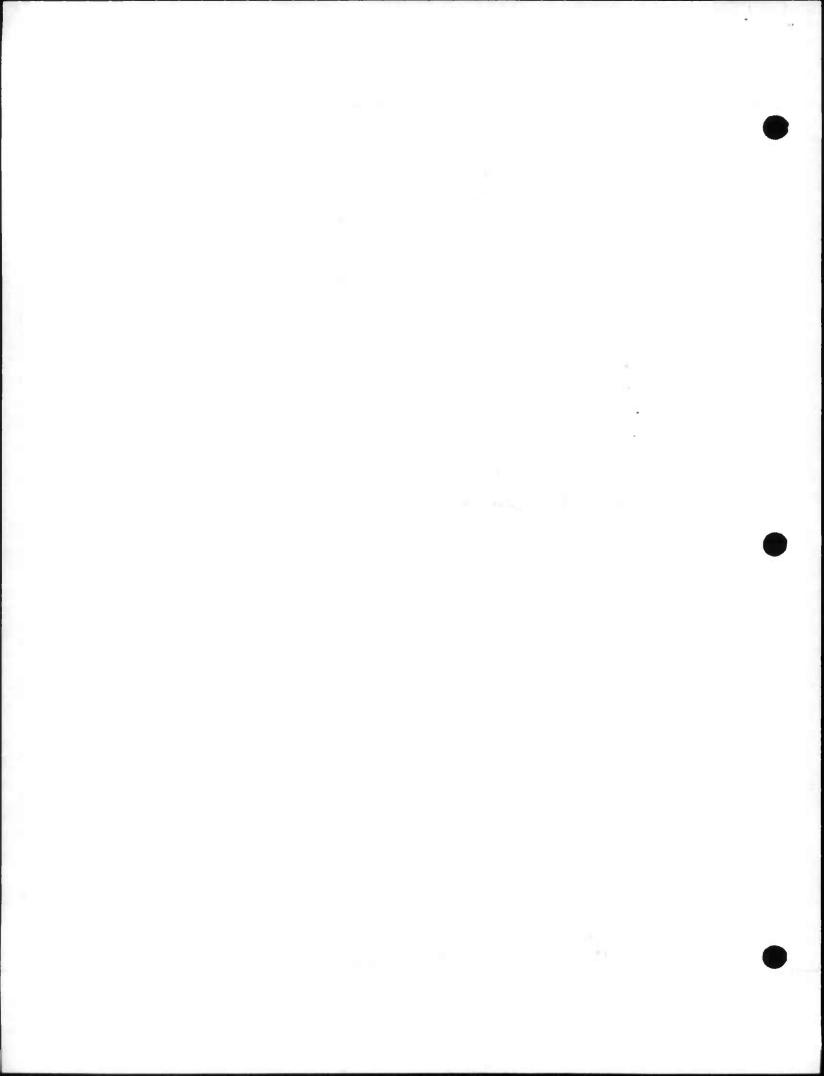
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1 1	1. DECEDENT'S NAME (First, Middle.	Last)					2. DATE OF DEATH		2 THE OF SELEC	
		Ethel	V Ric	hard	son		MONTH 06	10 9	YEAR 3. TIME OF DEATH	
-	4. SOCIAL SECURITY NUMBER 213-09-6035	5. SEX	The transfer of the transfer of the transfer of			IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		B. BIRTHPLACE (State or Foreign Country) Maryland	
Œ	9a. FACILITY NAME (If not institution,		177			OR LOCATION OF D		ITY OF DEATH		
CTO	St. Agnes Ho			Balt	imore C	City				
DIRE	10a. STATE 10b. CC		10c. CITY, TOWN OR LO			ATION			10d. INSIDE CITY LIMITS?	
	Maryland Ba	altimore C	ounty		Catons				1- YES 2 □ NO	
ERAL	16 Fusting Avenue				- '	Of. ZIP CODE			ZEN OF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  1 Never Married 2 Married  3 Widowed 4 Divorced							US: Yes or No-	A  14. RACE — American Indian, Black, White, etc.  Specify:  White	
COMPLETED	15. DECEDENT'S EDUCATION 16a.			CEDENT'S L	USUAL OCCUPAT	ION	16b. KIND OF	I BUSINESS/IND		
	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)			. Do NOT use		nost of working	353 05.1			
MP	. unknown		I	Homemaker			Own 1			
	17. FATHER'S NAME (First, Middle, Las Joshua		M			All Control	AME (First, Middle, Maid			
BE	19e. INFORMANT'S NAME (Type/Print)			.eaux Grace Jacks  MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code)						
6	Ms. Evelyn J.							1to., MD 21229		
	20b. PLACE AND DATE OF DISPOSITION   DATE   20c. LOCATION - City or Town   17 Burlal 2   Cremation 3   Removal from State   20d. Donation 5   Other (Specify)   GOOD Shepher   Cemetery 6/14/93 Ellicott   22. NAME AND ADDRESS OF FACILITY   Slack Funeral Home, P.A.   Ellicott City, Maryland 2.									
	shock, or heart failure. Mist only one ceuse on each line.  IMMIDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):									
	IMMIDIATE CAUSE (Final disease or condition	a. Caro	caused the design on each line	eath. Do no	El ot enter the m	licott oda of dying, su	City, Machine Ci	rvlar	est, Approximate Interval Betv	
ш	IMMIDIATE CAUSE (Final disease or condition	a. Caro.  DUE TO (0	caused the design on each line	OUENCE OF	rator the m	licott oda of dying, su	City, Machine Ci	rvlar	est, Approximate Interval Bets	
MEDICAL C	snock, or near fall IMMFDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent cond	a. Card  DUE TO (C  DUE TO (C  d.	caused the despendence on each line.  A A CONSE	OUENCE OF	E1 of enter the m	licott ode of dying, su	City. Mich as cardiac or re	rvlar	21043.  Approximate Interval Betwoen and D  Onset and D  24b. WERE AUTOPSY FIND AMALABLE PRIOR TO	
MEDICAL CE	SHOCK, Or heart fall shock, or heart fall disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions.  Disease or Injury that initiated events resulting in death) LAST	a. Card  DUE TO (C)  b. DUE TO (C)  d. DUE TO (C)  d. Melli & as	caused the despendence on each line.  A A CONSE	OUENCE OF	E1 of enter the m	licott ode of dying, sur	City. Mach as cardiac or re	AN AUTOPSY	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?	
SICIAN: MEDICAL CE	Snock, or near fall snock, or near fall immpDiATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions.	a. Caro  DUE TO (C  DUE TO (C)  d.  Sitiona contributing to de  Mell Fus	caused the despendence on each line.  A A CONSE	OUENCE OF) OUENCE OF) OUENCE OF)	F1 of enter the m 'n af o : d'as : : : : : : : : : : : : : : : : : : :	ng cause given in	City. Mach as cardiac or re	AN AUTOPSY	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
PHYSICIAN: MEDICAL CE	SHOCK, Or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent cond  The last sequence of the las	Bitions contributing to d  AL  HOSPITAL:    Description	Caused the desonneath in the consense on each line.  A A CONSENSE OF AS A CONSENSE OF A CONSENSE OF A CONSENSE OF A CONSENSE OF A CONSENSE OF A CONSENSE OF A C	OUENCE OF) OUENCE OF) OUENCE OF)	E1 of enter the m  'r to ): d'as ):  OTHER: 4 by Mursing Ho  OF 28c. W	ng cause given in	City. Mich as cardiac or re	AN AUTOPSY PORMED?	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO	
ED BY PHYSICIAN: MEDICAL CE	SHOCK, OF REAL TERM SHOCK, OF THE SHOCK, O	AL HOSPITAL:  1   Diportion:    Carporal	caused the deson each line.  Or AS A CONSECUTION AS A CON	DOUENCE OF) OUENCE OF) OUENCE OF) OUENCE OF) OUENCE OF) OUENCE OF) OUENCE OF)	E1 of enter the m  'r to ): d'as ):  OTHER: 4 by Mursing Ho  OF 28c. W	ng cause given in	City, Machine Change Control of the	AN AUTOPSY PORMED?  2 NO W INJURY OCC	24b. WERE AUTOPSY FIND ANALABLE PRIOR TO COMPLETION OF CAU OF DEATH!  1 YES 2 NO	
MPEETED BY PHYSICIAN: MEDICAL CE	SHOCK, Or Near't fall IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent cond  Di' La 25  25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending investigat 2 Accident 3 Suicide 6 Could not determine  29a. CERTIFIER (Check only)  CERTIFYING F	a. Carp  DUE TO (C  b. DUE TO (C  c. DUE TO (C  d. HOSPITAL: 1   Inperior 2   1   1   Inperior 2   1   1   1   1   1   1   1   1   1   1	caused the deson each line  Or AS A CONSE  OR AS A	OUENCE OF) OUENCE OF)	El ot enter the m	ng cause given in  PLACE OF DEATH (C)  The 5 Residence  SURYY AT  ONKY  YES 2 NO  Ice	City, Mich as cardiac or re  Part I. 24a. WAS PERI 1 YES  A Other (Specify)  28d. DESCRIBE HO  28f. LOCATION (Sire City or Nown, St	AN AUTOPSY FORMED?  2 I NO W INJURY OCC wet and Number of And Number of	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
ED BY PHYSICIAN: MEDICAL CE	SHOCK, Or Near't fall IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent cond  Di' La 25  25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending investigat 2 Accident 3 Suicide 6 Could not determine  29a. CERTIFIER (Check only)  CERTIFYING F	Bitions contributing to d.  Bitions contributing to d.  AL HOSPITAL: 1   Disperient 2   1   28a. DATE OF IN (Month, Day, and the best of mathematical mathematica	caused the deson each line  Or As a CONSE  OR AS A	OUENCE OF) OUENCE OF)	El ot enter the m	ng cause given in  PLACE OF DEATH (C)  The 5 Residence  SURYY AT  ONKY  YES 2 NO  Ice	City Mich as cardiac or rechast cardiac or rechast cardiac or rechast cardiac or rechast cardiac or rechast cardiac or rechast cardiac	AN AUTOPSY ORMED?  2 NO W INJURY OCC et and Number ete)	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO	

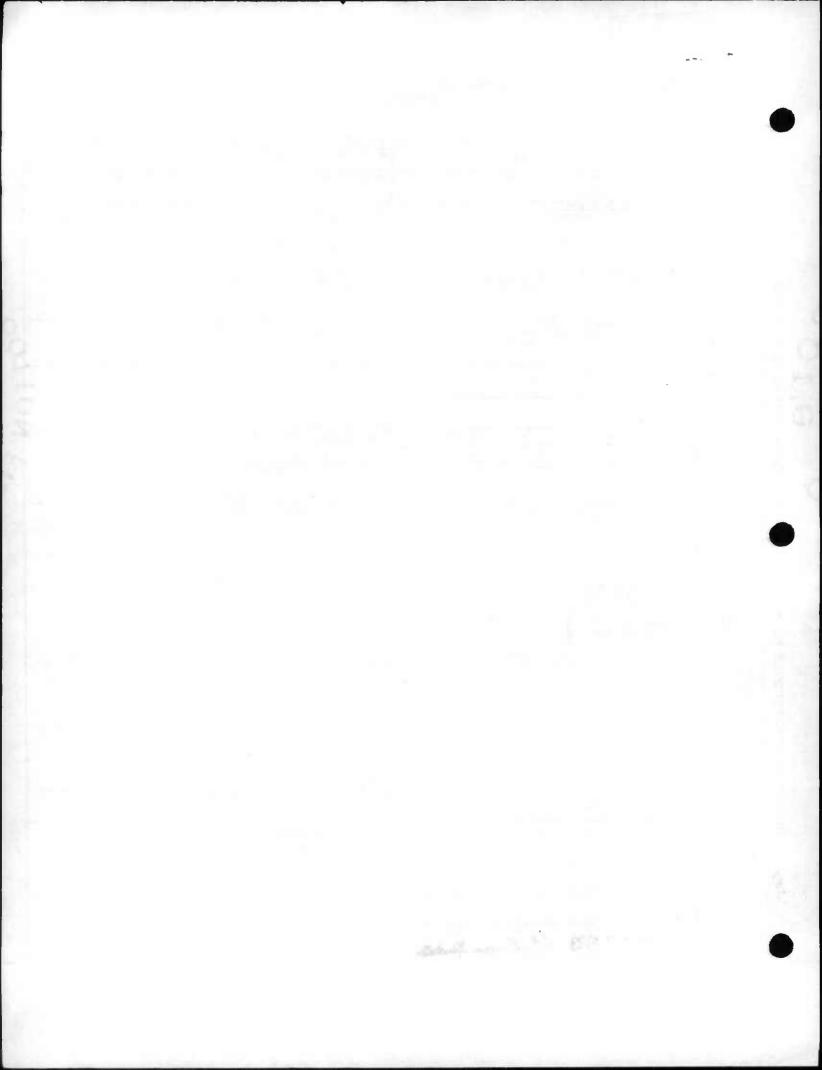
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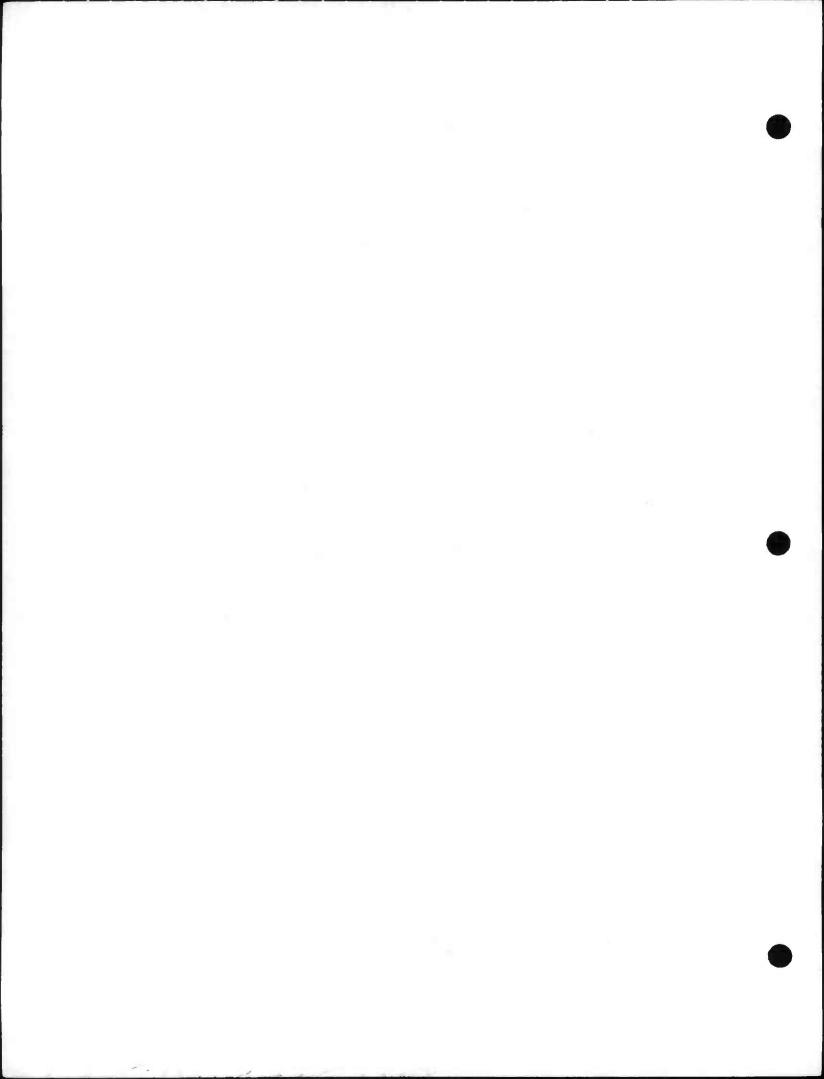
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THE THE ON A LENDING PHYSICIAN. THE IBM REQUIRES THAT THE GEATH CENTINCATE DE EXECUTED WITHIN 24 NOUIS ATTENDED. PAGE 5 MAY DE RETAINED DY THE NOSDITAL OF ATTENDING DAYS.	the TRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial	the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If New 28 is marked, or New 23 shows any Injury, or other traumatic event, the medical examinar must be notified at once
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		CERTIFICA	TE OF DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Last Clifford Oliv	ver REALL			2. DATE OF DEATH	AY 1993	3. TIME OF DEATH 9:35 P
4. SOCIAL SECURITY NUMBER 2 18-12-555 ] 90. FACILITY NAME (If not institution, give	1 <del>Q</del> M 2 □ F 70	YRS. MONTH	NOER 1 YEAR   IF UNDER 24 HRS. HS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Mar. 26,	1923 Ma	
Garrett County Me	emorial Hospit	al	Oakland	DEATH	96. COUNTY C	ett
MD 10a. STATE 10b. COUN	Garrett		land		CITIZEN (	10d. INSIDE CITY LIMITS? 1 YES 2 NO OF WHAT COUNTRY?
Rt. 2, Box 1440	A ASSESSMENT SVED IM		2 1	1550	U	SA
1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DATE WWW II	2NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuban, Mark 1  YES 2 NO Spec	can, Puerto Rican, etc.)		RACE — American Indian, Black, Whita, etc. Specify: White
15. DECEDENT'S ED (Specify only highest gra- Elementary/Secondary (0-12)	DUCATION Ide completed) Coflege (1-4 or 5+)	16a. DECEDENT'S USUAI (Give kind of work do life. Do NOT use retire Coal	one during most of working ed.)	166. KIND OF BU	SINESS/INDUSTR	
17. FATHER'S NAME (First, Middle, Last)  Cromwell Sc	cott Reall		18. MOTHER'S N	IAME (First, Middle, Maiden	Sumame)	
190. INFORMANT'S NAME (Type/Print) Opal L. Reall	Ott Real		Dais RESS (Street and Number or Rura Box 1440, Oa	I Route Number, City or Tow	n, State, Zip Code	*
20a. METHOD OF DISPOSITION  1 🖾 Burlal 2 🗆 Cremation 3 🗆 Re  4 🗆 Donation 8 🗆 Other (Specify)	moval from State 20b.f	PLACE AND DATE OF DISI		DATE 20c 10	CATION CITY O	v Town State
21. BIGHATUME OF FUNERAL SERVICE I	CENSEE	Toubane ,	22. NAME AND ADDRESS OF F Stewart F	Suneral Home	e	
23. PART I. Enter the disbesse, or ahock, or heert feliure iMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. List only one couse on eed	ch line.	nter the mode of dying, au			Approximate interval Betwee Onset and De
		yocardial :	Infarction			Sudden
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS A C	CONSEQUENCE OF):	rdiovascular	Heart Dise	ase	Sudden
if any, leading to immediate	DUE TO (OR AS A COUNTY OF AS A COUNT	consequence of): clrotic Car		Heart Dise	ase	
if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONTROL OF A CONTROL OF AS A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A	CONSEQUENCE OF):  Clrotic Cal CONSEQUENCE OF):  CONSEQUENCE OF):	rdiovascular		AUTOPSY RMED?	Years  24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONTROL OF A CONTROL OF AS A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A	CONSEQUENCE OF):  Clrotic Cal CONSEQUENCE OF):  CONSEQUENCE OF):	rdiovascular	n Part I. 24a. WAS AN PERFOI 1   YES 2	AUTOPSY RMED?	Years  24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE
if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions to the conditions of the con	DUE TO (OR AS A CONTROL OF AS	CONSEQUENCE OF):  Clrotic Car CONSEQUENCE OF):  CONSEQUENCE OF):  It not resulting in the	rdiovascular  underlying ceuse given in  28. PLACE OF DEATH (C	n Part I. 24a, WAS AN PERFOI 1 YES 2	AUTOPSY RMED?	Years  24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions to the conditions of the con	DUE TO (OR AS A COUNTY (Month, Day, Year)	CONSEQUENCE OF):  Clrotic Car  CONSEQUENCE OF):  CONSEQUENCE OF):  It not resulting in the  Valent 3 DOA 4 THE OF INJURY  M	28. PLACE OF DEATH (C	n Part I. 24e. WAS AN PERFOI 1 YES 2 Check only one)  8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURED	Years  24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO
if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be determined	DUE TO (OR AS A CONTROL OF A CONTROL OF AS A CONTROL OF AS A CONTROL OF A CONTROL OF AS A CONTROL OF A CONTROL	CONSEQUENCE OF):  Clrotic Car  CONSEQUENCE OF):  CONSEQUENCE OF):  It not resulting in the  At home, farm, street, fry)	28. PLACE OF DEATH (CHER: Nursing Home 5 Residence WORK? 1 YES 2 NO factory, office	n Part I. 24a, WAS AN PERFOI 1 YES 2 Check only one)  8 Other (Specify)  28d. DESCRIBE HOW I City or Town, State)	NJURY OCCURED	Years  24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only)  1 CERTIFIER (Check only)	DUE TO (OR AS A CONTROL OF A CONTROL OF AS A CONTROL OF A CONTROL OF AS A CONTROL OF A CONTROL OF A CONTROL OF	CONSEQUENCE OF):  Clrotic Car  CONSEQUENCE OF):  CONSEQUENCE OF):  It not resulting in the  At home, farm, street, fy)  Indeed, death occurred at the	28. PLACE OF DEATH (CHER: Nursing Home 5 Residence WORK? 1 YES 2 NO factory, office	check only one)  24a. WAS AN PERFORM 1 VES 2  Check only one)  8 Other (Specify)  28d. DE\$CRIBE HOW I  28t. LOCATION (Street City or Town, State)  as to the cause(a) and mains time, date end place, and	NJURY OCCURED and Number or Ru	Years  24b. WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO  Well Route Number,



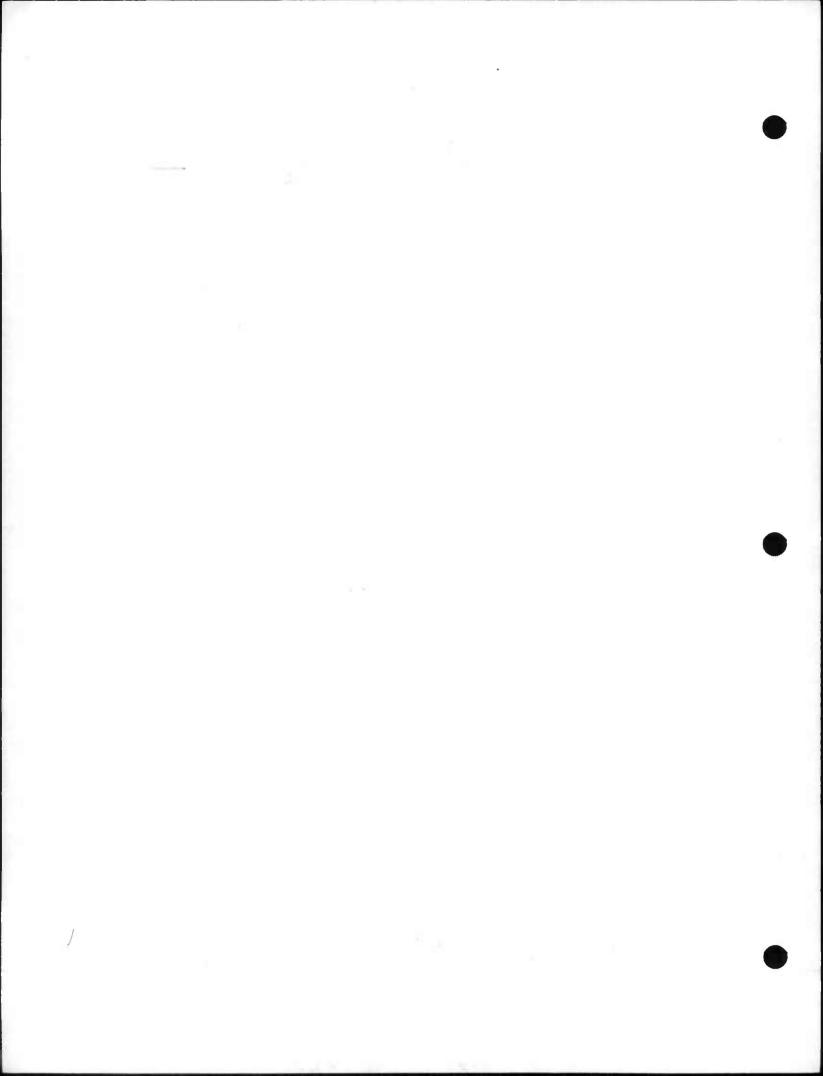
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	DIVISION OF VITAL REC	H ATTENDING PHYSICIAN: The law requi	CONTRACT AND AND ADDRESS OF THE PARTY OF THE
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		1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	TMENT OF I	HEALTH AND	MENTAL HYGIEN		
		DECEDENT'S NAME (First, Migdle, Lest)	Alice	May Robbin		,	2. DATE OF DEATH MONTH June 15,		3. TIME OF DEATH 2135 M
2	DIRECTOR	579-14-1441A	1 □ M 2 🔀 F	GE (In yrs. lest birthday) 72 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 18,	Cou	THPLACE (State or Foreign ntry) hington, D.C
2, 3 should		96. FACILITY NAME (If not institution, give street Shady Grove Adven RESIDENCE OF DECEDENT		ital	Pockvil	L1e	EATH	9c. COUNTY OF Montgo	DEATH
020 physician. burlal-transit permit. Pages 1,		10a. STATE 10b. COUNTY	gomery	100	r, TOWN OR LOCAL				10d. INSIDE CITY LIMITS?  15 YES 2 NO
in.	FUNERAL	10e STREET AND NUMBER 430 Girard Street	#304			20877			WHAT COUNTRY? d States
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burfal-tran notified at once.	BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 1 Y	ES 2 NO	If yes, sp		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) y:	Bio	CE — American Indian, lok, White, atc.
21215-0020 tal or attending physic for use as the burial	COMPLETED		TION impleted) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of a life. Do NOT us	USUAL OCCUPATION of done during more retired.)	ON ost of working	Nationa	SINESS/INDUSTRY	
MARYLAND 2: retained by the hospital o 5 should be detached for notified at once.		12 17. FATHER'S NAME (First, Middle, Last) Lawrence Charle	es Callaha	Grants	Clerk		Health ME (First, Middle, Maiden	Surname)	
MARY e retained b 5 should 1	TO BE	Lawrence Charles Callahan  May Hodgson  19a. INFORMANT'S NAME (Type/Print)  Clarence A. Robbins  19b. Mailing Address (Street and Number or Rural Route Number, Cit 430 Girard Street #304, Gait				Route Number, City or Tow			
BALTIMORE, after death. Page 6 may be noval. cal examiner must be a		20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remove 4 Donation 5 Other (Specify)		20b.PLACEANDDATEC cametery, crematory or of Fort Linc	har place)		OATE 20c. LC	ntwood, 1	
SALTIN ir death. Pag he funeral dii ad.		Michael C.	heeins	M00846	Robert Inc. Mary1a	A. Pump	ohrey Fune Montgomery 50-2805	ral Home Ave., R	/Rockville,
24 hours of filled in the filen, or red the media		23. PART I. Enter the diseases, or conshock, or heart feliure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in death)	mplications that csust only one cause of	used the death. Do not not not not not not not not not no	ot anter the mo	ada of dying, suc	h as cardiac or reap	clratory streat,	Approximate Interval Between Onset and Death
P.O. BOX 6E h certificate be execunding physician and Hygiene prior to bur or other traumatic	CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSCOUENCE OF	deies Van u	l'ular	ade	idua	
OR that the and the any	MEDICAL C	PART II. Other significant conditions	contributing to deat	th but not resulting I	n tha underlying	g cause given in	Part I. 24a. WAS AN PERFO	RMED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
OF VITAL REC: HYSICIAN: The law requires his certificate has been sign with the State Dept, of Heal ked, or Item 23 shows	PHYSICIAN: N		IOSPITAL:	Distroctions 2 7 004	OTHER:	ACE OF DEATH (Ch			1 TYES 2 NO
0 = -	ВУ РНУ	27. MANNER OF DEATH  1 ANetural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Yes	RY 28b. TIM	OF 28c. INJ		6 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCURED	
TISIC ATTENDI CTOR: A after d		3 Suicide S Could not be determined	building, etc. (				261. LOCATION (Street City or Town, State)		Route Number,
DIV HOSPITAL OR I FINERAL DIRE WITH 72 hours RTANT: If Hem	COMPLETED	29a. CERTIFIER (Check only one)  1 XXCERTIFYING PHYSICIA 2 MEDICAL EXAMINER:	N: To the best of my k	nowledge, daeth occurre	d at the time, data n, in my opinion, d	and place, and due	to the cause(s) and mai time, data and place, ar	nner as stated. nd due to the cause	(a) and menner as stated.
	TO BE	39. NAME AND AGORESS OF PERSON WHO C		Dun	20	29c. LICENSE NUM	3/70		D (Month, Day, Year)
100		Gita Bakshi, M.D.	, 9406 016	d Georgeto	wn Road,	Bethesd	a, Marylar	nd 20814	1
		JUN 1 7 1993	guna van	CON-RINGER					



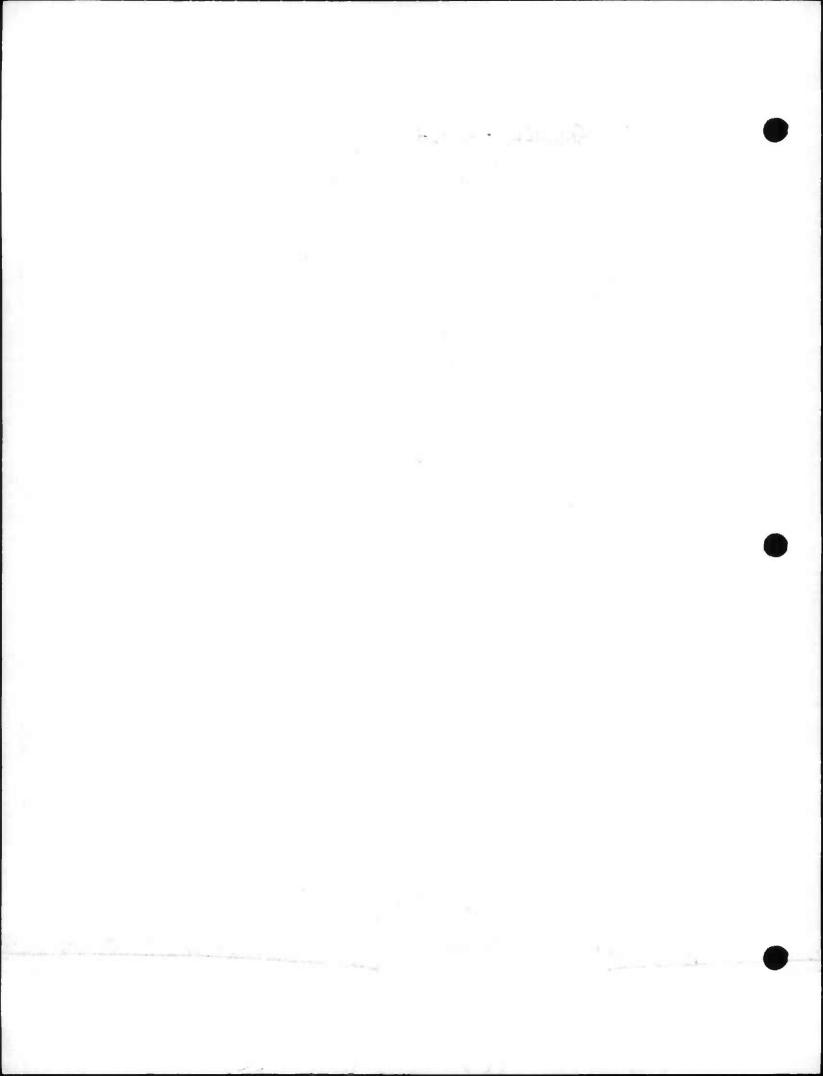
FOR 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	NEGISTRAN		CERTII	TOATI	E OF	DEALL		REG. I	NO.		
	1. DECEDENT'S NAME (First, Middle, Last)  RANDOLPH J. ROUTT							2. DATE OF DEATH DAY YEAR JUNE 11, 1993		year 10:10	Ам
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday,	IF UNDER	IF UNDER 1 YEAR			2 DATE OF BUREA		8. BIRTHPLACE (State or Foreign	
	578-10-2038	1 🔀 M 2 🗆 F 80 YRS.			DAYS		MM				
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY	r, TOWN	OR LOCATION	OF DEATH	1	9c. COUN	9c. COUNTY OF DEATH	
0	303 LEXINGTON DRIVE				SILVER SPRING					MONTGOMERY	
<u> </u>	RESIDENCE OF DECEDENT										
DIRECTOR		TGOMERY	19c. C			SPRING				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
4	10e. STREET AND NUMBER				10f. ZIP CODE			10a, CITIZ	ZEN OF WHAT COUNTRY?	_	
UNERAL	303 LEXINGTON DRI			20901	L		3	USA			
15	11. MARITAL STATUS	13.	WAS DEC	ENDENT OF H	ISPANIC (	ORIGIN? (Specify verto Rican, etc.)	Yes or No-	14. RACE — American Indian, Black, White, atc.			
B⊀	1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					2 A NO		ueno mcan, etc.)		Specify: WHITE	
COMPLETED	(Specify only highest grade completed) (Give kind of				USUAL OCCUPATION work done during most of working						
PLE	Elementary/Secondary (0-12)	SPORTS	PORTS PHOTOGRAPHER EVENING					G STAR	STAR		
8	17. FATHER'S NAME (First, Middle, Last)		DIORES	11101	18. MOTHER'S NAME (First, Middle, Meiden Surneme)						_
	EPPA ROY ROUT	7			ESTHER RAE GROSHON						
8	19a. INFORMANT'S NAME (Type/Print)		10h MAILIN	G ADDRES	C (Ctanat )			Number, City or		Code	
2	EVELYN E. ROUTT									ARYLAND 20901	
	20s. METHOD OF DISPOSITION		20b. PLACE AND DATE				211				
	1 XBurial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	GATE OF	other place) HEAV	of disposition (Name of the Disco)  DATE 20c. LOCATION — City or Town, State  #### AVEN CEMETERY 6/15 SILVER SPRING, MARYLAND					D	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC.										
	500 UNIVERSITY BLVD., W. SIL.SPR., MD. 20901										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest,  Approximate										
	shock, or heart feliure. List only one ceuse on eech line.  IMMEDIATE CAUSE (Final  Onset and Death										
	disease or condition										
	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentialty list conditions, If any, leading to immediate										
S	CAUSE (Disease or injury										
TF	that initisted events resulting in death) LAST										
핑		d									
ᇦ	PART II. Other significant condition	ns contributing to	deeth but not resulting	in the ur	deriyin	g ceuse give	n In Par		AN AUTOPSY	24b. WERE AUTOPSY FINDING	GS
EDICAL	PERFORMED?  1 YES 2 HO									MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	E
ME	1 163 2 1 110									1 YES 2 NO	
							-				
M	25. WAS CASE REFERENCE TO MEDICAL 28. PLACE OF DEATH-Check only one)										
PHYSICIAN:	EXAMINER?		OTHER: 4   Nursing Home 5   Residence 6   Other (Specify)								
主	27. MANNER OF DEATH	28e. DATE OF	ER/Outpatient 3 DOA INJURY 28b. Til	ME OF	28c. INJ	IURY AT		d. DESCRIBE HO	W INJURY OCC	CURED	
	1 Natural 5 Pending	(Month, Da	ly, Y6ar)	JURY M		ORK? YES 2 N	0				
) BY	3 Suicide 28e. PLACE OF INJURY — At home, farm,							281. LOCATION (Street and Number or Rural Route Number,			$\dashv$
TED	4 Homicide determined building, etc. (Specify)										
2	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(s) and manner as stated.										
COMPLET	(Check only one)  2 MEDICAL EXAMINER: On the basis of sxamination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
BE	29d, DATE SIGNED (Month, Day, Year)										
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
	31. DATE FILED (MONTHs Devs Year)	and place and a	S SIGNATURE S. AS	11'le	N	Typy	11,	100	10940	74	Ц
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HE PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	FILE EAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	min 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TANT: If item 28 is merked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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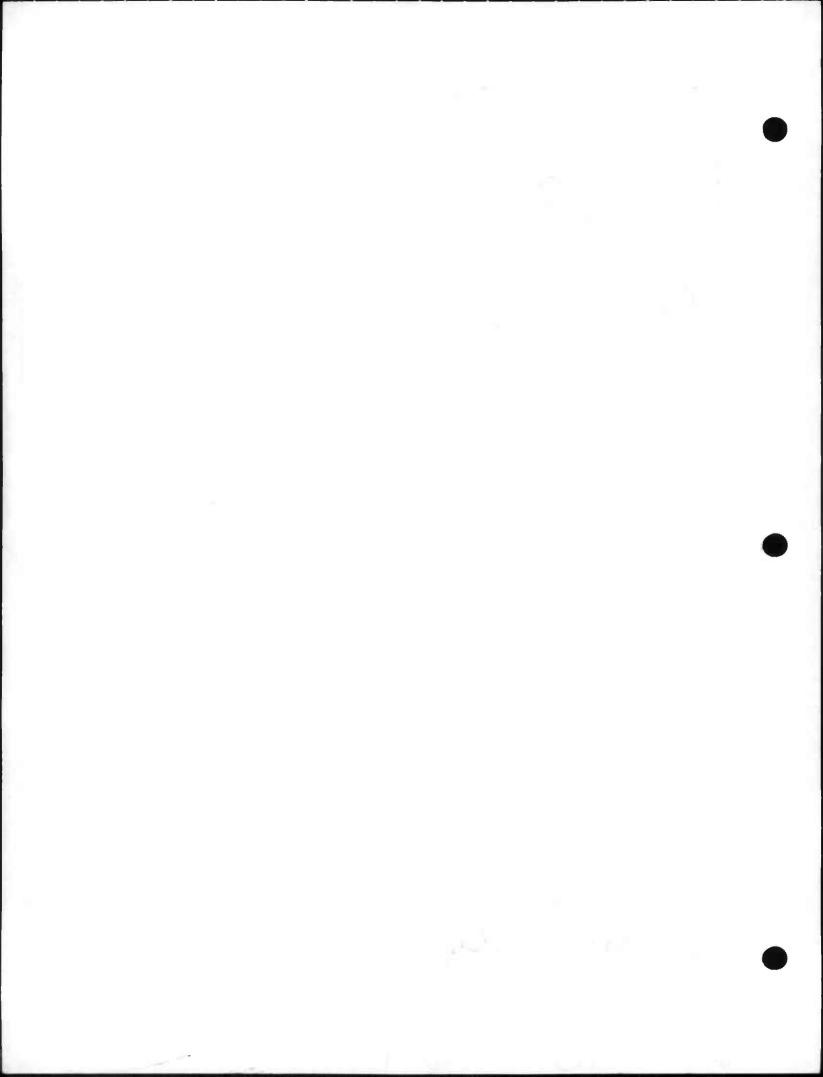
REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO					
1. DEPEDENT'S NAME (First, Middle, Las	NUEL RA	la II	9,-4		2. DATE OF DEATH DON'TH DA		3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER						0 93	15 35			
077-05-9488	1 X M 2 🗍 F	E (In yrs. last birthday) 83 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 06-01-10	Coun	HPLACE (State or Foreign try) STRIA			
9a. FACILITY NAME (If not institution, given washington abust residence of decement	the state of the s	L	9b. CITY, TOWN	PARK	EATH	9c. COUNTY OF MONTGO				
10e. STATE 10b. COUN		10c, CITY	ASHINGT				10d, INSIDE CITY LIMITS? 1 X YES 2 NO			
10c. STREET AND NUMBER 3211 **B** SUTTON						10g. CITIZEN OF UNITED	WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2 AND				NIC ORIGIN? (Specify Ver in, Puerto Rican, etc.) y:		E American Indian, ck, White, etc. city:			
15. DECEDENT'S EL		16a. DECEDENT'S			16b. KIND OF BU	SINESS/INDUSTRY				
(Specify only highest gra Elementary/Secondary (0-12) 12	Elementary/Secondary (0-12) College (1-4 or 5+)			(Give kind of work done during most of working life. Do NOT use retired.)  REALTOR						
17. FATHER'S NAME (First, Middle, Lest) LEPA RAUCH					ME (First, Middle, Melden LECKMAN	Sumame)				
19a. INFORMANT'S NAME (Type/Print)		401 000 000								
NETTIE RAUCH (	VIFE)	3211 **	B" SUTT	ON PLACE	, NW, WASH	INGTON,	DC 20016			
20a METHOD OF DISPOSITION  1 X Burlal 2 Cremation 3 Re 4 Donation Donation Checken	/	Ob. PLACE AND DATE OF	PEBREW	CONGREG	ATION WAS	CATION — City or 1 HINGTON,	DC			
21. SIGNATURE F FUNERAL SERVICE	LICENSEE	EMORIAL P	DANZA	NSKY=GOL	DEERG MEMO E PIKE, RO	RIAL CHA	PELS MD 20852			
23. PART L Enter the diseases, o	1 succes						MD 20032			
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	IMMEDIATE CAUSE (Fine)  disease or condition  Porting Architecture Cause on each line.									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  b. Ferforcial United United States (See Sequence of Seq										
resulting in death) LAST	d									
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse g					PERFORMED?  1 YES 2 NO OF		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check cold cold)										
EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch						
1 YES 2 NO 27. MANNER OF DEATH	inpatient 2 ER/Ou		6 Other (Specify)							
1 Natural 5 Pending	(Month, Day, Year)		JRY WO	URY AT	28d. DESCRIBE HOW I	NJURY OCCURED				
2 Accident Investigation " 1 YES 2 NO						281. LOCATION (Street and Number or Rural Floute Number, City or Town, State)				
29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner as stated.										
2   MEDICAL EXAMI	one) 2 MEDICAL EXAMINER on the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated.									
JULY 10 TO CENTRY	29d. LICENSE NUMBER  29d. DATE SIGNEO (Mgrith, Day, Year)  10 10 10 10 10 10 10 10 10 10 10 10 10 1									
10313 Ger	3d. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Typo, Print)									
31. DATE FILED (Month, Pay, Year)	32. REGISTRARYOSIG	MATURE Pandal	2	71019	1 17(3)					
3011 1 4 19	33 /									



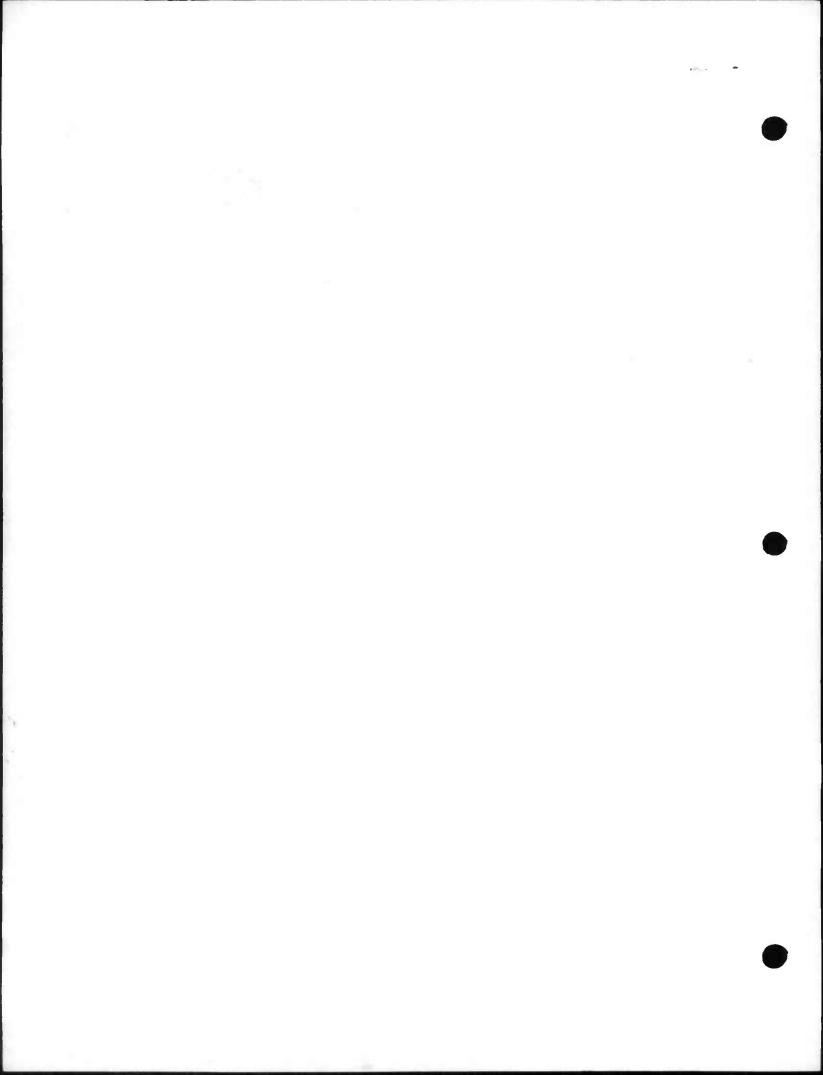
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VISION OF VITAL RECORDS, P.O. BOX 68760,	ATTENDING DEVICE The feet securities shee she doubt seed force he monthly the
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	TMENT OF H	EALTH AND DEATH	MENTAL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DAY YEAR () 1 OO D					
		DITT BON					0, 199				
ron	578-40-3095	%□ M 2 □ F 6	in yrs. lest birthdey)  YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MARCH 8,		BHRTHPLACE (State or Foreign Country) WASHINGTON, DC			
		FIGHT GENERAL STREET									
DIRECTOR	10a. STATE 10b. COUNTY		ION			10d, INSIDE CITY					
	MARYLAND MONTGOMERY SIL			LVER SE	RING		1 _ YE				
FUNERAL	100. STREET AND NUMBER	TOI, AIR C						N OF WHAT COUNTRY?			
NE NE	1536 HEATHER HOLLOW CIRCLE, #13  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED			12 WAS DEC	20904  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye			A RACE — American Indian,			
B	1 Never Married 2 Married 3 Widowed 4 Divorced	lever Married 2 Married FORCES? 1 YES 2 NO			13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specific If yes, specify Cuban, Mexican, Puerto Rican, etc. 1 YES 2 NO Specify:						
9	15. DECEDENT'S EDUCA (Specify only highest grade of	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of w					USINESS/INDUS				
COMPLET	Elementary/Secondary (0-12)	Elementary/Secondary (0-12) College (1-4 or 5+) Iffe. Do NOT use			•	TIPEC					
MC	17. FATHER'S NAME (First, Middle, Last)	12 SALESMAN				TIRES MOTHER'S NAME (First, Middle, Maiden Sumerne)					
N N	GEORGE ALOYSIA	S SIMPSON			MARY	LILLIAN	ADAMS				
00	19a, INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Street e		Aoute Number, City or R		ode)			
5	KEITH EDWARD SIMP	SON	9319 M	ANY FLOW	ERS LANI	E, JESSUP,	_MD 20	794			
	20a. METHOD OF DISPOSITION 1 [XBurlal 2   Cremation 3   Remove 4   Donation 5   Other (Specify)	20a. METHOD OF DISPOSITION  1 X Surlal 2 Cremation 3 Removal from State  20b. PLACE AND OATE Of DISPOSITION (Name of completery, granging or other place).									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD 2090  23. PART I. Enter the diseases or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate										
N: MEDICAL CERTIFICATION	shock, or heart feliure. Li  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisity list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	forct				interval Between Onset and Death Somma			
	PART II. Other significent conditiona	contributing to death b	ut not resulting l	n the underlying	) cause given in		AN AUTOPSY DRIMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:		HOSPITAL:		OTHER:	ACE OF OEATH (Ch						
HYS	1 YES 2 NO 27. MANNER OF DEATH	28a. OATE OF INJURY	inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence					8 G Other (Specify)  28d. DESCRIBE HOW INJURY OCCURED			
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)									
ETED B	3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF INJURY — Al home, farm, street, fectory, office building, etc. (Specify)					28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLE	29e. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date end place, and due to the cause(e) and manner as stated.  EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the lime, date and place, and due to the cause(e) end manner as stated.										
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	C 100			29c. LICENSE NUI	MBER	29d. DATE S	IGNEO (Month, Day, Year)			
TO B	//ena/me /// Md D/4572 6/11/9							11/93			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Neil A. Crane, M. O. 5530 Wyscansin Are #200 Chuy Chave, Md 20815										
	31. DATE FILES (MONT). 2 4 1993	32 AEGISTRAP'S SIGN	Mandell								



	FOR STATE REGISTRAR					TMENT OF			AL HYGIEN REG. NO.	1 ~	anamed)	
	1. DECEOENT'S NAME (First					24.		2. DATE	E OF DEATH	w / Y	3. TIME OF DEATH	
	MILBOX		ANCIS	51	NGL	ETON		6		93	8-9/19 M	
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. I		IF UNDER 1 YEAR	IF UNDER 2		E OF BIRTH ith, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)	
	212-34-500		M 2 D F	56	YRS.	acontra and	Houng		-/2-		PA	
_	9a. FACILITY NAME (If not in	1 1	street end number)			9b. CITY, TOWN	OR LOCATION	N OF ORATH		9c. COUNTY	OF DEATH	
CTOR	HESIDENCE OF DEC	1.04	will			Have	ede	Lean		14	reford	
ш	10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY	
DIR	MD	На	arford			1224 142		e Grace			LIMITS?	
	10e. STREET AND NUMBER		41101				of. ZIP CODE	Grace		10a. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	466 Frankl	lin Stı	reet			150		1078		7.5	USA	
S	11. MARITAL STATUS		12. WAS DECEOEN	T EVER IN U.S. A	ARMEO	13. WAS OE	CENDENT OF	HISPANIC ORIGI	IN? (Specify Yes	or No- 14.	. RACE — American Indian.	
	1 Never Married 2 📉		FORCES? 1	YES 2 WAR OR DATES	) NO	If yes, s	pecify Cuban, S 2 X NO	Mexican, Puerto	Rican, etc.)		Black, White, etc.	
ВУ	3 Widowed 4 Dive	rced								4	White	
TED	15. OEC (Specify onl	EOENT'S EOU y highest grade	JCATION completed)	1	(Give kind of v	USUAL OCCUPAT		18	b. KINO OF BUS	SINESS/INDUS	TRY	
2	Elementary/Secondary (0	)-12)	College (1-4 or 5	+)	Me. Do NOT us		D.C.	, .	**	2.0		
COMPLET	17. FATHER'S NAME (First, M	liddle Leet		vei	naing	wacnin	7				chine Co.	
			Charles	Singlet	020			ers name (First, rtha Fl		Sumame)		
BE	19a. INFORMANT'S NAME (7		Charles			ADDRESS (Street				D		
10	Mrs. Irma	Wyatt	Singleton			Frankl					MD 21078	
	20a. METHOD OF DISPOSIT  1 N Buriel 2 Cremetic	n 3 🗆 Rem	noval from State	cemetery, c	ry Cremetony or other place					LOCATION — City or Town, State		
	4 Donation 5 Other		CENSEE	_   Ang	gel Hi			6/2	24   Ha	vre de	Grace, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSUS  22. NAME AND ADDRESS OF FACILITY  Mitchell-Smith Funeral Home, P.A.											
	Havre de Grace, MD 21078-3197								-3197			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of duing such as cardiac or recorded as a cardiac or											
- 1	shock, or heart fellure. List only one cause on each line					ot enter the m	ode of dyln	g, such as car	rdlec or respi	ratory arrest		
	IMMEDIATE CAUSE (Fir		List only one cau	ise on each lin	ne.						Interval Between	
			a. Artic	ese on each lin	no. Ural	te Con					Interval Between	
	IMMEDIATE CAUSE (Fir disease or condition_		a. Artic	ise on each lin	no. Ural	te Con					Interval Between	
NOI	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condition	iona,	a. Out to	ese on each lin	COLLEGUENCE OF	te Car					Interval Between	
CATION	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list conditi if sny, leading to immecause. Enter UNDERLY!	lona, diate	a. Out to	COSCIO	COLLEGUENCE OF	te Car					Interval Between	
IFICATION	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condition if any, leading to immediate the conditions of	lona, diate	a. Out TO b. OUE TO c.	COSCIO	EQUENCE OF	te Con					Interval Between	
ERTIFICATION	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list conditi if sny, leading to immecause. Enter UNDERLY! CAUSE (Disease or inju	Iona, diate ING	a. Out TO b. OUE TO c.	(OR AS A CONSI	EQUENCE OF	te Con					Interval Between	
L CERTIFICATION	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list conditi if sny, leading to immecause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	dona, dilate NNG	a. OUE TO b. OUE TO c. DUE TO d.	(OR AS A CONSI	EQUENCE OF	te Cour	dias	asew	la D	Deser	Interval Between Onset and Death	
	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list conditi if sny, leading to immecause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events	dona, dilate NG	a. OUE TO b. OUE TO c. DUE TO d.	(OR AS A CONSI	EQUENCE OF	te Cour	dias	asew		Deser	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO	
	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list conditi if sny, leading to immecause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	dona, dilate NG	a. OUE TO b. OUE TO c. DUE TO d.	(OR AS A CONSI	EQUENCE OF	te Cour	dias	asew	Can L	OLALIA AUTOPSY MED?	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS	
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- 1	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list conditi if sny, leading to immecause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other significations.	dona, diate NG Introduction	a. OUE TO b. OUE TO c. DUE TO d	ISE ON BECK III	EQUENCE OF	The first of the underlying the first of the underlying the first of t	ng cause given by the state of occurrence occurrence of occurrence occ	ven In Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 DIP	
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BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list conditi if smy, leading to immercause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other significations of the condition of the con	Iona, diate NG Iny T Int condition	a. OUE TO b. OUE TO c. DUE TO d	(OR AS A CONSI  (OR AS A CONSI	EQUENCE OF TRANSPORT TO THE PROPERTY OF THE PR	The underlyle 26. FOTHER: 4   Nursing Hote E OF   28c. IN WY M   1   1   1   1   1   1   1   1   1	PLACE OF OEA	wen In Part I.  ATH (Check only of the control of t	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED? AT NO	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
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E COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condition if sny, leading to immecause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other signification in the signification in death of the signification in the significati	Iona, diate ING ING ING ING ING ING ING ING ING ING	a. OUE TO b. OUE TO c. DUE TO d	(OR AS A CONSI  (OR AS A CONSI	EQUENCE OF REQUENCE  in the underlying 26. F	PLACE OF OEA  TORKY  YES 2   Torket  Torky	Ven In Part I.  ATH (Check only of dence 6 Oth 28d, OE NO 28f, LO Chy and due to the ca	24a. WAS AN PERFOR 1 YES 2  Or (Specify) SCRIBE HOW IN CATION (Street a ror Town, State)	AUTOPSY MED? A NO  NJURY OCCUR and Number or in	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 DO		
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condition from the course of the	Iona, diate ING ING ING ING ING ING ING ING ING ING	a. OUE TO b. OUE TO c. DUE TO d	(OR AS A CONSI  (OR AS A CONSI	EQUENCE OF REQUENCE  in the underlying 26. F	PLACE OF OEA  TORKY  YES 2   Torket  Torky	ven In Part I.  ATH (Check only of dence 6 Oth 28d. OE NO 28d. LO City) and due to the call of the time, dat the time, dat	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED? A NO  NJURY OCCUR and Number or in	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 DO		

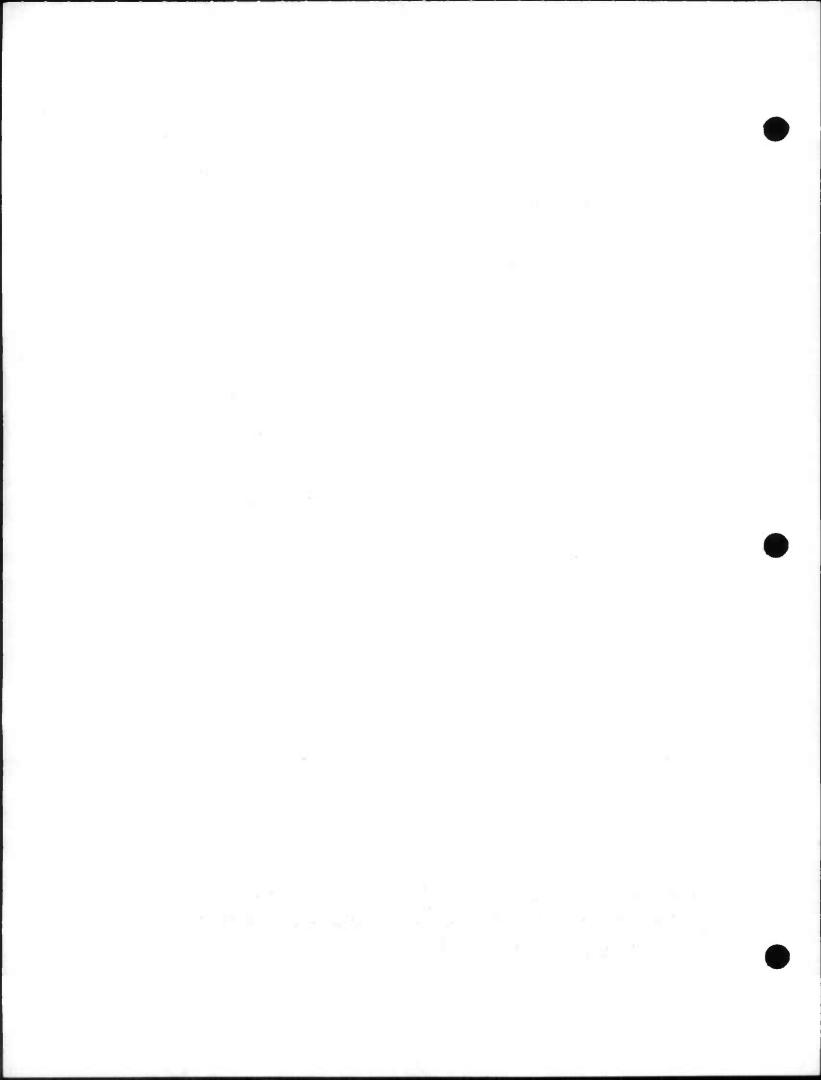


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	death
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	24
5	within
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	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF F	MARYLAND /				ALTH AND DEATH	MENTA	L HYGIE	-	3	19128	
	1. DECEDENT'S NAME (First, Middle, Last)						JEATH.		OF DEATH	- 11		TIME OF DEATH	
	Harvey	Sims						5 MON	ГН	31 9	3	1815 M	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE	OF BIRTH		. BIRTHPL	ACE (State or Foreign	
	428-32-5405	1 🖳 M 2 🗆 F	68	YRS.	MONTHS	DAYS	HOURS MIN.	(Mon	th, Day, Year) 3–27–2	5	Country)		
	9e. FACILITY NAME (If not institution, give	street and number)	-		9b. CITY,	TOWN OF	LOCATION OF D			9c. COUNT	Y OF DEAT	н	
OR	104 East Road A	apt 101			Sa]	isbu	irv			W	icomi	CO	
ᇈ	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT			400						-			
DIRECTOR	10c. STATE 10c. CITY, TOWN OR LOCATION  MD Wicomico Salisbury											d. INSIDE CITY LIMITS?	
1										144		YES 2XXNO	
A A	1004 East Roa	d APT.	101 S	ali	sbur	У 101.	21801				U. S	T COUNTRY?	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARA	4ED	12 V	MS DECE	NDENT OF HISPA	NIC OBIO	am manata. W			American Indian,	
	1 Never Married 2 Merried	FORCES? 1	YES 2 N	0	11	yes, spec	Ify Cuben, Mexic	en, Puerto	Rican, etc.)	IS OF NO-	Black, W	American Indian, hite, etc.	
B	3 Widowed 4 Divorced	WWI	I		_   '	☐ TES 2	FEENO Spec	ny:			Specify: Blac	k	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a, DEC	EDENT'S	USUAL OC	CUPATION	of working	16	b. KIND OF B	JSINESS/INDU	TRY		
	Elementary/Secondery (0-12)	College (1-4 or 5	litte .	Do NOT us	e retired.)								
M	12			Ta:	xi D	rive	er		S	elf E	mplo	yed	
8	17. FATHER'S NAME (First, Middle, Last)	_ •					18. MOTHER'S N						
H	Richard	si							ırie		Sand	ers	
2	190, INFORMANT'S NAME (Type/Print)						Number or Rural						
	Tyrone Sykes			=	В.				vn, M		861		
	N Buriel 2 ☐ Cremation 3 ☐ Rem	oval from State	cemetery, crem					OAT		DCATION — CI	y or Town,	State	
	4 Donation 5 Other (Specify)	CIPROTE /	Mt. Zian	i Cabic			ADDRESS OF F	6-9		tan, MS			
	(d. 11)	1 1.	6.1									ervices	
$\vdash$	917 W. Isabella Street-P. o. Box 1574-Salisbury, MD												
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ehock, pr heert failure. List only one cause on each line.  Approximate interval Between												
	immediate CAUSE (Final											Onset and Deeth	
	resulting in death)	. Arter	iosclero	tic	Caro	diova	ascular	Dis	sease				
	resulting In death)  a. Arteriosclerotic Cardiovascular Disease  oue TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentielly list conditions,  DUE TO (OR AS A CONSEQUENCE OF):												
¥	if sny, leading to immediate cause. Enter UNDERLYING				,								
Ĕ	CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):												
ᇤ	resulting in death) LAST	d											
	PART II. Other significant condition	e contribution to	death but not re										
CAL	- Arti II. Other eiginicant condition	is contributing to	deeth but not re	suiting I	n the unc	lerlying	ceuse given in	Part i.	24a. WAS AI PERFO	NAUTOPSY RMED?	AVI	RE AUTOPSY FINDINGS NLABLE PRIOR TO	
MEDI									1 TYES	2 📉 NO		MPLETION OF CAUSE DEATH?	
											1[	YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL												
흥	EXAMINER?	HOSPITAL:			OTHER		CE OF DEATH (C						
1×S	27. MANNER OF GEATH	1   Inpatient 2	ER/Outpatient 3 (	26b. TIMI	_	ng Home 28c. INJUF	5 KResidence						
1	1 Natural 5 Pending	(Month, D		INJ	URY	MORI	(? S 2 □ NO	28d. DE	SCHIBE HOW	INJURY OCCU	RED		
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE O	F INJURY At hom	o. farm. s	treat lecto		3 2 NO	201.100	ATION (Steet	and Mumber or	0		
	4 Homicide Could not be	building,	etc. (Specify)			y, ornes		City	or Town, State	end Number or )	HUNII HOUN	Number,	
	29e. CERTIFIER		•										
COMPLETED	(Check only one)  1 CERTIFYING PHYSIC ONE)  2 MEDICAL EXAMINE	R: On the best of	my knowledge, deal	th occurre	d at the tin	ne, date er	nd place, and du	to the ce	use(e) end ma	nner as stated.			
-	29b. SIGNATURE AND TITLE OF CERTIFIE		annineton endor tr	veatigation	i, in my op				end place, e				
H	STATE OF CERTIFIE		MA CO	m::+-	7 M T		Do 250					nth, Day, Year)	
1 - 1	1 Do3599   5-31-93											3	
2	30/NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (1/Em 27) (Type, Print)  John, t, Bulkeley m.d. 108 Pine Bluff Road Salisbury Md 21801												
٤	John, t, Bulkeley	m.d. 108	B Pine B	zn (Type, luff	Print) Road	Sal	isburv	Md 2	1801				
T	John, t, Bulkeley  31. DATE FILED (MONIT), Day 1993	m.d. 108	B Pine B	luff	Road	Sal	isbury	Md 2	1801				



TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burian execution of the state Dept. of Health and Memai Hygiene prior to burial, cremation, or removal.  INPORTANT: INFORTANT: INFORTANT IN INSTITUTE A SHOWS ANY INJURY, or other traumatic event, the medical examiner must be notified at once.
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	dle, Last)		CERTIF					REG. I					
Thoma		v		Shore	9.5			2. DATE OF DEATH MONTH	DAY	YEAR			
4. SOCIAL SECURITY NUMBER	5. SEX		yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS	7. DATE OF BIRTH	07	93 6:35  8. BIRTHPLACE (State or Form			
220-01-7409	1% M 2 🗆 F	To be come	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year 06/ 26/	05	Maryland			
9a. FACILITY NAME (If not institut	ion, give street and number)	1 0,		9h CITY	TOWN C	R LOCATI	ON OF DEA			ITY OF DEATH			
Berlin Nurs	Berlin Nursing Home						ON OF DEA			rchester			
RESIDENCE OF DECED	ENT			В	erl	LII			WO	renester			
10a. STATE 10b	COUNTY		10c. CIT	10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY			
Maryland	Wicomico		Sa	alisb	ury				LIMITS?				
10a. STREET AND NUMBER					101	ZIP CODE	E		10g. CITIZ	ZEN OF WHAT COUNTRY?			
326 Carey A	ve.				1	218	301		US	A			
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE			2 🖾 NO	I	yes, spe	ecity Cuba	F HISPANIC n, Mexican, Specify:	C ORIGIN? (Specify Puerte Rican, etc.)	Yea or No-	14. RACE — American Indian Black, White, etc. Specify: White			
	IT'S EDUCATION	10	Ba. DECEDENT'S	USUAL OC	CUPATIO	N .		16b. KIND OF	SUSINESS/IND				
(Specify only high Elementary/Secondary (0-12)	college (1-4 or	5+)	(Give kind of a life. Do NOT us	work done d se retired.)	furing mos	st of workin	g						
12				ter				relig	ion				
17. FATHER'S NAME (First, Middle,	Last)					18. MOTH	ER'S NAM	E (First, Middle, Maid	en Sumamal				
Sandy James	Shores							Gladder					
19a. INFORMANT'S NAME (Type/P			19b. MAILING	ADORESS	(Street a			ute Number, City or 1		Cordel			
Laura J. Lan						la Spring							
20a. METHOD OF DISPOSITION		20h Bi	ACE AND DATE		_		ar de.						
1 Denation 6 Other (Spec		cemete	ry cremetory or a	ther place!						oury, MD 2180			
21. SIGNATURE OF FUNERAL SEI		- 1 W10	comico .					6/11	Salist	oury, FID 2100			
22. NAME AND ADDRESS OF FACILITY Holloway Funeral Home 501 snow Hill Rd., Salisbury, MD 21801													
23. PART I. Enter the disease	19000	Cag			001	snow	Hill	. Rd., Sa	llsbur	y, MD 21801			
resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury their initiated events resulting in death) LAST	DUE TO	O (OR AS A CO	ONSEQUENCE OF	F):						13925			
PART II. Other eignificant co	not resulting (	in the unc	deriying	cause g	PE		AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINA AMILABLE PRIOR TO COMPLETION OF CAI DF GEATH?  1 YES 2 NO					
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)													
EXAMINER?	HOSPITAL:	26. PEAGE OF CEATH (Check only one)											
EXAMINER?	HOSPITAL:		nt 3 🗆 DOA	4 X Nursi	ing Home	5 🗆 Res	sidence 6	☐ Other (Specify)					
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pendi	HOSPITAL: 1 Inpatient 2 28s. OATE O (Month,		28b, TIM	4 X Nursi	28c. INJU WOF	JRY AT	2	Other (Specify)	V INJURY OCCI	UREO			
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pendl  2 Accident Invest	HOSPITAL: 1   Inputent 2  28a. OATE 0 (Month, ingligation)  28a. PLACE	F INJURY Day, Year)	28b, TIM	4 25 Nursi E OF URY M	28c. INJE WOF 1 Y	IRY AT RK? ES 2	NO a	ed. OESCRIBE HOV	et and Number o				
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pendi 2 Accident Invest 3 Suicide 6 Could	HOSPITAL: 1   Inputent 2  28a. OATE 0 (Month, ingligation)  28a. PLACE	F INJURY Day, Year)	28b. TIMI	4 25 Nursi E OF URY M	28c. INJE WOF 1 Y	IRY AT RK? ES 2	NO a	ed. OESCRIBE HOV	et and Number o	UREO or Rural Route Number,			
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EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pendi 2 Accident Invest 3 Suicide 6 Could 4 Homicide detern  298. CERTIFIER (Check only one) 2 MEDICAL	HOSPITAL: 1   Inpetient 2 28e. OATE O (Month, Ingetion Ingeligation In	OF INJURY Day, Year)  OF INJURY  OF INJURY  of my knowled; axamination ar	At home, farm, a ge, death occurre	4 S Nursi E OF URY M : Itreet, facto	Ing Home 28c. INJE WOF 1 Y  Ty, offica	PRY AT RK? ES 2 and plecs, eath occure	NO and due to deat the tire	est. LOCATION (Streechy or Rown, State the cause(a) and man, data and place,	ot and Number of te) namer as states and due to the	or Rural Route Number, d. cause(s) and manner as stat			

	TO BE COMPLETED BY BUYER MEDICAL STREET	
il examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
the funeral director, page 5 should be detached for val.	TO THE FUNERAL ORRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	3
ar death. Page 6 may be retained by the hospital or	TO-THE-HIGGRITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after that is a may be retained by the hospital or	- 
BALTIMORE, MARYLAND 21	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF I	REALTH AND DEATH	MENTAL HYGII		22	10100				
300	1. DECEDENT'S NAME (First, Middle, Last)  Joe	Cephas		Stepn	ey	2. DATE OF DEATH MONTH 06	DAY 13 199	YEAR	TIME OF OBATH				
	4. SOCIAL SECURITY NUMBER 216-18-5431	1₩2□F 72	In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		6. BIRTHPLACE (State or Foreign Country)  Md e					
TOR	99. FACILITY NAME (If not institution, give  Calvert Memor	morial Hospital Prince Frederick Calvor											
DIRECTOR	10s. STATE 10b. COUNT	vert		ry, TOWN OR LOCA		ek		d. INSIDE CITY LIMITS?  YES 2 PLNO					
FUNERAL	P.O. Box 641,		arris		20678	-·	10g. CITIZ		T COUNTRY?				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OCCEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexic 2 NO Speci	NIC ORIGIN? (Specify en, Puerto Rican, etc.) fy:	Yes or No-	Black, W	American Indian, hite, etc. Colored				
COMPLETED	15. DECEDENT'S EO. (Specify only highest gradi Elementary/Secondery (0-12) 5th Grade	JCATION o completed) Coffege (1-4 or 5 +)	(Give kind of life. Do NOT u		st of working	gen	eral	STRY					
BE COM	17. FATHER'S NAME (First, Middle, Last) LOUIS STEF	NEY	carper	ter/Cu	18. MOTHER'S NA	ME (First, Middle, Meid Brooks	en Surneme)						
10	190. INFORMANT'S NAME (Typo/Print) Emma L. Stepne	y	P.O.	Box 64	nd Number or Rural	Route Number, City or 1	own, State, Zip o	Md	20678				
	20e. METHOD OF DISPOSITION  Device: 2 Cremetton 3 Rem  Donaston 5 Other (Specify)  21. SIGNATURE OF FUNEBUL SERVICE LE	noval from State	PLACEAND DATE etery, Cremetory or A RELICENT	The same of the sa	Cem. 6/	16/93 Ch		iam,	1d.20623				
	· Leron	R. Be	224	Hunt		, Calve		Md.	Home 20639				
	23. PART I. Enter the dispute, or shock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Syoku	och line.	NADL 6	L.	ch es cerdiec or rea	piratory arre	it,	Approximeta Interval Between Onset and Death				
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
	PART II. Other significent condition	d	et not exculting	In the underlyin		See Leave							
PHYSICIAN: MEDICAL			at not resulting	in the didenying	rease given in	PERF 1 VES	AN AUTOPSY ORMED?	AMA COI OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO				
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PI	ACE OF DEATH (Ch	eck only one)							
HYS	11 YES 2 NO  27. MANNER OF DEATH	1 ☐ Inpatient 2 5 ER/Outpa 26e. DATE OF INJURY	28b. TIM	4 Nursing Hom		6 Other (Specify)	/ INJURY OCCU	REO					
B	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	(Month, Day, Year)  06/13/19  28e. PLACE OF INJURY building, atc. (Specif	93 TOT	street, factory, offic	28d. OESCRIBE HOW INJURY OCCUREO  Victim of House Fire  28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)								
COMPLETED		ICIAN: To the best of my knowle		ed at the time, date			enner ee stated		Frederic				
BE CO	SIGNATURE AND TITLE OF CERTIFIE			in, in my opinion, o	29c. LICENSE NUI	MBER	29d. DATE	SIGNED (Moi	nth, Day, Year)				
٩	30. HAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA			O.C.N				/1993				
	DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA Fula Davidson-Ran	TURE PEI	m stre	et, Bal	Ltimore,	mary.	Land	21201				

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phys

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO.

	NEGISTRAN		OI OI	-141111	ICALL	- 01	DEA		HE	G. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DE	EATH DAY	YEAR	3. TIME OF DEATH	
	SARA N		SWING						JUNE		1993	3 A. M	
33	4. SOCIAL SECURITY NUMBER 218-34-3007	5. SEX	6. AGE (In yrs. les	YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BILL (Morth, Day, 12-28	Year)	Co	THPLACE (State or Foreign untry) PENNA.	
~	9a. FACILITY NAME (If not institution, give					, TOWN	OR LOCATION	ON OF DE	ATH	90	9c. COUNTY OF DEATH		
DIRECTOR	MERIDIAN NURSI	NG CENT	ER-THE	PIN	ES EASTON						ТАЬВОТ		
F	10e. STATE 10b. COUNT	ΓY		10c. CITY, TOWN OR LOCATION					10d			10d. INSIDE CITY	
		LBOT			EASTON					1.33			
FUNERAL	10e. STREET AND NUMBER					10	. ZIP CODI					F WHAT COUNTRY?	
N.	127 GOLDSBOR	REET T EVER IN U.S.AR	WED	40		216		IIC ORIGIN? (Spe			.S.		
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	YES 2 X	40		If yes, sp	ecify Cuba	n, Mexica	n, Puerto Rican,	etc.)	Bi	CE — American Indian, ack, White, atc.		
9	15. DECEDENT'S EDU (Specify only highest grad				USUAL O				16b. KIND	OF BUSINE	SS/INDUSTRY	,	
COMPLETED	Elementary/Secondary (0-12)	Hfe.	. Do NOT u		uuring me	ISC OF WORK	·v						
	12	5		TEAC	HER					MUSIC			
	17. FATHER'S NAME (First, Middle, Last)						18. MOTI		ME (First, Middle,				
BE	OSCAR NEFF  19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	3. (Street	and Number		NA L. Route Number, Cit				
٤	JOHN M. SWING	TR							TON, M				
	20a. METHOD OF DISPOSITION	100000	20b. PLACE	AND DATE	OF DISPDS	ITION (N	ame of				ON — City or	Town, State	
	1 Donation 5 Other (Specify)		SALI:	SBUR	other place) <b>XY</b> CI	REM	ATOR	Y	6-13	SALI	SBUR	Y, MARYLANI	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  NEWNAM FUNERAL HOME												
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, Approximate												
z	IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											Interval Between Onset and Death	
CATIO	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	(OR AS A CONSEC	ISEQUENCE OF):										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	QUENCE O	JENCE OF):										
	PART ii. Other significant condition	ne contributing to	death but not r	eauiting	in the un	derlyln	Cause (	niven in	Part i 24a	WAS AN AUT	Deev I	4b. WERE AUTOPSY FINDINGS	
EDICAL				resulting in the underlying cause given in Part i.					50	PERFORMED YES 2	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Σ.											1	1 YES 2 NO	
X	25. WAS CASE REFERRED TO MEDICAL					26. P	ACE DF D	EATH (Ch	eck only one)				
Sign	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER Nun		10 5 🗆 Re	sidenca	6 Other (Spec	cify)			
BY PHYSICIAN:	27. MANNER OF DEATH  Natural 5 Pending  2 Accident Investigation	28a. DATE OF (Month, D.		26b. TIN	ME OF JURY M	WC	URY AT PRK? YES 2	) NO	28d. DESCRIBE	DESCRIBE HOW INJURY OCCURED			
	3 Suicide 6 Could not be 4 Homicide determined	me, ferm,	street, fact	ory, offic	•		281. LOCATION City or Tow	(Street and fi rn, State)	Number or Run	al Route Number,			
COMPLETED		BICIAN: To the best of ER: On the basis of as										e(a) and menner as stated.	
8	DINOLOGICA	_			29c LICE	27				TE SIGNED (Morith, Day, Year)			
8(	31. DATE FILED (Month, Day, Year)	BOHAN J	M.D.			CHIM	AN'S	LA	NE EA	STON	L. MD	21601	
	JUN 1 6 19	193 Gra	ia bavidsor	-Apr									

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physici	this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit per		
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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

marked,

L OR ATTENDING P L DIRECTOR: After the hours after death v After to

HOSPITAL FUNERAL within 72 IMPORTANT: If

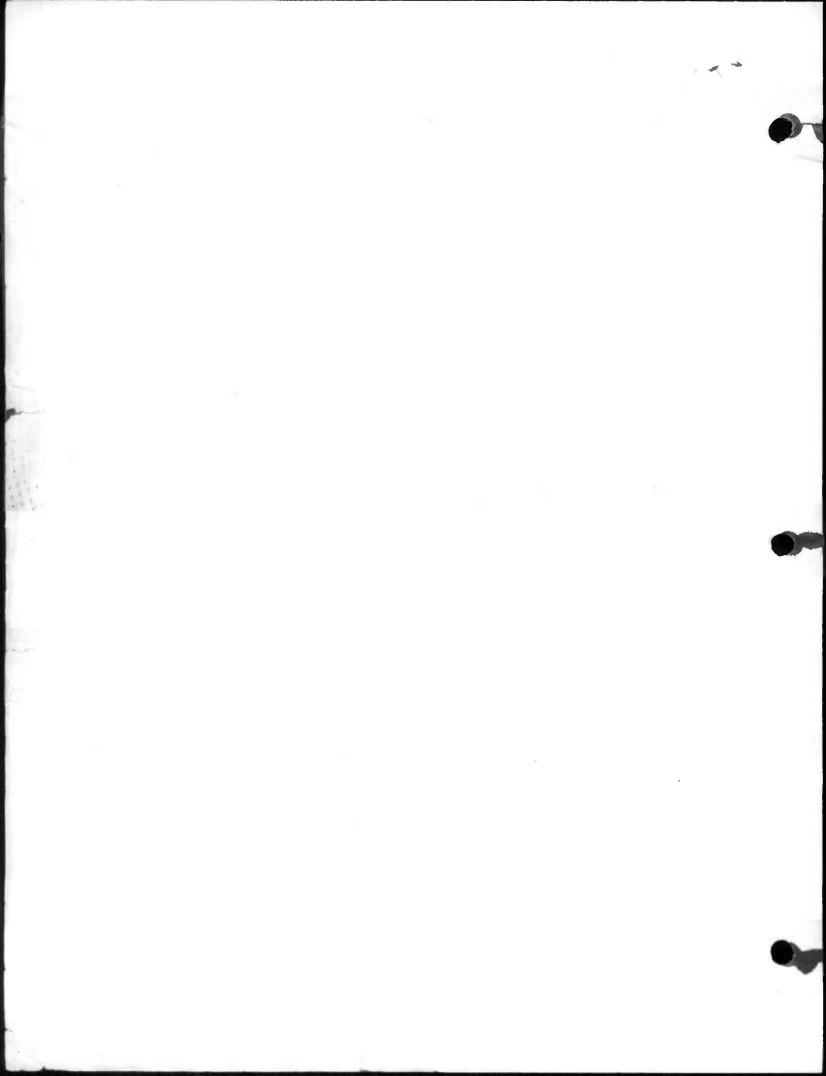
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Pages 1, 2, 3 should

REG. NO 2. DATE OF DEATH 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) JUNE 1993 17, 11:45 P SOPHIA VIRGINIA JOHNSON SANDERSON 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 16, MONTHS DAYS HOURS 579-66-9872 1 M 2 TF 78 JUNE 1915 VIRGINIA 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ANNE ARUNDEL DIRECTOR 1256 AUGUSTA AVENUE ANNAPOLIS RESIDENCE OF DECEDENT 10d. INSIDE CITY LIMITS? 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10e. STATE MARYLAND ANNE ARUNDEL ANNAPOLIS 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL UNITED STATES 21403 1256 AUGUSTA AVENUE 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 22 NO 11. MARITAL STATUS 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 22 NO Specify: 1 YES 1 Never Married 2 Merrie IF YES, GIVE WAR OR DATES Specify: ΒY 3 🕅 Widowed 4 🗌 Olvorced BLACK COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest during most of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12TH GRADE NURSE NURSING 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) GERTRUDE JACKSON JOHNSON WYATT JOHNSON BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 1256 AUGUSTA AVENUE, ANNAPOLIS, MARYLAND 21403 SOPHIA J. SANDERSON 20a, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Burlel 2 Cremation 3 Re MARYLAND NATIONAL MEM. PK. LAUREL, 6/21 MARYLAND 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE

AND LADIA C. THORNTON JOHNSON 22. NAME AND ADDRESS OF FACILITY
THORNTON'S FUNERAL HOME 20640 RURAL ROUTE #1 BOX 115 POMONKEY, MARYLAND 23. PART I. Entar the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Batween ahock, or heart fallura. List only one cause on each line. Onset and Daath IMMEDIATE CAUSE (Final disease or condition\_ HAGN Yem h reaulting in death) DUE TO TOR AS A CONSEQUENCE OF: CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseasa or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evants resulting in death) LAST 24a, WAS AN AUTOPSY PERFORMED? PART iI. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MEDICAL AILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 - YES 2 1 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) **EXAMINER?** HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: TO YES 2 NO Hospice 4 ☐ Nursing Home 5 Kesidence 8 ☐ Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be ETED 4 Homicide COMPLI 1 S-CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D25812 MA 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ELTELLAUM 31. DATE FILED (Month, Day, 32. RESISTRARIOSIGNATURE PENDERE **\*\*9**3



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	nedia inan		CENT	ILIC	AIE OF	DEATH	REG. N	0.				
	1. DECEDENT'S NAME (First, Middle, Lest) Steven Patric	ek Scha	aeffer			0	2. DATE OF DEATH MONTH 6 14	199	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birth	day) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	14	BIRTHPLACE (State or Foreign			
	220-13-1835	1 M 2 F	17 YF	RS. MOI	THE DAYS	HOURS MIN.	(Month, Day, Year)	1975	Country) MD			
	9a. FACILITY NAME (If not institution, give a		3 (	96	9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH							
00												
2	1322 Laurel La	ane			westm	inster		Carroll				
B	10s. STATE 10b. COUNT	Y	10c	. CITY, TO	WN DR LOCAT	TION			10d, INSIDE CITY			
- DIRECTOR		roll				inster			1 TES 2 X NO			
\ <u>\</u>	10e. STREET AND NUMBER				101	ZIP CODE		N OF WHAT COUNTRY?				
LE	1322 Laurel La			21158		U	S					
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED		13. WAS DEC	ENDENT OF HISP	WIC ORIGIN? (Specify Y		I. RACE — American Indian, Black, White, etc.			
	1 📉 Never Married 2 🗌 Married	FORCES? 1	YES 2 NO			ecify Cuben, Mexic 2 NO Spec	can, Puerto Rican, etc.)					
B	3 Widowed 4 Divorced				1 1 163	Z (A no spec	ny.		specify: white			
0	15. DECEDENT'S EDU	CATION	16a. DECEDE	NT'S USU	AL OCCUPATION	ON	16h KIND OF B	USINESS/INDUS				
	(Specify only highest grade		(Give kin	d of work OT use ret	done during mo	st of working	TODA NAMES OF E	001112007111200	TKI			
اترا	Elementary/Secondary (0-12)	College (1-4 or 5	•)				1 ,					
O BE COMPLETED	12			stu	dent			a				
	17. FATHER'S NAME (First, Middle, Last)						AME (First, Middle, Maide					
	Mac Schaeffer					Carol	Dickin	son				
	19a. INFORMANT'S NAME (Type/Print)		196. MAI	LING ADD	PRESS (Street a	and Number or Rura	Route Number, City or To	wn, State, Zip Co	ode)			
2	Mac Schaeffer						Eldersb					
	20s, METHOD OF DISPOSITION											
	1 ABurial 2 Cremation 3 Rem	oval from State	20b. PLACE AND D. cametery, crematory	or other p	SPOSITION (Na Nace)	ime of	1		y or Town, Stats			
	4 Donation 5 Other (Specify)		cemetery, crematory Krider	S				estmir	nster, MD			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME AN	D ADDRESS OF F	ACILITY	- 0 (11)	7			
	Pritts Funeral Home & Chapel											
	Robert K. Pritts, Sr. 412 Washington Rd., Westminster, MD											
	23. PART I. Enter the diseases, pr complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, pr heart fellure. List only pne cause pn each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due To (or As A consequence of):  Due To (or As A consequence of):  Due To (or As A consequence of):  Due To (or As A consequence of):											
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):  COMMSTAN WORK FATUM.											
Ě	if any, leading to immediate	A A	(OH)AS A CONSEQUENC	Æ OF):	che	ola.						
2	CAUSE (Disease or Injury	c. Mu	SULW	any	5.110	ing						
늗	that initiated events	DUE TO	(OR AS A CONSEQUENC	E OF): \	61	, ,						
出	resulting in death) LAST											
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EDICAL	PART II. Other significant condition	s contributing to	deeth but not result	ing in th	e underlying	g cause given i	Part i. 24a. WAS A	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
8							1 _ YES		COMPLETION OF CAUSE OF DEATH?			
									1 TYES 2 WO			
2									10.120.10			
¥	25. WAS CASE REFERRED TO MEDICAL											
ᅙ	EXAMINER?	HOSPITAL:		01	HER:	ACE OF DEATH (C	neck only one)					
YS	1 VES 2V NO	1 Inpatient 2	ER/Outpatient 3 DO			e 5 19 Residence	6 Other (Specify)					
PHYSICIAN	27. MANNER OF DEATH	26s. DATE OF (Month, D		TIME OF		URY AT	28d. DESCRIBE HOW	INJURY OCCU	RED			
	1 Netural 5 Pending	(	uj, 100/	1100111		YES 2 NO						
BY	A COMMITTED AND A COMMITTED AN	26s, PLACE O	F INJURY — At home, fa	rm. stree	. factory office		281. LOCATION (Street	t and Number or	Bural Bouta Number			
8	4 Homicide 6 Could not be		etc. (Specify)	,	,	-	City or Town, Stat		rearen riotato rearriosi,			
<b>1</b>												
김	29a. CERTIFIER (Check only	CIAN: To the best of	my knowledge, death oc	curred at	the time, date	and place, and du	e to the cause(s) and m	anner as stated.				
COMPLET	omat.								cause(s) and menner as stated.			
8	296. SIGNATURE AND TITLE OF CENTIFIES											
8	The state of the s	1 MID				29c. LICENSE NO		h 1	IGNED (Month, Day, Year)			
0	VIII		Table 1			033	544	6	16 93.			
F	30. NAME AND ADDRESS OF PERSON WH	D DMPLETED CAU	SE OF DEATH (ITEM 27)	Type, Prin	()							
	Philip J. Ruzhn	SKU MI	125 A	URP	ORT DI	RIVE, W	ESTMINST	ER N	10 21159			
	JUNE FILED (Month, Day, Year)		R'S SIGNATURE									

THE PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE PURERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made after the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

INPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

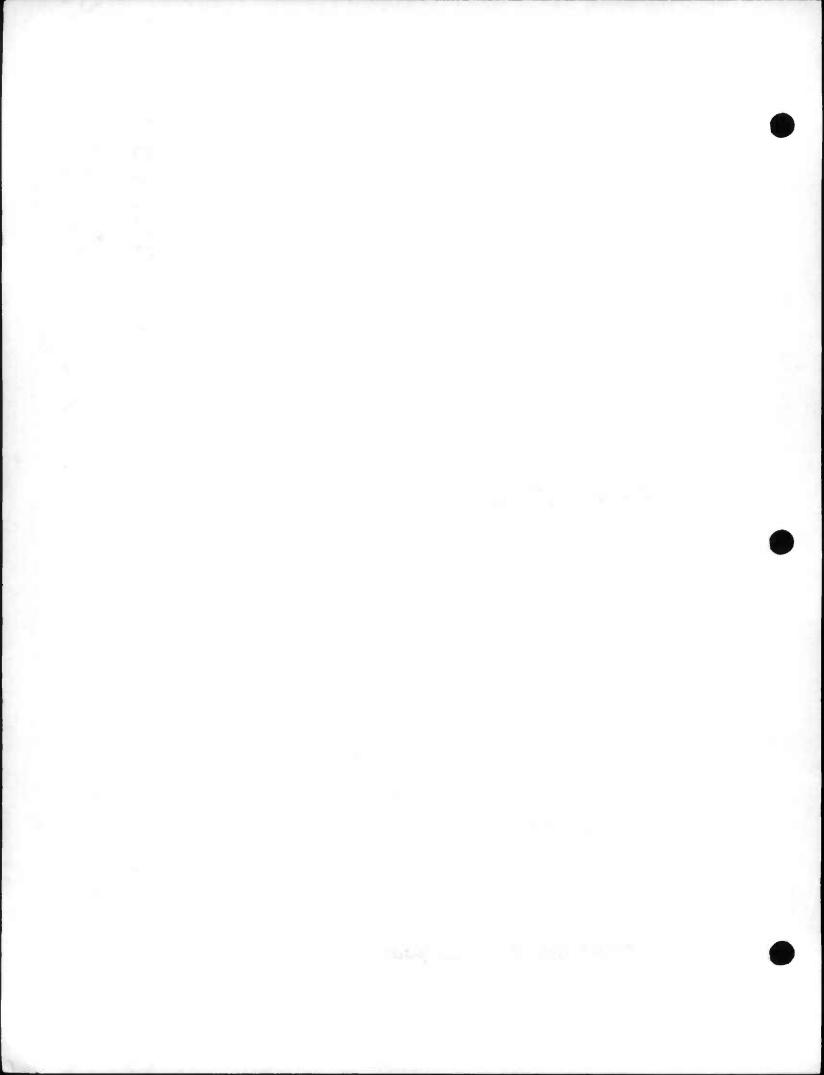
DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TOTHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within explores and feath. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

	REGISTRAR		CERTIF	ICALE	OF	DEATH	REG. N	Ю.			
	1. OECEDENT'S NAME (First, Middle, Last)						2. DATE OF OEATH	DAY	YEAR 3.	TIME OF OEATH	
	Pauline S. St							- 93		1:00 A M	
		5. SEX	6. AGE (In yrs. last birthday)		DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 08-27-3	7	Country)	ACE (State or Foreign	
	232-60-8122  9s. FACILITY NAME (If not institution, give		55 YRS.							irginia	
Œ	Homewood Retire		ton			derick	EATH	The second secon			
5	RESIDENCE OF DECEDENT	mera cera	cec		rice	aeack		Frederick			
E	10s. STATE 10b. COUNT	TY	TY, TOWN OR	LOCAT	TON			10	d. INSIDE CITY		
Ö	Maryland Fre	ederick		reffer	son		-		1)	LIMITS?	
AL	10e. STREET AND NUMBER			101	ZIP CODE	10g. CITIZEN OF			WHAT COUNTRY?		
ER	3878 Shadywood	l DrApt	#5,			21755			USA		
FUNERAL DIRECTOR	11. MARITAL STATUS	T EVER IN U.S. ARMED	13. W	AS DEC	ENDENT OF HISPAN	HC ORIGIN? (Specify n, Puerto Rican, etc.)	Yes or No-	14. RACE —	American Indian, filts, etc.		
BE COMPLETED BY	1 Never Married 2 Married 3 Wildowed 4 XXDivorced	WAR OR DATES			2 NO Specify			Specify:	white		
	15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT	S USUAL OCC work done du	CUPATIO	ON et of working	16b. KINO OF	BUSINESS/INC	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5	+)				1				
	12		Mar	rager/	sec	~	Little		romoti	cons	
	17. FATHER'S NAME (First, Middle, Last) FLOYD HULLIMAN	,				18. MOTHER'S NA Ethel	ME (First, Middle, Maid	len Surname)			
			Tanana and the same and the sam								
9	19a. INFORMANT'S NAME (Type/Print)  Mrs. Cheryl R	Poochon					chapi. CA				
	20a. METHOD OF DISPOSITION	recher			_						
	1 🗓 Burial 2 🗆 Cremation 3 🗆 Rer	moval from State	20b. PLACE OF DISPO			tery cremetory or		LOCATION -			
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	- Torrest 6	22. N	AME A	D ADDRESS OF FA	CILITY.	en Sp.	rung,	WV	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Language Funeral Homes, P.A.  P.O. Box 1819, Frederick, MD 21702										
	23. PART I. Enter the diseases, or	complications the	t caused the death. Do							Approximate	
CERTIFICATION	MMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  Language May a consequence of the conseq										
S		0.		_							
N: MEDICAL		ria, C	oronary	0 10 1				AN AUTOPSY FORMED?	AN CC Of	ERE AUTOPSY FINDINGS AILABLE PRIOR TO OMPLETION OF CAUSE DEATH? YES 2 NO	
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DEATH (Ch	eck only one)				
Z	1 - YES 2 NO	HOSPITAL:	☐ ER/Outpetient 3 ☐ DOA	OTHER:	: ing Hon	e 6 🗆 Residence	6 Other (Specify)				
Y PHYSICIAN:	27. MANNER OF DEATH  1 Natural 6 Pending Investigation	28a. DATE Of (Month, L		ME OF	WC	URY AT DRK? YES 2 NO	28d. DEȘCRIBE HO	W INJURY OC	CURED		
FED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE ( building	OF INJURY — At home, farm, etc. (Specify)	, street, facto	ry, offic	•	281. LOCATION (Str. City or Town, St		r or Rural Rou	e Number,	
COMPLETED	anal and		I my knowledge, death occu							nd manner as stated,	
BE	Susan X	sale	ho			29c. LICENSE NUI	89	1 3	E SIGNED (M	onth, Day, Year)	
ဥ	30. MAME AND ADDRESS OF PERSON W	AVE	Scarte 20	on, Print)	20	derick.	MO	2/701	/		
	31. DATE FILED (Month, Day, Year)	32 BEGISTR	AR'S SIGNATURE		,		8	/		-	
	MAY 2 6 19	997 Lulio	Davidson Rand	. 00							
		July Tune	ANGULHO And Mand	A VILLE							



3. TIME OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OSPITIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a
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OR	that
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2. DATE OF DEATH DAY 15 1993 Grace May SOLOMON 9:30 P 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 TF 214-30-9917 80 Feb. 9, 1913 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Garrett County Memorial Hospital Oakland Garrett RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Garrett Oakland permit. 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? bunial-transit P.O. Box 1 21550 USA fter death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.) IF YES, GIVE WAR OR DATES 1 TYES 2 X NO Specify: BY 3 🔯 Widowed 4 🗌 Divorced Specify: use as the White COMPLETED 18a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) 5 Housewife Home 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) notified at Guy William GIlson Cinderella BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Nelda Tasker P.O. Box 1, Oakland, Maryland P 20a. METHOD OF DISPOSITION
1 (X Burlat 2 Cremation 3 Ramoval from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Must OATE 20c. LOCATION - City or Town, Stata the funeral director, Deer Park Cemetery 6/18 Deer Park, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Stewart Funeral Home > Brown 32 S. Second St., Oakland, MD 21550 medicai 23. PART i. Enter the discesses, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, filled in by f **Approximate** ahock, or haart failura. List only one cause on each line. intervai Batween 0 IMMEDIATE CAUSE (Fine) signed by the attending physician and completely fille Health and Mental Hygiene prior to burial, cremation, the Onset and Death disesse or condition acute myocardial infarction 4 weeks reaulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): **ASHD** traumatic CERTIFICATION Sequentially list conditiona, OUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury or other OUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST 23 shows any Injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 700 has been s Dept. of H 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) r this certificate h h with the State C item met **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 X Inpetiant 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending death \ BY 1 YES 2 NO Accident Investigation 28a. PLACE OF INJURY — At home, ferm, strael, factory, office building, etc. (Specify) 69 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 8 Could not be COMPLETED 28 4 Nomicide 29a, CERTIFIER CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. within 296. SIGNATURE AND TITLE OF GERTFIER BE 29c. LICENSE NUMBER 29d, DATE SIGNED (Month 1233 2 36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Dr. Thomas Johnson, MD 311 N. Fourth St., Oakland, Maryland 32. SEGISTRAR'S SIGNATURE DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

COURT OF STREET

DHMH-16 Rev 1/89

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTME CERTIFICA			MENTAL HYGI REG.			
		CHAENER				2. DATE OF DEATH	DAY Y	EAR	O.SSP
	4. SOCIAL SECURITY NUMBER  218-09-9615  98. FACILITY NAME (If not institution, g	1 □ M 2 Ø F 76	YRS. WONT	HS DAYS HOUR		7. DATE OF BIRTH (Month, Day, Yea 11-6-	16	Country)	(State or Foreign
OR	Carroll Count	y General Ho		Westmi			9c. COUNTY	rroll	
DIRECTOR	10a. STATE 10b. CO			n on LOCATION tminste	ייך			L	ISIDE CITY MITS?
A.	10a. STREET AND NUMBER			10f. ZIP C				N OF WHAT CO	
BY FUNER	1: MARITAL STATUS  Never Married 2 Merried  ridowed Divorced	12. WAS DECEOENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDEN If yes, specify C	uben, Mexicai	, Puerto Rican, etc.	Yes or No- 14	. RACE — Am Black, White	
LETED	15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)	EDUCATION grade completed) Coffege (1-4 or 5 +)	We. Do NOT use retin	one during most of wo	orking	Balt	BUSINESS/INDUS		
COMPL	12 17. FATHER'S NAME (First, Middle, Last	)	Worker	18. M	OTHER'S NAI	Bure  Bure  AE (First, Middle, Ma	au of	Recre	ation
BE C	James	S. Cross				e Owens			
0	19a. INFORMANT'S NAME (Type/Print)	7.33. T-		NESS (Street and Num					
	Charles W. I	20h	1486 PLACE AND DATE OF DIS	Allen W	ay w	7	LOCATION - CIT		
1	Burial 2 Cremation 3 4 Donation 5 Other (Specify)		tery crematory or other plant. Carme	100)	6-2	3-93 N			
	21. SIGNATURE OF FUNERAL SERVICE  Robert K.	Pritts. SR		Westmi	PRESS OF FAC	HLITY	2 Wash		
NOIL	shock, or heert falls IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate	e. RESPIR DUE TO (OR AS A  DUE TO (OR AS A)  DUE TO (OR AS A)	ATORY CONSEQUENCE OF): TGE CHR	uniu o	BSTRV				nterval Betwe
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	C. URIN OUE TO (OF AS A C d. SEVERE	CONSEQUENCE OF):  PULMOA	INT F	In Pepo.	SIS	0~		
MEDICAL	PART II. Other significant condi	itions contributing to death bu	t not resulting in the	underlying caus	se given in	PER	S AN AUTOPSY IFORMED? S 2 \( \square\) NO	AVAILA COMPL OF DEA	AUTOPSY FINDING BLE PRIOR TO ETION OF CAUSE ITH? ES 2 NO
A	25. WAS CASE REFERRED TO MEDICA	HOSPITAL:	OTI	26. PLACE O	F OEATH (Che	ck only one)			
2	EXAMINER?		tient 3 DOA 4 D	Nursing Home 5	Residence	6 Other (Specify)			
HYSICIAN:		1 - Inpatient 2 - ER/Outpa		28c. INJURY AT		28d, DESCRIBE HO	W INJURY OCCUR	41E(1)	
PHY	EXAMINER?  1	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?		28d. OEŞCRIBE HO	OW INJURY OCCU	RED	
ву РНУ	EXAMINER?  1	28e. DATE OF INJURY (Month, Day, Year) Ion 28e. PLACE OF INJURY building, etc. (Specia	28b. TIME OF INJURY	WORK?		281. LOCATION (Str. City or Town, S	reet and Number or		mber,
ву РНУ	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investiget  2 Accident Investiget  3 Suicide 6 Could not determine  29e. CERTIFIER (Check only)  1 CERTIFYING P	28e. PLACE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Special  HYSICIAN: To the best of my knowle	28b. TIME OF INJURY  — All home, farm, street, y)	WORK?  1 YES  factory, office	2 NO	28f. LOCATION (Str. City or Town, S	reet and Number or Nate)	Rurel Route Nu	
BE COMPLETED BY PHY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investiget  2 Accident Investiget  3 Suicide 6 Could not determine  29e. CERTIFIER (Check only)  1 CERTIFYING P	28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Special discussion of the best of my knowle MINER: On the basic of exemination	28b. TIME OF INJURY  — All home, farm, street, y)	WORK?  1 YES  factory, office  the time, date end pl my opinion, death oc  29c. I	2 NO	281. LOCATION (Str. City or Town, Sto the cause(e) and lime, date end place	manner as stated.  a, and due to the c	Rurel Route Nu	anner aa stated.
E COMPLETED BY PHY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident 3 Suicide 6 Could not 4 Homicide 6 Could not 29e. CETTIFIER (Check only 0ne) 2 MEDICAL EXA	28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Special discussion of the best of my knowle MINER: On the basic of exemination	28b. TIME OF INJURY  — Al home, farm, street, y)  odge, death occurred at the end/or investigation, in a	WORK?  1 YES  factory, office  he time, date end pl my opinion, death oc  29c. 1	2 NO	281. LOCATION (Str. City or Town, Sto the cause(e) and lime, date end place	manner as stated.  a, and due to the c	Rural Route Nu	anner aa stated.

1 .

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR		STATE UF N	IARYLAND / CE				DEAT			EG. NO.	E			
	1. DECEDENT'S NAME (First, A	Aiddle, Last)						DEA		2. DATE OF I	DEATH			3. TIME OF DEATH	4
	Ralph	Edwar	d Stex	ohens, S	n.					June	17		993	1:50	A M
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. les	t birthday)		R 1 YEAR	IF UNDER		7. DATE OF E	BIRTH	- 1	8. BIRTH	PLACE (State or Form	
	579-20-6786		1√X M 2 □ F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	NOV. 2	2, 1	922	Was	hington.	0.0
	9e. FACILITY NAME (If not insti					9b. CIT	Y, TOWN C	R LOCATI	ON OF DE				NTY OF D		
DIRECTOR	Anne Arundel		cal Cente	er			Anna	poli	8			Ann	e Ar	undel	
ᇤ	RESIDENCE OF DECE	DENT			10c CIT	V TOWN	OR LOCAT	ION							
E	MD	Anno	Arundel		lou. Or		thia							10d. INSIDE CITY LIMITS? 1 YES 2 XX	
	10e. STREET AND NUMBER	THE	TVUUTUEC				-	ZIP CODE				10a CIT	IZEN OF Y	VHAT COUNTRY?	10
ER/	631 Teton C	ourt							0711					States	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDENT	TEVER IN U.S. AR	MED	13.	WAS DEC	ENDENT C	F HISPAN	NIC ORIGIN? (Se	pecify Yea		14. RACE	E — American Indian	1.
BY F	1 Never Married 2 XX4 3 Widowed 4 Divorc		IF YES, GIVE W	YES 2 N	10			ecify Cube 2 ∑VIO		in, Puerto Rican y:	, stc.)		Speci	k, White, etc. itv:	
			ww1					701						White	
COMPLETED	(Specify only I		completed)	(G	Ve kind of Do NOT us	work done	during mo	ON st of workin	g	16b. KIN	D OF BUS	SINESS/INC	DUSTRY		
PLE	Elementary/Secondary (0-1:	2)	College (1-4 or 5+	)				1 0 4 10 0	4.	111 0	Do	nant	mout	Acricul	+
NO O	17. FATHER'S NAME (First, Mick	die, Last)		100	u s	envi	ce w	orke		ME (First, Middle	Moirier	Sumamal	menu	Agricul	une
BE C	Ralph E. St	ephen	S							L. Fi					
TO B	19a. INFORMANT'S NAME (Typ			198	b. MAILING	ADDRES	\$ (Street e			Route Number, C			Code)	-	
۲	Mildred R	Steph	ens		631	Teto	n Co	urt	Lot	thian,	Mary	land	207	11	
	20e. METHOD OF DISPOSITION		oval from State	20h PLACE A	MODATE	OF DISPOS	RITION (A/o	me of		DATE	20a I O	CATION	Olive on To	Canto	
	4 Donation 5 Other (S		1	Hille	rest	Cem	eter	у	06-1	9-93	Ann	apol	is, i	Maryland	
	M. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	//		44.	NAME AL	ID ADDRE	35 Ur PA	Joh	n M.	Tay	Lor	tuneral 1	Home
	1 Parola	XI.	Juy 11	4										olis, MD	
	23 PART I. Enter the disc	eses, pro	omplications that	caused the de	ath. Do	not enter	the mo	de of dyl	ng, suci	h aa cardlec	or respi	ratory an	reat,	Approximat	
	IMMEDIATE CAUSE (Finel		-#E.	1		0 -	0							Onset and	
	disease or condition resulting in death) s. Liver lawre   3 weeks														
	s. Due to (or as a consequence of):  Sequentially list conditions, firstly leading to immediate  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):														
CERTIFICATION	Sequentielly list condition		DUE TO	OR AS A CONSEC	DUENCE OF	D: 2.1	ma	1 0		2000	90	unc	04	su're	LS_
CAT	If sny, leading to immedia cause. Enter UNDERLYING	G												İ	
E	CAUSE (Disesse or Injury that initisted events		OUE TO	OR AS A CONSEC	DUENCE O	F):									
EH	resulting in death) LAST		ı			_									
	PART II. Other algnificent	condition	contributing to	death but not n	esulting	In the Ur	nderlying	ceuse c	ilven in	Part I. 24a	. WAS AN	ALITOPSY	24b	WERE AUTOPSY FINE	DINGS
ICAL											PERFOR	MED?		AVAILABLE PRIOR TO	0
										_   '	JYES 2	VANO		OF DEATH?	
3										_ [				1 YES 2 NO	'
Ĭ.	25. WAS CASE REFERRED TO I	MEOICAL					26. PL	ACE OF D	EATH (Che	eck only one)					
S	1 - YES NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHEI		5 🗆 Re	eldence	6 Other (Spe	ecify)				
PHYSICIAN: MED	27. MANNER OF DEATH Natural 5 Pe		28a. DATE OF (Month, Da		28b. TIM	E OF URY	28c. INJI	JRY AT		28d. DESCRIE	BE HOW II	JURY OC	CUREO		
BY		nding restigation				М		ES 2	NO						
		uid not be termined	28e. PLACE OF building, s	INJURY — At hor itc. (Specify)	me, farm, i	street, faci	tory, office	•		281. LOCATION City or Tox	N (Street e wn, State)	nd Number	or Rural R	loute Number,	
T I	29a. CERTIFIER No.	-0				_									
COMPLETED	(Check only		CIAN: To the best of a												
8		1 1	the beele of ex	amination end/or ii	nvestigatio	n, in my c	opinion, de	eath occur	ed at the	time, date end	place, en	due to th	e ceuse(e	) end menner ee stat	ted.
BE	296. SIGNATURE AND VITLE OF	e710	Trake	a.				29cm ICE	NBE NUN	ETY <	1	29d. DATI	Sidner	11873	
6	30. NAME AND ADDRESS OF P	ERSON WHO	COMPLETED MAILS	E OF DEATH STEE	1 27) /500-	Print		U	VO	()(//	V	0	111	N	$\overline{}$
	Peter R. G						An	napo.	lis.	Marul	and	2140	1		
	31. DATE FILEO (Month, Day, Yes	ir)	32. REGISTRAF	R'S SIGNATURE				*	- /	2					—
	JUN 18 1	993	Julia Davids	on Manda	2										
		-			-										_

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1 2 should		
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or afte	for use		
are the executed within 24 hours after death, rage 6 may be retained by the hospital or attending	tached 1		0.01
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execute	and co	to burial	matic
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111 000	ending (	Il Hygien	or oth
ונוב חבק	the att	d Menta	iniur.
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DICIPAL. THE IAM ICHUICS HIGH HIS DEATH OF	been s	pt. of H	3 show
1112	cate has	State De	Item 2
200	s certifi	ith the	10 . be
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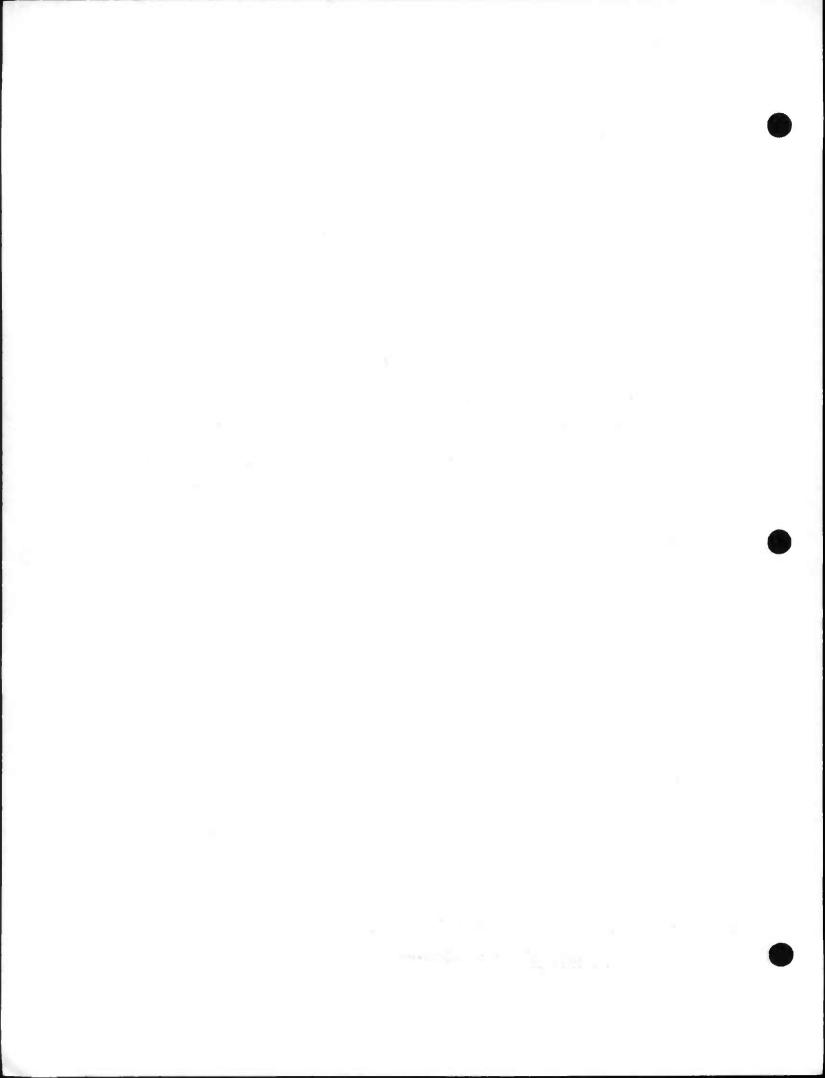
										00
	FOR 1 - STATE REGISTRAR	STATE OF M/			TMENT OF			MENTAL HYGIEN REG. NO	E	93 19138
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH		3. TIME OF DEATN
	Charles Edi	ward !	Skipper	. Jr				MONTH D	4 19	YEAR 93 P M
			AGE (In yrs. last		IF UNDER 1 YEA	R IF UNDER	na une	7. DATE OF BIRTH		
	014 14 0000	1√∑ M 2 □ F		YRS.	MONTHS DAY		MIN,	(Month Day Year)		B. BIRTNPLACE (State or Foreign Country)
	214-14-9288  Se. FACILITY NAME (If not institution, give stree		70	1110.					1922	Maryland
~					9b. CITY, TOW		ON OF DE	ATN		TY OF DEATH
ō	1739 Forest Drive	<u> </u>			Anno	polis			Ann	e Arundel
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY			NT						
E		1 - 0		10c. G1	Y, TOWN OR LO					10d. INSIDE CITY
	MD Anne A	runaex			Annapo	ills				1 YES 2 NO
X	10e. STREET AND NUMBER					10f. ZIP CODE	_			EN OF WHAT COUNTRY?
E	1739 Forest Drive					2	1401		Unit	ed States
FUNERAL		12. WAS DECEDENT	EVER IN U.S. WAN	IED	13. WAS (	ECENDENT O	F NISPAN	IC ORIGIN? (Specify Yes	or No.— 1	4. RACE — American Indian.
	1 Never Married 2 XX Married	FORCES? 1 [		0	If yes,	specify Cube	n, Mexicar	n, Puerto Rican, etc.)		4. RACE — American Indian, Black, White, etc.
ВУ	3 Widowed 4 Divorced	,				ES A CMAC	Specify			Specify: White
COMPLETED	15. DECEDENT'S EDUCAT	TION	16a, DEC	EDENT'S	USUAL OCCUPA	TION		16b. KIND OF BUS	SINESS/INDU	RTBY
Ш	(Specify only highest grade co	College (1-4 or 5 +)	(Giv	e kind of a Do NOT us	vork done during se retired.)	most of working	g			JIN.
7	12	Consider (1-4 of 3 +)	0	nnon	10pera	tan		Fuel	0:0	Company
N	17. FATNER'S NAME (First, Middle, Last)			viioi	ropear		ICDIO ALL	ME (First, Middle, Maiden		Company
	Charles Edward Sk	innor S	h					riscilla (		
B		Apper, 3								
6	19a. INFORMANT'S NAME (Type/Print)							loute Number, City or Tow.		
	Dorothy Jane Skipp	er	1	739	Forest	Drive	An	napolis, N	laryla	nd 21401
	20a. METHOD OF DISPOSITION	al from State	20b. PLACE A	ND DATE	PEDISPOSITION	Neme of		DATE 20c. LO		
	1 Burlai 2 Cremation 3 Remove		Hill C	natory or or or or or or or or or or or or or	ther place) Cemeto	ru	06-1	17-93 Ann	anoli	s, Maryland
	21. SIGNATURE OF PUNETAL SERVICE LICEN	met /	1110000	0.00	22. NAME	AND ADDRES	BS OF FAC	HITYTOLIN M	Taula	r Funeral Home
	▶ lo Men X -	Trout on			117 1	Tuha a	1 00	augustat C	+ An	napolis, MD
$\dashv$	207/10	The state of the s								
	23. PART I. Enter the diseases, or cor shock, or heart fellure. Lis	ngifcations that cause	aused the dea	th. Do n	ot enter the r	node of dyl	ng, auch	aa cerdiac or respi	ratory arrea	
	shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel									
	disease or condition resulting in death)	Gardin	e an	My	metho	-11	7			Draw (1)
	a.	DUE TO (O	R AS A CONSEOL	JENCE OF	7): ,	V_	4			Overward
z	<b>C</b> .	Corges	two 9	Dec.	I FR	lure				1 Yrs
9	Sequentially list conditions, if any, leading to immediate	DO TO (O	R AS A CONSEOL	JENCE OF	7:					1 1 1
X I	cause. Enter UNDERLYING	CO V V	Vary 0	wh	ru	dire	72 10			1 yre
Ĕ	CAUSE (Disease or Injury that Initiated events	DUE TO (O	R AS A CONSEOL	JENCE OF	7:	//   3 /				1/3
ERTIFICATION	resulting in death) LAST	ATM	roscl	AP Arms	cic					14m
빙	d	12								111-
4	PART II. Other aignificant conditions	contributing to de	eeth but not re	sulting l	n the underly	ing ceuse g	iven in i			24b. WERE AUTOPSY FINDINGS
2								PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
									67 MO	OF DEATH?
2								-		1 TYES 2 NO
A I	25. WAS CASE REFERRED TO MEDICAL									
- 1	EXAMINER?	OSPITAL:			OTHER.	PLACE OF DE				
2	1 - YES 2 - NO 1	☐ Inpatient 2 ☐ E	R/Outpatient 3	DOA	4 - Nursing H	ome 5XXRa	sidence (	Other (Specify)		
YSIC			JURY	26b. TIMI		NJURY AT		28d. DESCRIBE NOW IF	JURY OCCU	RED
PHYSIC	27, MANNER OF DEATN	26a. DATE OF IN. (Month, Day,								
3Y PHYSICIAN: MEDICAL	1 Natural 5 Pending				M 1	YES 2 [	NO			
B	1 Natural 5 Pending Investigation	(Month, Day,	NJURY — At hom				NO	26f. LOCATION (Street a	nd Number or	Rural Route Number,
B	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	NJURY — At hom				NO	26f. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,
B	1 Natural 5 Pending Investigation 3 Suicide 6 Could not be datarmined	(Month, Day, 26a. PLACE OF it building, etc	NJURY — At hom	e, farm, s	treet, factory, of	lica		City or Town, State)		
B	1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only	(Month, Day,  26s. PLACE OF ill building, etc.  AN: To the best of my	NJURY — At hom c. (Specify)	e, farm, s	treet, factory, of	lica Ite and place,	and due t	City or Town, State)	ner aa stated	
B	1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only	(Month, Day,  26s. PLACE OF ill building, etc.  AN: To the best of my	NJURY — At hom c. (Specify)	e, farm, s	treet, factory, of	lica Ite and place,	and due t	City or Town, State)	ner aa stated	
E COMPLETED BY	1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only	(Month, Day,  26s. PLACE OF ill building, etc.  AN: To the best of my	NJURY — At hom c. (Specify)	e, farm, s	treet, factory, of	ite and place,	and due t	City or Yown, State) to the cause(a) and man time, data and placa, and	ner as stated	
COMPLETED BY	1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be distarmined  29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL EXAMINER: (1)	(Month, Day,  26a. PLACE OF II building, etc.  AN: To the best of my On the basis of axam	NJURY — At hom 2. (Specify)  y knowledge, deat nination and/or im	e, farm, e	d at the time, di	rise and place, death occurr	and due t	City or Yown, State) to the cause(a) and man time, data and placa, and	ner as stated d dus to the c	cause(a) and manner as stated.

Annapolis, Maryland 21401

M.D. 205 Ridgley Avenue
32. REGISTRAR'S SIGNATURE

Lulia Devideon Bondale

DHMH-16 Rev 1/89



FOR 1 . STATE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH	W WEAR	3. TIME OF DEATH
	GEORGE, SELLMA	AN			d	6 - 12 -	93 YEAR	10:19AM M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	S. BIRT	THPLACE (State or Foreign
- 8	214-12-9777	1 M 2 D F	85 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) JULy 19 19	Cour	ntry)
	9a. FACILITY NAME (If not institution, give a	street and number)		9b. CITY, TOWN OF	LOCATION OF DE		9c, COUNTY OF	RYLAND
<u>۳</u>	PRINCE GEORGE'S	HOSPITAL CE	NITED	CHEVERL	V	N		GEORGE 'S
DIRECTOR	RESIDENCE OF DECEDENT	TIOSI TIAL CE	IALFIX	CITEVENE		14	TRINCE	GLONGE 3
1 1	10a. STATE 10b. COUNT	Υ	10c. CIT	, TOWN OR LOCATIO	DN			10d. INSIDE CITY
=	MARYLAND ANNE	ARUNDEL		GALESVILI	LE			LIMITS?
A A	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	939 W. BENNING R	OAD			20765		,, ,	0 4
5	11. MARITAL STATUS	12. WAS OECEDENT EVER	IN U.S. ARMED			IC ORIGIN? (Specify Yes	or No- 14, RA	S. A. CE American Indian,
	1 Never Married 2 Married	FORCES? 1 YE			thy Cuben, Mexican	, Puerto Rican, atc.)	Ble	ck, White, etc.
BY	3 🖾 Widowed 4 🔲 Divorced				ороспу.			LACK
0	15. DECEDENT'S EDU (Specify only highest grade		tan. DECEDENT'S	USUAL OCCUPATION rork done during most	V.	16b. KIND OF BUS	SINESS/INDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfa. Do NOT us	e retired.)	or working	1		
4 6			LABO	RER				
once. COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	NE (First, Middle, Malden	Surname)	
111	HOWARD W. SELLMA	N			RIANCI	HE R. OWEN	C	
TO BI	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and		oute Number, City or Town		
10 10	JACQUELINE DOUGLA	S						
pe l	20a. METHOD OF DISPOSITION	2	Db. PLACE AND DATE			NAPOLTS 20c, LO	CATION — City or 1	
must	1 X Muriet 2 Cremetion 3 Rem 4 Donation 8 Other (Specify)	oval Irom State Co	emetery, cremetory or or	her place)			GALESVIL	
5	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	BENEZER (		ME ADDRESS OF FAC	1	G112210 4 T.E.	IDE, IID.
medicai examiner	1-1411	Para					V D A	
, S	oracous	rolse		821	WEST SE	KEET, AN	NÁPOLIS.	MD, 21401
dica	23. PART I. Enter the diseases, or	complications that caus	ed the death. Do r	ot enter the mode	e of dying, auch	as cardiac or reapi	ratory arrest,	Approximate
	ahock, or heart failure.  IMMEDIATE CAUSE (Final	List only one cause on	each line.					Onset and Death
흎	disease or condition	Pardi 1	enesto	& Arre	61			
event, the	resulting in death)	oue to (OR AS	A CONSEQUENCE OF	11000	76			
6		SHAKE	seni-	tion bo	2142020	me		į
traumatic	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	): 1	1	,	15	<u> </u>
ry, or other traumatic	cause. Enter UNDERLYING	Responde	long 10	ilwr.	and his	magital	· 100	
or other	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	):	war of	racy i can	7 601	
F	resulting in death) LAST	MANTE	01, 7	mu m	9 11 3	1= A11 -2	25	
			1	000011	124	myuno		
y injury.	PART II. Other significant condition	a contributing to death	but not reaulting i	n the underlying	cause given in I			b. WERE AUTOPSY FINDINGS
> O	· Sersislant	Steph A	circus /	Sionch	ily	PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE
AED MS	1		( Resss	tout			J V	OF DEATH?
Item 28 is marked, or Item 23 shows an PLETED BY PHYSICIAN: MEDI						_		1 YES 2 NO
ed, or Item 23 s PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 Pt A	CE OF OEATH (Che	ck nah nasi		
Item SICIA	EXAMINER?	HOSPITAL:	4 - H - A - H - B - A - H - B - A - H - B - A - H - B - A - H - B - A - H - B - A - H - B - A	OTHER:				
ē ¥	27. MANNER QE-DEATH	28s. DATE OF INJURY		4 Nursing Home OF 28c. INJUS		28d. DESCRIBE HOW II	I HIEV COLUMN	
marked BY Pt	Natural 5 Pending	(Month, Day, Year)	INJ	JRY WOR	K?		IJUNY OCCURED	
шаг ВУ	2 Accident Investigation	2/8/93	UNK.		S 2 NO	DRIVER		
28 is TED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUF building, atc. (Sp	еспу)	treet, rectory, office		28f. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,
Item 2			ROAD			GALESVILLE,	MD.	
		CIAN: To the beat of my kno						
O BE COMPL	0700) 2 MEDICAL EXAMINE	R: On the beals of examinat	on and/or investigatio	n, in my opinion, dea	ith occured at the t	ime, date and place, and	due to the cause	(a) and manner ae stated.
E G	29h. SIGNATURE AND TITLE OF CERTIFUE	1			29c. LICENSE NUM	BER	29d. DATE SIGNE	O (Month, Day, Year)
S 8	Hyad	0_			Agia	73	D 6/1	163
일	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	EATH (ITEM 27) #Time	Print)	N 410	ا ده	9//	2/93
	VHE	mA P.	Yndlo	M'D 94	70 A1	VNA POL	is rid	10:47 5701
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		y	p 1	1	ANHAM	M.D.20706
	JUN 1 5 1993 A	12. REGISTRAR'S SIG	andate.					
	0011 10 1000 1							

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BALTIMORE, MARYLAND 21215-0020

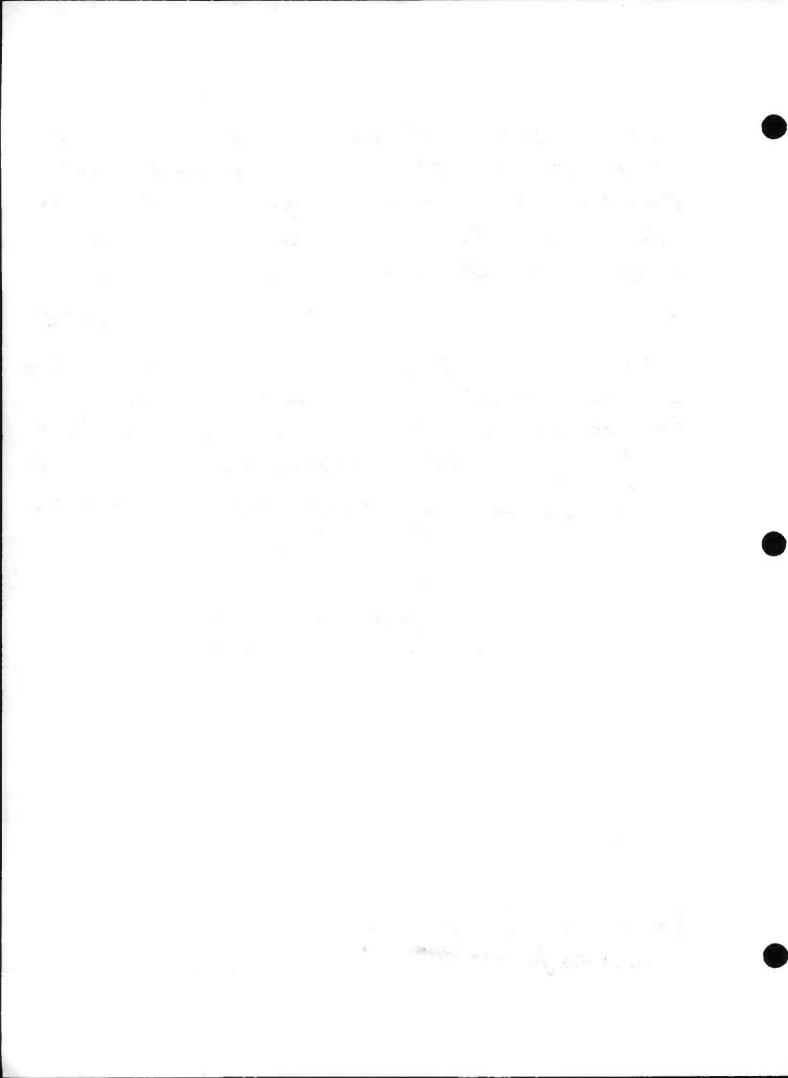
## DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FINAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

FINAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should now after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FINAL BROWN STATE TO BE A PROPRED TO A HEALTH AND A PROPRED TO BE A PROPRED TO A PROPRED

	1 - FOR STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.	50 15140
	1. DECEDENT'S NAME (First, Middle, Last)	ibel sc	haffe	R	2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH 23 45 M
	4. SOCIAL SECURITY PUMBER	S. SEX  1   M 2   D =	(In yrs. lest birthday) IF UNI	DER 1 YEAR IF UNDER 24 HRS. 8 DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 9-22-//	8. BIRTHPLACE (State or Foreign Country)
TOR	Anne Arynde	street and number)  McCCA	Center 90. C	An apal	DEATH 9c. COU	Anne Annold
DIRECTOR	10a. STATE 10b. COUNT	a rasota	10c. CITY, TOW	N OR LOCATION		10d. INSIDE CITY LIMITS?
FUNERAL	10e. STREET AND NUMBER	agreett	Trail	10f. ZIP CODE	3 Z	1/2 YES 2 □ NO IZEN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	Y2. WAS DECEDENT EVER IF FORCES? 1 ☐ YES IF YES, GIVE WAR OR D	2 NO	3. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Speci		14. RACE — American Indian, Black, White, alc.
0	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S USUAL (Give kind of work dor	OCCUPATION To during most of working	16b. KIND OF BUSINESS/INC	White
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Propriet	er	Ladies +	Estion Store
BE CO	17. FATHER'S NAME (First, Middle, Last)  Charles	Sabel			AME (First, Middle, Malden Syrname)	ier
10	190. INFORMANT'S NAME (Type/Print)	FRET	10 2	SS (Street and Number or Rural	Route Number, City or Town, State, Zip. Self-Class	Parking
	20e. METHOD OF DISPOSITION  1	noval from Stata	D. PLACE AND DATE OF DISP Inglery, craffinatory or other place		DATE 20c. LOCATION -	City or Town, State  NSCICE MO
	21. SIGNATURE OF FUNERIAL SERVICE A	CEMBEE		2. NAME AND ADDRESS OF F	everna Park,	mp 21/46
	23. PART <sup>I</sup> I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Fine)	complications that cause List only one cause on e	d the deeth. Do not ent			Approximate interval Between Onset and Death
	disease or condition reaulting in death)	a. Remo	ratory	arrest		0.000
NOI	Sequentially list conditions, if any, leading to immediate	DUE TOTOR AS	consequence of:	ailure	7	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	COPD OUE TO FOR AS A	CONSEQUENCE OF:	or pr	lumonice	
CER.	PART II. Other significant condition	a. Pulme	many di	bwsis + /	ung caucer	•
DICAL	Some Significant Contains	Summering to death o	out not requiring jor me	underlying cause given in	Part E. 24a. WAS AN AUTOPSY PERFORMED?  1 Tyes 2 Kno	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC						1 TYES 2 NO
VSICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 SE'NO	HOSPITAL: 1 DCInpellent 2 D ER/Outs	settlent 3 🗆 DOA   OTHI	26. PLACE OF DEATH (C) ER: turning Home 5  Residence	Version in Section 1	
ву Рн	27. MANNER OF DEATH  1 Annual S Pending Investigation	28s. DAYE OF INJUSTY (Month, Day, Year)	266. TIME OF INJURY M	29c INJURY AT WORK? 1 YES 3 NO	28d. OEŞCRIBE HOW INJURY OC	CURED
	3 Guitride 6 Could not be 4 Homicide determined	28e, PLACE OF INJUSTY building, etc. (Spec	r — At home, farm, street, fo	actory, office	281. LOCATION (Street and Number City or Town, State)	or Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEOICAL EXAMINE	ER: On the besis of exemination	riedge, death occurred at the n and/or investigation, in m	e lime, date end place, and due y opinion, death occured at the	to the cause(a) and manner as state lime, data end place, and due to the	led. ne ceuse(s) and manner as stated.
O DE	29b. SIGNATURE AND TITLE OF CERTIFIE	mer and	>	29c. LICENSE NU	MBER 29d. DAT	E SIGNED (Month, Day, Year)
	30 NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)	In hapoles.	mo 214	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE			



blh

ITEMS: 3. & 28b, PER MEO FILM G-731 1/31/96 t.t

1	-	FOR STATE REGISTR	AF
,	1. 0	ECEDENT'S	NA

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	3	I	9	L	1

	REGISTRAR		CERTIFIC	CATE O	F DEATH	REC	3. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OE			3. TIME OF DEATH	
	Darlene (	Gloria	Sulliva	n		монтн 0 6	0.9	1993	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEA	IF UNDER 24 HRS.	7. DATE OF BIR			1 4130	***
	578 74 4438	1 M 2 F		ONTHS DAY		(Month, Day, 1	Year)	Count	HPLACE (State or Foreign ry) HINGTON, D	
	9a. FACILITY NAME (If not Institution, give	street and number)		b. CITY, TOW	N OR LOCATION OF D			JNTY OF D		
DIRECTOR	Shady Grove	Shady Grove Hospital					Мо	ntgo	omery	
100. STATE 100. CITY, TOWN OR LOCATION 10d.  MD MONT. ROCKVILLE							10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER				101. ZIP CODE		40. 017		1 YES 2 NO	
FUNERAL	19 FOREST LANI			20850	)		J.S.A	WHAT COUNTRY?		
B⊀	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	IN U.S. ARMED S 2 NO DATES	NO If yes, specify Cuben, Mexican, Pu				Black	E — American Indian, k, White, alc.		
COMPLETED	15. DECEDENT'S EDI	UCATION	16a. DECEDENT'S U	SUAL OCCUPA	TION	165 KIND	OF BUSINESS/IN	DUSTRY		_
E	(Specify only highest gradi Elementary/Secondary (0-12)		(Give kind of wo	k done durina	most of working	TOD. KIND	or business/in	DUSTRY		
2	Chemientary/Secondary (U-12)	College (1-4 or 5+)	POLICE O			D C	MEMBOR	OT TO	AN DOLLOR	
<u> </u>	17. FATHER'S NAME (First, Middle, Last)		POLICE O	FFICER				OLIT	AN POLICE	_
		/O.V.G				AME (First, Middle, I				
BE	THOMAS SIMM	IONS				RIA JOHN				
6	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street	t and Number or Rural	Route Number, City	or Town, State, Zi	p Code)		
-	JOHN L. SULLIVA	AN	SA	ME AS	# 13					
20s. METHOD OF DISPOSITION  1 X Burlel 2 Cremellon 3 Removal from State  4 Donation 5 Other (Specify)							own, State			
1	21. SIGNATURE OF FUNERAL SERVICE LE		II. OHIVEI		ANO ADDRESS OF FA		CALIT EDG	D.C.	C TNC	
	· Voing	Simmo	nes)		WI AVE					
	23. PART i. Enter the diseases, or	complications that cause	ed the deeth. Do not	enter the r	node of duing au	h as sendes as			1 (Amenditrical)	_
	ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition	List only one cause on	each line.					1001,	Approximate interval Betwee Onset and De	
	reaulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):	Me	ek J	Mur	res			
No.	Sequentially list conditions,	b								
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):							
윤	CAUSE (Diseese or injury that initiated events	C. QUE TO (OR AS	A CONSEQUENCE OF):							
E	resulting in death) LAST								j	
8		d								
	PART II. Other eignificant condition	ne contributing to death	but not resulting in	the underly	ing ceuse given in	Part i. 24a. W	AS AN AUTOPSY	240.	WERE AUTOPSY FINDING	GS
PHYSICIAN: MEDICAL						P	ERFORMED?		AMAILABLE PRIOR TO COMPLETION DF CAUSE	
							YES 2 NO		DF OEATH?	
2									YES 2 NO	
A I	25. WAS CASE REFERRED TO MEDICAL								·	
ᅙ	EXAMINER?	HOSPITAL:	10	26. THER:	PLACE OF DEATH (Ch	eck only one)				
YS	1 DYES 2 NO	1 ☐ Inpatient 2 X ER/Ou			ome 5 🗆 Rasidence	6 Other (Specif	(y)			
E	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	20b. TIME OUNKNOO	28c, 1	NJURY AT YORK?	28d. DESCRIBE	HOW INJURY OC	CURED		
BY	1 Netural 5 Pending  2 Accident Investigation	06 09 19	011111101		YES 2 THO	Driver	in a	uto	accident	.
	3 Suicide 6 Could not be	28a. PLACE OF INJUR	Y - Al home, ferm, atro		lica		Street and Number			-
Ē	4 Homicide determined	building, etc. (Sp.				City or Town,		- 6	Shady Gr	0
9	29a. CERTIFIER	_lon		-			28 (N)	of	Road	
COMPLETED	(Check only	ICIAN: To the best of my known the best of examination of examination of examinations of the best of examinations of the best of the best of examinations of the best of the b								
8					Total occord at the	rane, care and pla	ica, and dua to h	ne cause(a	) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIE	R/ C	AA A		29c. LICENSE NUI	MBER	29d. OAT	E SIGNEO	(Month, Day, Year)	
2	1 alon	work	(VVI)		0.C.1	1.E.		06 1	.0 1993	
-	30 HIME AND AODRESS OF PERSON WH	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Pr	int)			1			
	J. Laron Jock	ceMD.	111 DO	n C+	reet. Ba	al+im^~	no M	m,, 1 ~	nd 2120	
	31. DATE FILED (Month, Day, Year)	2. REGISTRAR'S'SIG	NATURE -	بالتستند	LEEL, DO	TI UIIOT	e, Ma	LVIG	ind 2120	
	JUN 1 7 1993	Julia Davidson	- Mandelle							

TO THE MISSIAN OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

IN THE METAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be after the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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VIIAL RECORDS, P.O. BOA 88/60	NTENDING PHYSICIAN: The law requires that the death certificate he executed within 24 hours a
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BALTIMORE, MARYLAND 21215-0020	CIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	erificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MENTITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24	UTHE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely fills In the American Propose after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation,	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

4. SOCIAL SECURITY NUM	st, Middle, Last)	-		CERTIF		<u> </u>	2/4/11		REG. NO	AY	YEAR	3. TIME OF DEATH	
4. SOCIAL SECURITY NUM	57	Rauss							1 - 11 -			230 A	
016-42-51		5. SEX	6. AGE (In )	2 YRS.	MONTHS 0		UNDER 24 HRS. URS MIN.	7. DAT	onth, Day, Year)	1920	a. BIRTH Countr MIC	PLACE (State or Foreign HIGAN	
98. FACILITY NAME (If not SUBURBA)	9a. FACILITY NAME (If not institution, give street end number)  SUBURBAN HOSPITAL				9b. CITY, TOWN OR LOCATION OF DEATH BETHESDA  9c. COUNTY OF DEATH MONTGOMERY					EATH			
RESIDENCE OF DECEDENT				DITINDUIT TOTAL COMME									
MARYLAND					TY, TOWN OR LOCATION ENSINGTON						10d. INSIDE CITY LIMITS?  1 X YES 2 NO		
109. STREET AND NUMBER 10920 CONNECTICUT AVENUE			10f. ZIP COOE 20895					10g. CITIZEN OF WHAT COUNTRY?					
11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  WW IT				13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.)  1  YES 2 NO Specify: Specify:					- American Indien, White, etc.				
15. DE (Specify of Elementary/Secondary	CEDENT'S EDU nly highest grade (0-12)	CATION completed) College (1-4 or 5		Give kind of ville. Do NOT us	vork done duri e retired.)	ng most of		1	6b. KIND OF BL			WILLE	
10 17. FATHER'S NAME (First,	Middle, Last)	-		REA	L EST			AME (Firs	REA	L EST	CATE		
CHARLES	STRAI	USS				I	BESSIE	E SC	CHYMAN				
									when City or Tox			LAND 20906	
20s. METHOD OF DISPOSI 1. Burlai 2 Cremet 4 Donation 5 Othe	TION Ion 3 - Rem	oval from State		ACEANODATE O						CHELT			
4 Donetton 5 Other (Specify) CHELTENHAM, MARYLAND:  22. NAME AND ADDRESS OF FACILITY  DANZANSKY—GOLDBERG MEMORIAL CHAPELS, INC.													
Deas	ole 6	11	fore	e								MARYLAND20	
IMMEDIATE CAUSE (F disease or condition resulting in death)	<b>→</b>	· GAST	RO	AC DISEOUENCE OF DISEOUENCE OF	STIM		-	2	ED.	EN;	<u> </u>	Onset and Deat	
Sequentially list condi	ediate	1-01	O 44	/	cause. Enter UNDERLYING CAUSE (Disease or Injury thet Initiated events resulting in death) LAST  d. DEMENTIA								
If any, leading to immouse. Enter UNDERLY CAUSE (Disease or Inj thet initiated events	ediate YING jury	c. ASPI DUE TO	RAT (OR AS A CO LEA	NSEQUENCE OF	j: -								
If any, leading to immouse. Enter UNDERLY CAUSE (Disease or injury) that initiated events	ediate YING jury	d. DEN	IEN	MA	-	rlying ceu	use given i	n Pert I.	24a. WAS AN PERFO	RMEDP	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
If any, leading to Imm cause. Enter UNDERLY CAUSE (Disease or Inj that initiated events resulting in desth) LA: PART II. Other eignific	ediate // ING liury ST	d. DEN	IEN	MA	n the unde				PERFO	RMEDP	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
If any, leading to Imm cause. Enter UNDERLY CAUSE (Disease or inj thet initiated events resulting in desth) LA:  PART II. Other eignific  25. WAS CASE REFERRED EXAMINER?	ediate // ING liury ST	d. DEA	deeth but	not reaulting I	other:	26. PLACE	OF OEATH (C	Check only	PERFO 1 YES	RMEDP	24b.	COMPLETION OF CAUSE OF DEATH?	
If any, leading to Immosuse. Enter UNDERLY CAUSE (Disease or Inj thet initiated events resulting in desth) LA:  PART II. Other eignifications are selected to the selected to	ediate // ING liury ST	d. DEA	deeth but	not resulting I	OTHER:	26. PLACE	OF OEATH (€	Check only	PERFO  1 YES:	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
If any, leading to Imm. cause. Enter UNDERLY CAUSE (Disease or inj thet initiated events resulting in desth) LA:  PART II. Other eignifications of the cause of t	ediate // ING liury ST	HOSPITAL: 1 Opportunity 2 Of Month, D	deeth but  deeth but  ER/Outpatie INJURY	not resulting I	OTHER: 4   Nursing	26. PLACE  J Home 5  C. INJURY WORK?  I YES	OF OEATH (C	Check only 6  Ot 28d, D	PERFO 1 YES:	NJURY OC	CURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
If any, leading to Imm. cause. Enter UNDERLY. CAUSE (Disease or inj thet initiated events resulting in desth) LA:  PART II. Other eignific  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 2 Accident	ediate // // // // // // // // // // // // //	HOSPITAL: 1 Competent 2  28e. DATE OF (Month, D)	deeth but  deeth but  ER/Outpatie INJURY	not resulting I	OTHER: 4   Nursing	26. PLACE  J Home 5  C. INJURY WORK?  I YES	OF OEATH (C	Check only 6 G Ot 28d, D	PERFO  1 YES  one)	NJURY OC	CURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
If any, leading to Immause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LA:  PART II. Other eignific  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suickde 6 4 Homicide  29e. CERTIFIER (Check only)	ediate FING Jury ST  TO MEDICAL  Pending Investigation Could not be determined	HOSPITAL: 1 Unpetient 2 Clan. 28e. PLACE Obuilding.	deeth but  ER/Outpatie INJURY F INJURY — etc. (Specify) my knowlede	not resulting I	OTHER: 4   Nursing E OF URY M 4reet, factory, d at the time	26. PLACE  I Home 5  C. INJURY WORK?  I YES office	OF OEATH (C	28d, D 28d, LC	PERFO  1 YES  one)  her (Specify)  ESCRIBE HOW  CATION (Street by or Town, State	NJURY Oct	CURED or Rural R	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
If any, leading to Immause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LA:  PART II. Other eignific  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suickde 6 4 Homicide  29e. CERTIFIER (Check only)	Pending Investigation  Could not be determined  TTIFYING PHYSI  DICAL EXAMINE	d. DEA	deeth but  ER/Outpatie INJURY F INJURY — etc. (Specify) my knowlede	not resulting I	OTHER: 4   Nursing E OF URY M 4reet, factory, d at the time	26. PLACE  I Home 5  C. INJURY WORK?  I YES  office	OF OEATH (C	261. LC	PERFO  1 YES  one)  her (Specify)  ESCRIBE HOW  CATION (Street by or Town, State	NJURY OCI	or Rural R	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  t YES 2 NO	

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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIVISION OF VITAL INC.

WHEN THE PRIME OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

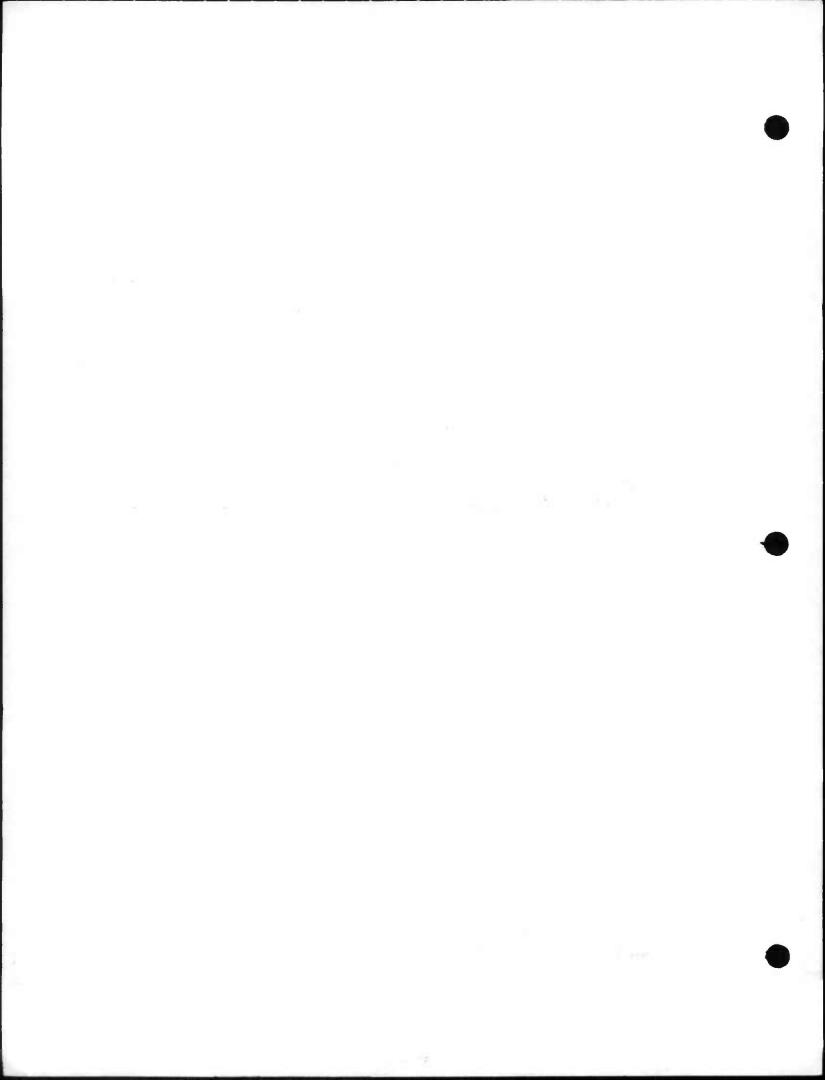
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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGIEN	AF	3 19143	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	Elsie A.	Shores				June 12,		9:50A.M	
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)	
	345-10-4310		)2 YRS.			June 16,		Washington, DC	
(m)	90. FACILITY NAME (If not institution, give s 7105 Delaware St	OR LOCATION OF D	EATH						
DIRECTOR	7105 Delaware Street Chevy Chase Montgomery								
REC	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY	
		tgomery		hevy Ch	ase			LIMITS?	
3AL	10e. STREET AND NUMBER	IVI, ZIP CODE					10g. CITIZEI	N OF WHAT COUNTRY?	
FUNERAL	7105 Delaware S				20815			ed States	
교	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	If yes, sp	ecify Cuban, Maxico	NIC ORIGIN? (Specify Years, Puerto Rican, etc.)	e or No— 14	RACE — American Indian, Black, White, etc.	
B	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR D	IF YES, GIVE WAR OR DATES 1 YES			fy:		Specify: White	
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade	CATION	16a. DECEDENT'S L	USUAL OCCUPATION	ON	18b. KIND OF BU	JSINESS/INDUS	TRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	We. Do NOT use	ork done during mo retired.)	ist or working				
₽	10		Aud	itor		United	d States Government		
	17. FATHER'S NAME (First, Middle, Last)			AME (First, Middle, Meider					
8	Francis L.  19a. INFORMANT'S NAME (Type/Print)	Allen	10h MAII INC	ADDRESS (Committee	Marth	a E. H  Route Number, City or Tok	larding		
5	Elsie Shores Schl	lev							
	20g METHOD OF DISPOSITION					nnapolis,		nd 21403	
	1 A Buriel 2 Cremation 3 Remarks Property Communication 5 Other (Specify)	oval from State Cen	PLACE AND DATE OF the lary, cremetory or other inted Met.	hodist (	s Church Ce	5/15/97		ings, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	) M00831	22. NAME AI	D ADDRESS OF FA	COLITY DOTEN Fune	ral Uo	mo/	
Ш	Barbarayo M	/ /- /	ruhence	122 0 CII CI	c, becne	sua, Maryr	and 2	me/ 557 Wisconsin 0814-3501	
	23. PART I. Enter the diseases, proshock, pr heert failure.	complications that ceused List only one ceuse on e	the death. Do no	ot enter the mo	de of dying, suc	th as cerdiac or resp	iratory arrest	t, Approximate interval Batween	
	IMMEDIATE CAUSE (Final disease or condition								
	resulting in death) Cardiac arrhythmia							minutes	
_	DUE TO (OR AS A CONSEQUENCE OF):  Coronary Artery Disease								
Ó	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSCOUENCE OF):								
S.	cause. Enter UNDERLYING CAUSE (Disease or Injury	с.							
E	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)	):					
CERTIFICATION	Country District	1							
AL	PART II. Other eignificent condition	e contributing to deeth b	ut not reculting in	the underlyin	g ceuse given in	Pert I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS	
20						PERFO		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDIC								1 YES 2 NO	
ä									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, PI OTHER:	ACE OF DEATH (Ch	eck only one)			
ΙΥS	1 TYES 2 NO  27. MANNER OF DEATH	1   Inpetient 2   ER/Outp	etient 3 DOA	4 - Nursing Hom		6 Other (Specify)			
	1 X Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	TRY WO	RK?	26d. DEŞCRIBE HOW	INJURY OCCUR	ED	
B	2 Accident Investigation 3 Suicide & Could and be	28e. PLACE OF INJURY	— At home, farm, st		rES 2 NO	28f LOCATION (Street	and Number of	Print Britis Number	
TED	3 Suicide 6 Could not be determined Could not be deter								
7	29a. CERTIFIER 1 X CERTIFYING PHYSIC	CIAN: To the best of my know	ledge, death occurred	at the time date	and place, and due	to the swee(s) and me	anne en ideted		
COMPLET								euse(e) and menner ae stated.	
U U	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			IGNED (Month, Day, Year)	
00	Kussell M.	Tilles, T	J.m.D		D1188	38		ne 12, 1993	
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, I	Print)					
	Russell M. Tilley  31. DATE FILED (Month, Day, Year)			sachuset	ts Avenu	ie, N.W. Wa	ıshingt	on, DC 20016	
	JUN 1 5 1993 8	1-32. AEGISTRAR'S SIGN	Maria						

BALTIMORE, MARYLAND 21215-0020	PATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be hospital the State Dent of Haath and Mental Human prior to hand remain or removed.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit or removal.	IT If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

								93 19144		
1	FOR STATE REGISTRAR	STATE OF MARY			HEALTH AND F DEATH	MENTAL HYGIE REG. N		15177		
1.	. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	YEAR 3. TIME OF DEATN		
	Virginia B.	Stevens				June 8				
4	. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign		
5	578-36-9058	1 M XXF	93 YRS.	95 CITY TOWN	HOURS MIN.	Jan. 23		Virginia TY OF DEATN		
	Wilson Care Center RESIDENCE OF DECEDENT  108. STATE 109. COUNTY 109. CITY			isk-taber-ra	Gaithersburg TOWN OR LOCATION			tgomery 10d. INSIDE CITY		
E I	Maryland Monto	omery						LIMITS?		
	On STREET AND NUMBER	omery	Gal	thers				1 X YES 2 NO		
< 1		// 200			101. ZIP CODE			EN OF WHAT COUNTRY?		
y	407 Russell Ave				20877			U.S.A.		
∄ [ "	1, MARITAL STATUS  Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	R IN U.S. ARMED	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Vill 18 yes, specify Cuban, Mexican, Puerto Rican, etc.)			les or No-	s or No— 14. RACE — American Indian, Black, White, atc.		
. 11	Widowed 4 Divorced	IF YES, GIVE WAR OF		1 🗆 Y	ES 2 NO Spec	ify:	Specify:			
	41							White		
Ξ I	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)	16a. DECEDENT'S (Give kind of w	USUAL OCCUPA	TION most of working	16b. KIND OF E	USINESS/INDU	ISTRY		
Ш	Elementary/Secondary (0-12)	College (1-4 or 5+)		rork done during e retired.)		D II Cha	. mar Dl.	Displaine & Heating		
ᇫ	12	2	Office Mar	ager		D.H.Ste	vers Pit	mbing & Heating		
COMPLETED	7. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maid	en Sumame)			
	Harry Harness P	arconc			7.301-	ide Bra	2000			
40	9a. INFORMANT'S NAME (Type/Print)	ar sons	19b. MAILING	ADDRESS (Street	t and Number or Burni	Boute Mumber City or T	were Chain 7in C	Code		
ر ا ۵	Theresa S. Leit	ch	5440	Mohio	can Rd.	Bethesda	a,MD 2	MD 20816		
	0a. METHOD OF DISPOSITION  Burial 2 Constitution 3 Harper		emetery, crematory or of		Name of	DATE 20c. i	OCATION — CI	ity or Town, Stata		
L	Monaglem 5 Other (Specify)		eo. Wash. U		Center	6/9/93 Wa	shinat	on.D.C.		
21	21. SIGNATURE OF UNERRY SERVICE LICENSES					ACILITY				
- 1	· Michana		/	1 (0)	lumbia Mo	rtuary Sei	vices	INC. 1.,D.C. 20011		
IFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  S. Cardian Shark  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
표	esulting in death) LAST									
	ART II. Other significant conditions	The second secon					N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
¥   -	5. WAS CASE REFERRED TO MEDICAL									
3   "	EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C	heck only one)				
2 -		I ☐ Inpatient 2 ☐ ER/O	The state of the s		ome 5 🗆 Residence	a   Other (Specify)	_			
E 27	7. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Year			NJURY AT VORK?	28d. DESCRIBE HOW	INJURY OCCU	IRED		
	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO					
3	3 Suicide 8 Could not be detarmined	RY — At home, farm, s pecify)	street, factory, office 28t. LOCATION (Street City or Town, State			and Number or Rural Route Number,				
10 BE COMP	2 MEDICAL EXAMINER:  Do. SIGNATURE AND TITLE OF CERTIFIER  D. NAME AND ADDRESS OF PERSON WILD	Wilm		n, in my opinion		time, date and place,	and due to the	d. cause(a) and manner as stated. SIGNED (Month, Day, Year)		
	JUN 1 8 1993	June Kriesies		10 m			· · · ·			



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ertif	ing.
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	OTHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely
1	0	-
U	1	-
	- 74	J

		REGISTRAR		CERTIF	ICATE (	OF DEATH	REG. NO	).	
		1. DECEDENT'S NAME (First, Middle, Lest)		She	pig	0	2. DATE OF DEATH	93	3. TIME OF DEATH
pin		4. 90CTAL SECURITY NUMBER 145-01-3468	1×M2 = 8	(In yrs. last birthday) YRS.	MONTHS D	WE HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)  3-15-0	Cou	NEW YORK
1, 2, 3 should	DIRECTOR	96. FACILITY NAME (II not institution, give street and number)  HOLY Cross Hospital  Silver Spring  RESIDENCE OF DECEDENT							
	Ĭ Ĭ	10a. STATE 10b. COUNTY		10c. Cl	TY, TOWN OR L	OCATION			10d. INSIDE CITY
permit. Pages	AL DIF	FLORIDA DAI	DE		BAL HA	RBOR		Tan arriva	XX YES 2 NO
. usit	FUNERA	10275 COLLINS	AVENUE #140			3315		UNIT	ED STATES
21215-0020 all or attending physician. for use as the burial-transit	ВУ	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 XXIvorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	II ye	DECENDENT OF HISPA s, specify Cuban, Maxic YES 2X NO Speci		84	ICE — American Indian, ack, Whita, atc. ecily: WHITE
21:		15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S	S USUAL OCCU	PATION g most of working	16b. KIND OF BU	ISINESS/INDUSTRY	
	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIII. DO NOT E	ESS OW		GAS	OLINE	
MARYLAND retained by the hospits should be detached notified at once.		17. FATHER'S NAME (First, Middle, Lest)  JACOB SHAPIRO				18. MOTHER'S NA	AME (First, Middle, Meider IE WAGNER		
MARYL retained by the 5 should be notified at	BE	19a. INFORMANT'S NAME (Type/Print)		19h MAII IN	Annees /s		Route Number, City or Tox		
	5	DR. JAY SHAPIRO					NSINGTON,		20895
BALTIMORE, ter death. Page 6 may be the funeral director, page val.		20a. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Rame  4 Donation 5 Other (Specify)	oval from State cen	netery, cremetory or COMFO	other plece)			XANDRTA	Town, Stata VIRGINIA
T IN		21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAM	E AND ADDRESS OF FA	CILITY		
0 = 0	<	Frank /	Alm	e			DBERG MEMO E PIKE – R		APELS, INC.
B. after removal.		23. PART I. Enter the diseesea, or o	omplications that ceuse	d the death. Do	not enter the	mode of dying, suc	ch as cerdiec or reap	Iratory errest,	Approximate
lled in or re		shock, or heert failure.	list only one cause on a	ech line.					Interval Between Onset and Death
760, d within 24 hours after ompletely filled in by th cremation, or remova event, the medical		disease or condition resulting in desth)	Hortic	Ste	wost	<u> </u>			
			DUE TO (OR AS A	A CONSEQUENCE O	P):				
OX 687 e be executed slcian and con vior to burial, traumatic en	LION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	A CONSEQUENCE O	e);				
四 元 <u>章 元</u> 三	CA	CAUSE (Disease or Injury							
P.O. B ath certificat tending phy al Hygiene p or other	CERTIFICATION	that initiated events resulting in death) LAST	UOE IO (OH AS A	A CONSEQUENCE O	*1				
OS, Post the death Mental Mental		PART II Other significant condition	contributing to death b	out not resulting	in the under	vinn cause alvan in	Part I. 24e, WAS AN	summer I	
y and at the	DICAL	Corinary 1	Intery I	اديم مي		Aust canse Asset to	PERFO	MMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
0 0 0 m	MED	Per Linder	5 Direc	72			T □ YES	I [] NO	OF DEATHS
L REC law requir as been si Dept. of He 23 show	ž	Asperietei	1 Viceen	anci			_		10.00
ITAL ITAL V: The ia icate has State Deg	CIAN:	25. WAS CASE REVENUED TO MEDICAL EXAMINER?	NOSPITAL:		OTHER:	A. PLACE OF DEATH (C)	eck anly one)		
CIAN:	PHYSIC	1 TYES 3 NO	Inpetient 2   EN/Outp		4 🗆 Nursing	Home 5 🗆 Residence	6 C Other (Specify)		
NG PHYSIC fler this ce eath with th	ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	(Month, Day, Year)	28b. Tik	JURY	WORK?	284, DESCRIBE HOW	NUMY OCCURED	
TTENDI TOR: A after d		3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF BUJURY building, etc. (Spec	— At home, farm, city)	street, factory,	office	281, LOCATION (Street City or Texts, State)	and Number or Rure	I Floute Number.
B B D IN	LET	29a. CERTIFIER CERTIFYING PHYSIC	CIAN: To the beat of my know	riedne death occum	and at the time	data and place, and due	to the sounds) and me		
別別だ事	OMPL		: On the basis of examination						e(s) and manner as stated.
E FUNEP Methin ORTANT	E CO	296. SUGHISTURE AND TITLE OF CHRISTIER	77 .			29c. LICENSE NUI			ED (Month, Day, Year)
BR.	0	fine y.	Thums	-10	UL	Das	080	D 6/1	2/52
(0)	5	30. WAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	, Print)	•			
		103/3 (seo	Oga Hoe	- Silc	12 Jan	oring, M	D: Fre	enk No	Gravius, MD
		31. DATE JUN 1 4 1993	Grana Davidoon	Mondale	7	0			

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anding physician.	as the burial-transit permit. Pages 1		
ined by the hospital or att	5 Should be detached for use as the		flad of same
after death. Page 6 may be retained by the hospital or	funeral director, page 5 st	Amen'n 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ites of touch and ment
ted within 24 hours after	completely filled in by the	ial, cremation, or removal	leading the medical
death certificate be execu	e attending physician and	lental Hygiene prior to bur	in or other traumative
The law requires that the	ite has been signed by the	ate Dept, of Health and M	am 23 chouse any ini
ALTENDING PHYSICIAN:	ECTOR: After this certifica	rs after death with the St	n 28 is marked or it
HE PITAL OF	HINERAL DIR	Marin 72 hou	STANT- If Her

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	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTI	MENT OF H	EALTH AND N		GIENE G. NO.	3	19146
	1. OECEDENT'S NAME (FIRST, MIDDING, LOST)  ANNA SOSNOVE	EC				2. DATE OF OF MONTH	DAY 15	93	3. TIME OF GEATH 0925 A M
		□ M 2 AF 86	YRS.	F UNDER 1 YEAR DNTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		9,1906	YUC	OSLAVIA
CTOR	SHADY GROVE ADVE			ROCK V	LLE	ATH		ITGO	MERY
- DIRECTOR		GOMERY	10c. CITY, 1		CKVILLE				10d, INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	104. STREET AND NUMBER  15320 BASSWOOD  11. MARITAL STATUS				20853			U.S.	
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	<b>Z</b> NO	If yes, sp	ENDENT OF NISPAN selfy Cuben, Mexicar 2 NO Specify	SPANIC ORIGIN? (Specify Yes or No—  14. RACE — American India Black, White, etc. Specify:  WHITE			
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)		Give kind of workife. Do NOT use r	k done during mo etired.)	DN st of working	16b. KIND	OF BUSINESS/IN	DUSTRY	T V de de gelles (de dived
	17. FATNER'S NAME (First, Middle, Lest) LOVRO	I WAT FINANCE	HOUSE	WIFE	18. MOTNER'S NAM		Malden Surname)	HOME	
TO BE	190. INFORMANT'S NAME (Type/Print)  TRESNJA KHOD	VALENTIO	19b. MAILING AL	_	SANYKA  nd Number or Rural R	loute Number, City	or Town, State, Zi	ip Code)	
	TRESNUA KHODL SAME AS ITEM #10  20s. METNOD OF DISPOSITION 1   Burlet   2 N Cremetton 3   Removal from State 4   Donation 5   Other (Specify)   CHAMBERS CREMATORY 6/15/93 RIVERDALE, MD.								
	21. SIGNATURE OF FUNERAL SERVICE UCENS	lesal	M00091		CHAMBERS				20910 SPRING,MD.
	23. PART I. Enter the diseases, or com- shock, or heart feliure. Lief IMMEDIATE CAUSE (Final disease or condition resulting in death)	PMEU N DUE TO (OR AS A CO)	death. Do not line.	antar tha mo	da of dying, auch	aa cardlac D	r respiretory ar	rest,	Approximate Interval Between Onaet and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in ALZHEN EN'S DEMBNTOL  ATRIM FRILLATION  HYPERNATREMIC DEHYDRATION						MAS AN AUTOPSY PERFORMED? YES 2 NO		WERE AUTOPSY FINDINGS MARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 10 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	_ 0	26. PL THER:	ACE OF DEATH (Che				
	27. MANNER OF OEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJI			HOW INJURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide a Could not be determined 26s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)  26s. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								ute Number,
COMPLETED		N: To the best of my knowledge							end manner ee stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  WWW Charles Av	vehors,	MD.	MA	29c. LICENSE NUM D 29	730	29d. DAT	E SIGNED	Month, Day, Year)  5 - 9 3
	30. NAME AND ADDRESS OF PERSON WHO CO	DMPLETED CAUSE OF DEATH  CHOCS  ALEUS MORE SENSITIVE  CHOCK STATE OF THE SENSITIVE  ALEUS MORE SENSITIVE  ALEU		106	ZO PR	EDER	G MS	5.50	1877
	31. DATE FILED IN THE DOC YOU 1993	GUNERUMOR DENVI	anacon	,					

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INVISION OF VITAL RECORDS, P.O. BOX 68760	CAMPAGE AND AND AND AND AND AND AND AND AND AND
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JUN 1 4 1993

		1 - FOR STATE REGISTRAR	STATE OF MARY				HEALTH AND DEATH	MENTAL HYGIE			
	1	1. DECEDENT'S NAME (First, Middle, Last	Lasiro		4			2. DATE OF OEATH	87 0	YEAR	3. TIME OF DEATH
pino		4. SOCIAL SECURITY NUMBER 193-32-5567 98. FACILITY NAME (If not institution, give	1 🗆 M 2 🔀 🗲	(In yrs. lest birthde	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Russ	sia
. 2. 3 should	TOR	Suburban Hospita	AND TO STANK			hes	da	DEATH	Monts		
Pages 1.	DIRECTOR	10a. STATE 10b. COUN	tgomery	Rockvi		TION			10d. INSIDE CITY LIMITS? 1 ⊠ YES 2 □ NO		
nsit permit.	FUNERAL	100. STREET AND NUMBER  101. ZIP CODE  109. CITIZEN OF WH  1801 East Jefferson Street  20852  United St							WHAT COUNTRY?		
5-0020 Inding physician. The burial-transit	B	11. MARITAL STATUS 1 Never Married 2 Married 3.XXWidowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 2 NO	1	yes, sp	ENDENT OF HISPA	ANIC ORIGIN? (Specify can, Puerto Rican, etc.)		4. RACE	— American Indian, t, White, atc.
D 2121 spital or atte	PLETED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)	UCATION (e. combleted) College (1-4 or 5+)	life. Do NO	of work done of use retired.)	luring mo	st of working		BUSINESS/INDU		. System
YLA by the be del	ш	17. FATHER'S NAME (First, Middle, Lest)  Aaron Rosenb	latt	octual		~U		AME (First, Middle, Maid		.001	. Бувееш
TORE, MA e 6 may be retain rector, page 5 sho must be notifile	TO	19a. INFORMANT'S NAME (Type/Print)  Janet Didinsky (	niece)					Route Number, City or 1 Kensingt			895
	1	20e. METHOD OF DISPOSITION  1	noval from State	metery, cremetory of COMÍC	or other place)	emat	TOTY  ADDRESS OF F	6/14 A1	exandri		
death. death. e funera ii.	Ц	1 Mark	tagan	-	Dai 11	nzar 70 E	nsky-Gol Rockvill	dberg Meme e Pike, R	ockvill	Le,	
68760,  68260,  and completely filled in by the oburial, cremation, or removal.  matic event, the medical expansion.		23. PART I. Enter tha diseases, pr shock, pr heart feliure IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. PNEO	d the death. Deach line.  MB/A CONSCOUENCE	VIA						Approximete interval Batwee Onset and Deat
certificate be execute fing physician and congression and congression and congrigine prior to burian other traumatic	TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· AnnyT	A CONSEQUENCE  LHM  A CONSEQUENCE  AND  HM  HM  HM  HM  HM  HM  HM  HM  HM  H	AS			FAIL			
# # # E	111	PART II. Other aignificant condition	na contributing to death t	out not resultin				Part i. 24s. WAS	AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
v requires that been signed I	MEDIC								2 NO		AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
ICIAN: The lay certificate has the State Dep or item 23	SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	petient 3 DOA	OTHER	:	ACE OF DEATH (C	heck only one)  8  Other (Specify)			
ONG PHYSICI After this cer death with the	ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		IME OF NJURY M	28c. INJI WO 1 🔲 Y	URY AT RK? /ES 2 NO	28d. DESCRIBE HOW	W INJURY OCCU	RED	
A ATTENDIT RECTOR: At ans after de m 28 is	ETED	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spe	( — At home, term cify)	n, atreet, facto	ry, office		281. LOCATION (Stree City or Town, Ste		r Rural R	oute Number,
CHANGE IN THE COLUMN IN THE CO	COMPL		ER: On the basis of examination								) and manner es stated.
B B B B B B B B B B B B B B B B B B B	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE  MULLY  30. NAME AND ADDRESS OF PERSON WITH	ung MW	, ,	SICIT pe, Print)	m	29c. LICENSE NU	791	29d. DATE	SIGNED	(Month, Dgy, Year)

Merlyn Vemury, M.D., 9801 Georgia Avenue, #227 Silver Spring, MD

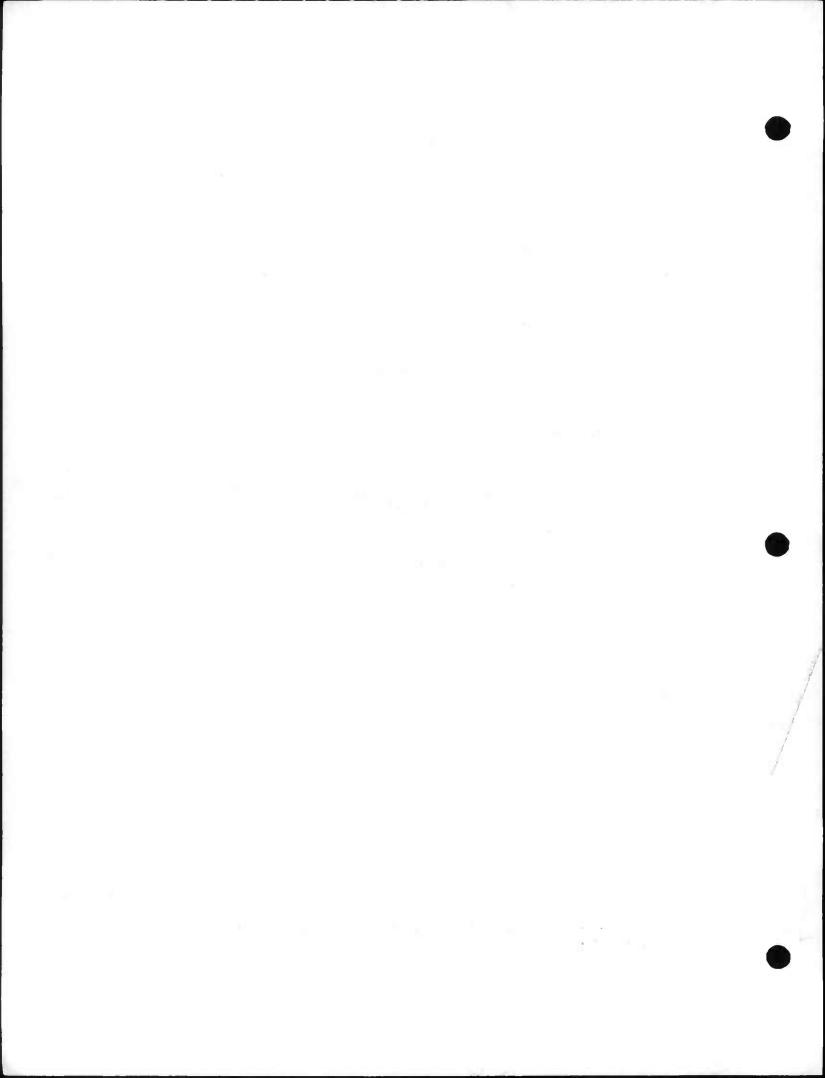
32 REGISTRAB'S SIGNATURE
Julia Davidson-Randelle

20902

as I have the

CALANT THE LAW REQUIRES THAT THE DEATH CEITING BE EXECUTED WITHIN 24 HOURS AFEE DEATH. PAGE 6 May be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Places 1, 2, 3 should	h the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	d or flow 22 shaue one inference to other fractions of the median accompany much be autitliad at annother
I. The law requires th	cate has been signed	State Dept. of Health	Harn 22 chaus an
ALIENDING PRISICIAL	55	£	MODTANT: if item 28 is marked or
A MISSING ON	THE FUNERAL DIR!	fied within 72 hours after death wi	PORTANT IF HER

	1 - STATE REGISTRAR		MARYLAND / I				DEAT		MENTA	REG. NO.			
3	1. DECEDENT'S NAME (First, MI		neth T.	Sk	inne				MONT	ne 10,	1002	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. last		IF UNDER		IF UNDER	24 HRS.	7. DATE	OF BIRTH		, BIRTHI	9:10 A M
3	217-03-9365	1)∑XM 2 □ F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	Alle	1920	- 1	Country	
	9a. FACILITY NAME (If not institu				9b. CITY	, TOWN C	R LOCATIO	ON OF DE		0, 1920	9c. COUNTY OF DEATH		
OR	13304 Okina				Rockville Montgomery						erv		
EG	RESIDENCE OF DECE	DENT Db. COUNTY		10c. CIT	Y. TOWN (	OR LOCAT	ION						10d. INSIDE CITY
DIRECTOR	Maryland Montgomery			11			1545	slevei 1	1.0				LIMITS?
	10a. STREET AND NUMBER	Monregomen	. У		Rockville  10f. ZIP CODE						10g. CITIZE		NAT COUNTRY?
ER	13304 Okina	wa Avenue					2	0851			Ur	nite	d States
FUNERAL	11. MARITAL STATUS  1 Never Married 2XX Ma	12. WAS DECEDEN	T EVER IN U.S. ARM	ED	13.	WAS DEC	ENDENT O	F HISPAN	IC ORIGI	N? (Specify Yes Rican, etc.)		4. RACE	- American Indian, White, etc.
В	3 Widowed 4 Divorce	IF YES, GIVE V	MAR OR DATES				2XX NO			ritodit, etc.)		Specify	
	15. DECEDI	WW II		EDENT'S	USUAL O	CCUPATIO	N		161	. KIND OF BUS	INESS/INDU	STRY	MILLE
E	(Specify only his Elementary/Secondary (0-12)	gheat grade completed)  College (1-4 or 5	Him I	kind of to NOT us	work done se retired.)	during mo	st of workin	g					
COMPLETED				Mar	nagem	ent			1	U.S. Na	vy De	par	tment
	17. FATHER'S NAME (First, Middl						18. MOTH			Middle, Maiden S			
BE	IS.	iah T. Skinne								en H. D			
2	Margaret H.									ober, City or Town			20051
	20g. METHOD OF DISPOSITION										Maryı		
	1.  Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (Sp		20b. PLACE AN cemetery, creme Moun	etory or o	ther plece)	June	14,	199	3				aryland
	21. SIGNATURE OF FUNERAL S	ERVICE LICENSEE	A	0					HTYE				
	Den	2 DX opl	The state of the s	0335	Ro Ro	ckvi	lle;	Inc Mar	ylai	00 West	Mont 0-280	gom	ery Avenue
	shock, or heart failure. List only one ceuse on each line.  Interval Betw Onset and D disease or condition resulting in death)  Brain Metastasis  Due TO (OR AS A CONSEQUENCE OF):							Approximate interval Between Onset and Dasth 2 months					
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST  Non small cell adenocarcinoma of lung  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.												
PHYSICIAN: MEDICAL	PART II. Other algorificent Upper gastr	conditiona contributing to		euiting	in the un	derlying	ceuse g	liven in F	Part I.	24a. WAS AN A PERFORI 1 YES 2	AED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AN	25. WAS CASE REFERRED TO M	EDICAL											
22	EXAMINER?  1 YES 2 NO	HOSPITAL:	ED/Outpetlant 2 C	7 004	OTHER	₹:	ACE OF DI						
H	27. MANNER OF DEATH	28e. DATE OF		28b. TIM		28c. INJ		sidence (	_	F (Specify) SCRIBE HOW IN	JURY OCCU	RED	
ВУ Р	1 Natural 5 Pen 2 Accident Inve	(Month, D	ley, Year)	INJ	URY M		RK? 'ES 2 [	NO					
8	3 Suicide 8 Cou	28e. PLACE O	F INJURY — At home etc. (Specify)	e, ferm, (	street, fect	ory, affice			281. LOC City	ATION (Street ar or Town, State)	nd Number or	Rural Ro	oute Number,
29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.							and manner as stated.						
) BE	Kath	- < /	-	Mi	5			992					10, 1993
٩	30. NAME AND ADDRESS OF PE		SE OF DEATH (ITEM	27) (Type,	Print)			_					,
		Kirwin, M.D.	10400 C	onne	ctic	ut A	venu	ie, K	ens:	ington,	Marv	lan	d 20895
	31. DATE FILEDINA, 19, 40	1993	EL SCHATUR ROM	delle									



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	BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	nt, the medical examiner must be notified at once.
5	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ATTEMPTED OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	ID THE IN FRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

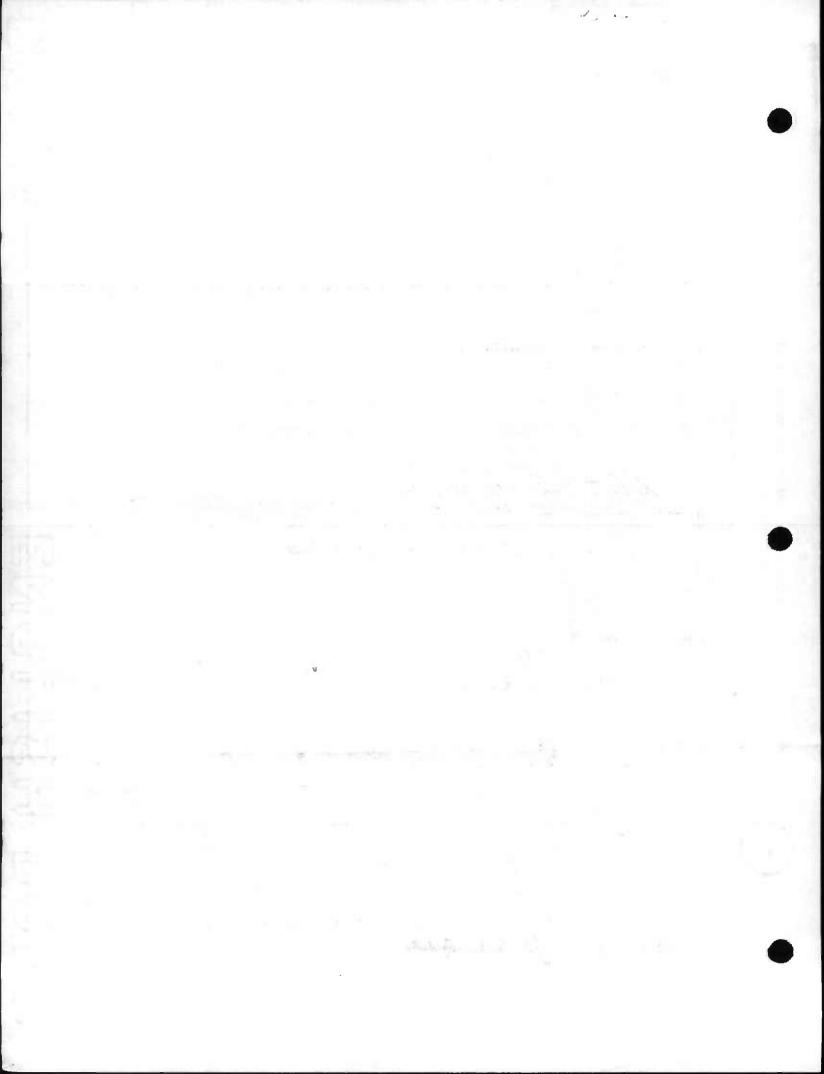
	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	<u>.                                    </u>	3. TIME OF DEATN
	Bernard J. Sweer	ney				June 14,	1993 YE	9:44 am . M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
Ì	579-07-9863	1 🔀 M 2 🗌 F	71 YRS.	MONTHS DAYS	HOURS MIN.	July 23,	1921 W	ashington, DC
	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH							OF DEATH
DIRECTOR	14122 Canterbury Lane Rockville						Mon	ntgomery
E	10a. STATE 10b. COUNT		10c. CITY	TOWN OR LOCAT				10d. INSIDE CITY
	Maryland	Montgomery			cville			1 TES 2 X NO
FUNERAL	14122 Canterbury	T.ane		101	20853			d States
S	11. MARITAL STATUS	12. WAS DECEDENT EVER II	V U.S. ARMED	13, WAS DEC		NIC ORIGIN? (Specify Y		RACE — American Indian,
BY FI						Black, White, atc.		
	3XXWidowed 4 □ Divorced	WWII						White
	15. DECEDENT'S EDU (Specify only highest grade	e completed)	(Give kind of w life. Do NOT use	ork done during mo	ON st of working	16b. KIND OF B	USINESS/INDUST	ГЯҮ
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		iler		Washir	ngton Po	ost
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide		
BE C	John St	weeney			Eva		ailable	e)
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number, City or To	wn, State, Zip Coo	de)
2	Daniel J. Sween	ey	14122	Canter	oury Lan	e, Rockvil	lle, Mai	ryland 20853
	20g. METNOD OF DISPOSITION 1 A Burial 2 Cremation 3 Rem	novel from State Cent	. PLACE AND DATE O	F DISPOSITION (Na	me of 6/17/	93 DATE 20c. L	OCATION — City	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI	Ar	elery, crematory or oth Lington				_	, Virginia
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		Home/H	ROCKVILL	cur Robert e. Inc 3	E A. Pur 300 W. N	mphrey Funeral Montgomery Ave
	1 Nichele 9	Dulla	M00348	Rockvi	ille, Ma	ryland 20	850-280	05
	23. PART I. Enter the diseases, or ahock, or heart failure.	complications that caused List only one cause on a	the daath. Do no	ot entar tha mo	de of dying, suc	h as cardiac or rea	plratory arrest,	Approximata Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	•		(		1		Onset and Death
	resulting in daeth)		CONSEQUENCE OF	Saela	~ F	الاصح		
_	_	DOE TO (OR AS A	CONSEQUENCE OF	):				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	):				
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c						
	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	):				
Ü		d,						
A	PART II. Other significant condition	ns contributing to death b	ut not resulting in	tha underlying	ceuse given in	Part I. 24s. WAS A	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDIC						1 _ YES		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME								1 - YES 2 - NO
Z								
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch			
₹	YES 2 NO	1 Inpatient 2 ER/Outp	atient 3 DOA 28b. TIME			8 ☐ Other (Specify)		
	Natural 5 Pending	(Month, Day, Year)	INJU	IRY WO	RK? PES 2 NO	28d. DEŞCRIBE NOW	INJURY OCCURE	ED
ВУ	2 Accident investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY	- At home, ferm, at			281. LOCATION (Street	and Number or R	tural Route Number.
COMPLETED	4 Nomicide determined	building, atc. (Spec	ny)			City or Town, State	9)	
7	29a. CERTIFIER (Check only	ICIAN: To the best of my know	edge, death occurred	at the time, data	and place, and due	to the cause(s) and m	enner se stated.	
OM		ER: On the basis of examination						Nuse(s) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIE	A C			29c. LICENSE NUI	MBER	29d. DATE SIG	GNED (Month, Day, Year)
TO BE	-Shund	Joeles	w	2	D0854	:6	▶ Jun	e 14, 1993
-	30. NAME AND ADDRESS OF PERSON WH				.1			
	John F. Tauber, M			enue Be	thesda,	Maryland	20814	
	31. DATE FILED (Month, Day, Year)  JUN 1 7 1993	Julia Duridan						

y in

DWISION OF VITAL RECORDS, P.O. BOX 68760,

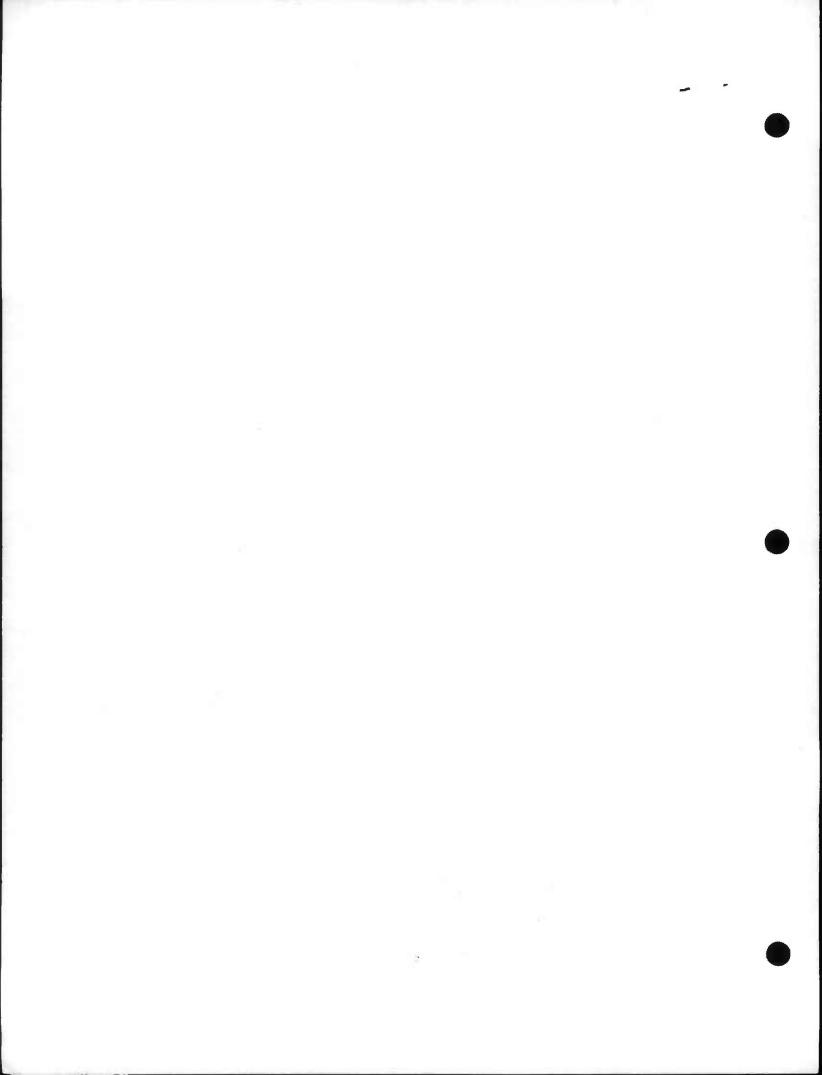
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TO THE HOLD STATE THE DRING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	1	be file the second of the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TOTAL	3	4	=
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	FOR STATE REGISTRAR		STATE OF I		/ DEPAR CERTIF					MENTA	L HYGIEI		3 3	19100
	1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE	OF OEATH	DAY	YEAR	3. TIME OF DEATH
	Clifton	1.00	J.	yler					June 9 1993				9:30 p M	
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER		-	R 24 HRS.		OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	213-09-4919	9	1 🔀 M 2 🗌 F	89	YRS.	MONTHS	DAYS	HOURS	MIN.	May	5, 19	04		ryland
	9e. FACILITY NAME (If not in	estitution, give a	street and number)			9b. CITY	, TOWN (	OR LOCAT	ION OF D				NTY OF D	EATH
8	Calvert M		Nursing H	Home		Ris	sing	Sun				Ce	ecil	
DIRECTOR	RESIDENCE OF DEC	10b. COUNT			140. 00	ry, town (	20.4.0047	71011	_					
100	Maryland		erset		100. C11		sfie							10d, INSIDE CITY LIMITS?
	10e, STREET AND NUMBER		01000					. ZIP COC	Ve-			10. 017	201 00 1	1% YES 2 NO
RA	220 W. Main		Cristia	Id Town	houses	9	101		2181°	7			U.S.	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S						WAS DEC				17 (Specify Ye			E - American Indian,
5	1 Never Merried 2 1	Merried	FORCES?	YES 2		1 1 1 1	If yes, sp	ecify Cub-	en, Mexico	in, Puerto	Rican, etc.)	e or no—	Black	k, White, etc.
B	3 Widowed 4 Divo	orced	IF YES, GIVE	MAR OR DATES			1   YES	2 X NO	Speci	γ:			Spec	"White
8	15. DEC	EDENT'S EDU	CATION	18e.	OECEDENT'S	S USUAL O	CCUPATIO	ON	(n.m.	168	. KINO OF BI	JSINESS/INC	DUSTRY	
<u> </u>	Elementery/Secondary (6		College (1-4 or 5	+)	(Give kind of life. Do NOT u	ise retired.)	aunng mo	IST OF WORK	ing	- 1				
4	Grade 6			W	aterma	an					Seaf	ood		
COMPLETED	17. FATHER'S NAME (First, M		7.53								Middle, Maide	n Surneme)		
BE	William H.	Tyler			00.			1	Addi	e Lav	rson			
10	19e. INFORMANT'S NAME (		SHELL ILE								ber, City or To			
F	Doris T. Gar	rmize	(Daughter	(2)	7490 I	Hicko	ry I	Log (	Circ.	le -	Colum	bia,	MD	21045
	20s. METHOO OF DISPOSITION 1 X Burlel 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)													
	4 Donation 5 Other			Sunny	ridge	Mem	oria				93 C1	risfi	eld,	MD
	21. SIGNATURE OF PUNERAL SERVICE LICENSES  22. NAME AND ADDRESS OF FACILITY  Bradshaw & Sons Funeral Home													
	Robert	H Br	adshaw, i	ween	ye.	711					Crisf			21817
CERTIFICATION	23. PART I. Enter the depote of the second o	tions,	s. Cero	berov O (OR AS A CON	Ine.	las								Approximate Interval Between Onset end Death
RTIFI	that initiated events resulting in death) LAS	ST		OR AS A CON	SEQUENCE (	OF):								
S			d.											
AL	PART II. Other signification	7 4	-		t resulting	in the u	nderiyin	g cayse	given in	Part I.		N AUTOPSY PRMED?	248	AWAILABLE PRIOR TO
PHYSICIAN: MEDICAL	<i>FF</i>	(zuen	vers de	earl			_	974		_	1 TYES	2 🗌 NO		OMPLETION OF CAUSE OF DEATH?
ME			-								. 7			1 TES 2 NO
ä			1											
5	25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:			OTHE		LACE OF	DEATH (C	heck only o	ne)			
YSI	1 TYES 2 NO		1 Inpatient 2			4 Nu	raing Hon		Residence	1	er (Specify)			
F	27. MANNER OF OEATH  1 Notural 5	Pending	28e. DATE O (Month,	Pay, Year)	28b. Til	ME OF	W	JURY AT DRK?		28d, DE	SCRIBE HOW	INJURY OC	CUREO	
BY	2 Accident	Investigation				84		YES 2	∐ NO					
0	3 Suicide 6 4 Homicide	Could not be determined	building	OF INJURY — At , etc. (Specify)	nome, rarm,	, street, rac	tory, ome	20		City	or Town, Stat	ena Numbe (e)	er or Humai	Route Number,
E	290. CERTIFIER													
COMPLETED	(Check only		ER: On the best of											e) and manner as stated.
	29b. SIGNATURE AND TITLE	E OF CERTIFIE	ER /	0 .				29c. LK	ÇENSE NL	IMBER		29d. DA	TE SIGNEI	D (Month, Day, Year)
) BE			40	elect	5			1	123	322	_	•	6/1	0/92
9	30. NAME AND ADDRESS O	F PERSON W	HO COMPLETED CA	JSE OF DEATH (	_									
	Dr. S. S	acho	lev: 3	322E	- Ce	cil	Ave	. 1	VW.	thF	Last	MO	(2	11901
	31. DATE FILEO (Month, Day,	Year)	32. REGISTA	AR'S SIGNATUR	E			,				(		
	JUN 1 4 '93	3	gula De	idson-Man	Jacob									



PSIGNATING the two mounts that the death cutificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  In the same been agreed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be same been of these and Mental Higher polor to burial, cremation, or removal.	TO BE COMPLETED BY CINCO 19 OF
TO THE HOSPITAL CATERWAYS PROSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNETA CHECKUR, page 5 should be detached for use as the burial-transition for models. The models within 7 concerns done with the Sam Dept of Health and Menta Hygiene prior to burial, cremation, or removal.  IMPORTANT If them 22 is juried, or liter 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN MEDICAL CERTIFICATION

	1- FOR STATE REGISTRAR	STATE OF N	MARYLAND / DE	PARTME FIFICA	NT OF H	EALTH AND DEATH	MENT	AL HYGIEN REG. NO.	_	9 (	3 1915
	1. DECEDENT'S NAME (First, Middle, Last)					DEMIN	2. DAT	E OF DEATH			3. TIME OF DEATN
	Melvin	F	Emanuel		тој	son	MON			993	2.50 3.8
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birth	day) IF UN	DER 1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH	4	8. BIRTI	2:56 A M
	216 94 5703  9a. FACILITY NAME (If not institution, give str	1 M 2 F	20 Y	RS.	MONTHS DAYS HOURS MIN. 10  9b. CITY, TOWN OR LOCATION OF DEATN			/ 10 / 17		Count	yland
Œ							ZAIN		Sc. COL	MITOF	EAIN
DIRECTOR	Physicians Mem		La P	lata			C	har]	es		
3Ë	10e. STATE 10b. COUNTY	. CITY, TOW	N OR LOCAT	TION					10d. INSIDE CITY		
	Maryland Charles Wh				ite Plains				10a. CIT	IZEN OF Y	LIMITS?  XX YES 2 NO
ER	Post Office B	ov 211				20695				USA	
FUNERAL	11. MARITAL STATUS		T EVER IN U.S. ARMED		3. WAS DEC	ENDENT OF NISPA	NIC OBIG	IN7 (Specify Vec			E — American Indian,
	XX Never Married 2 Married	FORCES? 1	YES 2 NO		If yes, sp	ecify Cuban, Maxic	en, Puerto	Rican, etc.)	01 140-	Black	k, White, atc.
ВУ	3 Wildowed 4 Divorced	ii ies, dive ii	AR OR DATES		I 🗌 YES	2X□XNO Speci	ny:			Spec	Black
COMPLETED	15. DECEDENT'S EDUC	ATION	16a. DECEDE	NT'S USUAL	OCCUPATION	ON	16	b. KIND OF BUS	INESS/IN	DUSTRY	
1	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 a		of work do NOT use retired	ne during mo d.)	st of working					
4	12th	2.±		ıdent				Highe	r E	duca	ation
O	17. FATNER'S NAME (First, Middle, Last)		300	ruene		18. MOTHER'S N	AME (First			duce	icion
	John Howard W	atson 1	Orsev			Lorra	ine	Green	То	1 001	1
BE	194. INFORMANT'S NAME (Type/Print)	deson 1		ILING ADDR	ESS (Street a	nd Number or Rural			_		1
유	Yvonne McCord		i							, ,	74 22407
	20s. METHOD OF DISPOSITION		20b. PLACE AND D				red	TE 20c. LO	DUI	Shu an Ta	VA. 22407
	Y Burial 2 ☐ Cremetion 3 ☐ Ramo 4 ☐ Donation 5 ☐ Other (Specify)	val from State	cemetery, cremetory	y or other plac	(e) C a t	h Ch 6	/16	/ O D T.T.	1 1	- City or 10	Mana 1 and
	XYBuriel 2 Cremetion 3 Removal from State Commettery, cremetory or other place)  St Peter's Cath Ch 6/16/98 Waldorf, Maryland  22. NAME AND ADDRESS OF FACILITY  22. NAME AND ADDRESS OF FACILITY										
	1 1 0	he	Q-A-	)		ms Fun		1 Home	, P	. A .	
	Luga	In.	eslep	ノー	Agu	asco R	oad	. Aqua	sco	. MI	20608
	23. PART I. Emat the disease, or or ahock, or tream fallure. L  IMMEDIATE CAUSE (Final disease or condition	lat only one cau	se Dn aach Ilna.	Λ	1	a Di Gyrig, adi	cii as ca	rulac or respir	atory ar	reat,	Approximate Interval Batween Onset and Death
	resulting in death) a	DUE TO	Teacl C	CE OF):	$\mathcal{N}$	leck	A	jur	res		
SERTIFICATION		DUE TO	(OR AS A CONSEQUENCE	CE OF):		leck	A	jur	ies		
N: MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEQUENC	CE OF):				24s. WAS AN. PERFOR 1 YES 2	AUTOPSY MED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 DYFES 2 \( \subseteq \text{NO} \)
	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions  25. WAS CASE REFERRED TO MEDICAL	DUE TO	(OR AS A CONSEQUENC	DE OF):	underlyln		n Part I.	24a. WAS AN. PERFOR	AUTOPSY MED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1000	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions  25. WAS CASE REFERRED TO MEDICAL	DUE TO	(OR AS A CONSEQUENC	CE OF):	underlying 26. PL ER:	g ceuse given in	1 Part I.	24a. WAS AN. PERFOR 1 YES 2	AUTOPSY MED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions  25. WAS CASE REFERRED TO MEDICAL	DUE TO  DUE TO  COntributing to  HOSPITAL:  1   Inpetient 2'A.  28a. DATE OF	(OR AS A CONSEQUENCE (OR AS A CONSEQUENCE deeth but not result	CE OF):  CE OF):  Ing in the	underlying 28. PL ER: Itursing Nom	ace OF DEATH (C)  5 □ Residence	n Part I.	24a. WAS AN PERFOR	AUTOPSY MED?		. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO
PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infilted events resulting in death) LAST  PART II. Other eignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	DUE TO  DUE TO  COntributing to  HOSPITAL:  1   Inpetient 2'A.  28a. DATE OF	(OR AS A CONSEQUENCE (OR AS A CONSEQUENCE deeth but not result	CE OF):  CE OF):  Ing in the	underlying 28. PL ER: Itursing Nom	ace of Death (C)  S = Residence URY AT	n Part I.	24a. WAS AN PERFOR	AUTOPSY MED?		. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO
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BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 [2]-YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending investigation	DUE TO  DUE TO  COntributing to  COntributing to  CONTRIBUTION  CONTRIBU	(OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE	OE OF):  CE OF):  Ing in the  OA 4   N  Time OF INJURY  5 2 A	28. PL ER: lunsing Nom 28c. INJ wo	ACE OF DEATH (C)  5 — Residence URY AT RES 2 X NO	Part I.	24s. WAS AN. PERFOR  1 YES 2  NOT (Specify)  CATION (Street a vor Town, State)	AUTOPSY MED?  NO  NO  UNITY OCIAN  K  Ind Numbe	CURED Str	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 PYTES 2 NO  UCK BY Route Number,
BY PHYSICIAN: MEDICAL	Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST  PART II. Other eignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 [ ] YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Suicide 8 Could not be determined	DUE TO  DUE TO  COntributing to  COntributing to  CONTRIBUTION  CONTRIBU	(OR AS A CONSEQUENCE (OR AS A	OTHODA OTHODA 4 DA NINGER STORE, STORE, 1 High	28. PL ER: Itursing Nom 28c. INJ wo 1   Wo actory, office	ACE OF DEATH (C)  S G Residence USHY AT  RK?  TES 2 X NO	a Part I.  beck only of a Other Periods City RO	24a. WAS AN PERFORM 1 YES 2  10 YES 2  10 YES 2  11 YES 2  11 YES 2  11 YES 2  11 YES 2  11 YES 2  11 YES 2  11 YES 2	AUTOPSY MED?  I NO  UURY OCI A N  K  I A  I A  I A  I A  I A  I A  I A	Str	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 PYTES 2 NO  UCK BY
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COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29s. CERTIFIER (Check only)	DUE TO  DUE TO  COntributing to  COntributing to  CONTRIBUTION  CONTRIBU	(OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE	OTHODA OTHODA 4 IN NUMBER 5 2 Average at the correct at the correc	26. PL ER: turning Nom 1 26. INJ actory, office N a y etime, deta	ACE OF DEATH (C)  5 GRESIDENCE  URY AT  RK?  TES 2 NO  and place, and due	a to the co	24a. WAS AN. PERFORM 1 YES 2  1 YES 2  1 O'RES T. T. T. C. CATION (Street a yor Town, State) 1 U. C. 2 .  Buse(a) and man	AUTOPSY MED?  NO  NO  LURRY OCCLAIN  K  and Number  3.2,  ner se ste d due to ti	Str or Rural F Bry sted. ha cause(a	WERE AUTOPSY FINDINGS AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 N VES 2 NO  UCK BY Route Number. On town, MD
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 PYES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending Investigation   Suicide 8 Could not ba determined  29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER?	DUE TO  DUE TO  COntributing to  COntributing to  CONTRIBUTION  CONTRIBU	(OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE	OTHODA OTHODA 4 IN NUMBER 5 2 Average at the correct at the correc	26. PL ER: turning Nom 1 26. INJ actory, office N a y etime, deta	ACE OF DEATH (C)  5  Residence USY AT  FES 2 NO  and place, and due eath occured at the	a to the composition of the comp	24a. WAS AN. PERFORM 1 YES 2  1 YES 2  1 O'RES T. T. T. C. CATION (Street a yor Town, State) 1 U. C. 2 .  Buse(a) and man	AUTOPSY MED?  NO  NO  LURRY OCCLAIN  K  and Number  3.2,  ner se ste d due to ti	Str or Aural F Bry Med. ha cause(a	WERE AUTOPSY FINDINGS AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 DYES 2 NO  UCK BY Route Number. On town, MD
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO  DUE TO  COntributing to  COntributing to  COntributing to  CONTRIBUTION  CONTR	(OR AS A CONSEQUENCE (OR AS A	OTHOR OF INJURY  TIME OF INJURY  5 2 Arism, street, 1  Highly coursed at the legation, in m	26. PL ER: lursing Nom 26c. INJ actory, offici N a Y e time, deta	ACE OF DEATH (C)  5 GReeldence URY AT RK7 (ES 2 NO  and place, and due eath occured at the  29c. LICENSE NU  O. C. M.	a to the co	24a. WAS AN PERFORM 1 VES 2  1 VES 2  One)  OF (Specify)  SCRIBE HOW IN CAST TUC)  CATION (Street a yor Town, Stelle)  Ute 2:  BUBB(e) and man la and placa, and	AUTOPSY MED?  INO  INO  INO  INO  INO  INO  INO  IN	Str or Rural F Bry Red. ha ceuse(a	were autopsy findings AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 PYES 2 No  uck By Route Number, On town, MD  and manner as stated.  (Month, Day, Year)  12/1993
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO  DUE TO  CONTributing to  CONTributing to  CONTRIBUTION  CONTRIBU	(OR AS A CONSEQUENCE (OR AS A	OTH OA 4 OTH A OTH	26. PL ER: lursing Nom 26c. INJ actory, offici N a Y e time, deta	ACE OF DEATH (C)  5 GRESIDENCE  URY AT  FES 2 NO  and place, and due  eath occured at the  29c. LICENSE NU	a to the co	24a. WAS AN PERFORM 1 VES 2  1 VES 2  One)  OF (Specify)  SCRIBE HOW IN CAST TUC)  CATION (Street a yor Town, Stelle)  Ute 2:  BUBB(e) and man la and placa, and	AUTOPSY MED?  INO  INO  INO  INO  INO  INO  INO  IN	Str or Rural F Bry Red. ha ceuse(a	were autopsy findings AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 PYES 2 No  uck By Route Number, On town, MD  and manner as stated.  (Month, Day, Year)  12/1993



NTAL HYGIENE	93 19152					
A LANE OF CALL	much \					
DATE OF DEATH	YEAR 3. TIME OF DEATH					
DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign County)					
H 9c. 0	OUNTY OF DEATH					
	Harford					
	10d. INSIDE CITY LIMITS? 1 TYES 2 M NO					
10g.	USA					
ORIGIN? (Specify Yea or No- vario Rican, etc.)						
	INDUSTRY					
	-					
Mary	Cronin					
19b. MAILING ACCRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 303 Whetstone Rd., Forest Hill, Md. 21050						
20a. METHOD OF DISPOSITION  12 Burisi 2 Cremetton 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory of other place).  BEL AIT MEMORIAL Gardens 6-19-93 Bel AIT IN						
nas III Fune	ral Home, P.A.					
	errest, Approximate Interval Between Onset and Death					
PERFORMED?	SY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO					
1   YES 2   NO	COMPLETION OF CAUSE OF GEATH?  1 YES 2 NO					
only one)	COMPLETION OF CAUSE OF GEATH?					
- V	COMPLETION OF CAUSE OF GEATH?  1  YES 2 1 NO					
only one)  Other (Specify)	COMPLETION OF CAUSE OF GEATH?  1  YES 2 NO					
only one)  Other (Specify)  d. DESCRIBE HOW INJURY  1. LOCATION (Street and Nun City or Town, State)  the cause(a) and manner as	COMPLETION OF CAUSE OF OEATH?  1  YES 2 11 NO  OCCURED  OCCURED Number,					
only one)  Other (Specify)  d. DESCRIBE HOW INJURY  f. LOCATION (Street and Nun City or Town, State)  he cause(a) and manner aa e, date and pisca, and dus t	COMPLETION OF CAUSE OF OEATH?  1  YES 2  NO  OCCURED					
only one)  Other (Specify)  d. DESCRIBE HOW INJURY  f. LOCATION (Street and Nun City or Town, State)  he cause(a) and manner aa e, date and pisca, and dus t	OCCURED  OCCURED  OCCURED  OCCURED  OCCURED  Other or Rural Route Number,  stated,  o the cause(a) and manner as stated,					
	ORIGIN? (Specify Yea or No-Puario Rican, etc.)  16b. KIND OF BUSINESS: Tele  (First, Middle, Meiden Surnam Mary  16 Number, City or Town, State, est Hill, Mo OATE 20c. LOCATION 19-93 Bell  177  Mas III Fune Rd., Abingd 18 cerdiac or reapiratory					

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

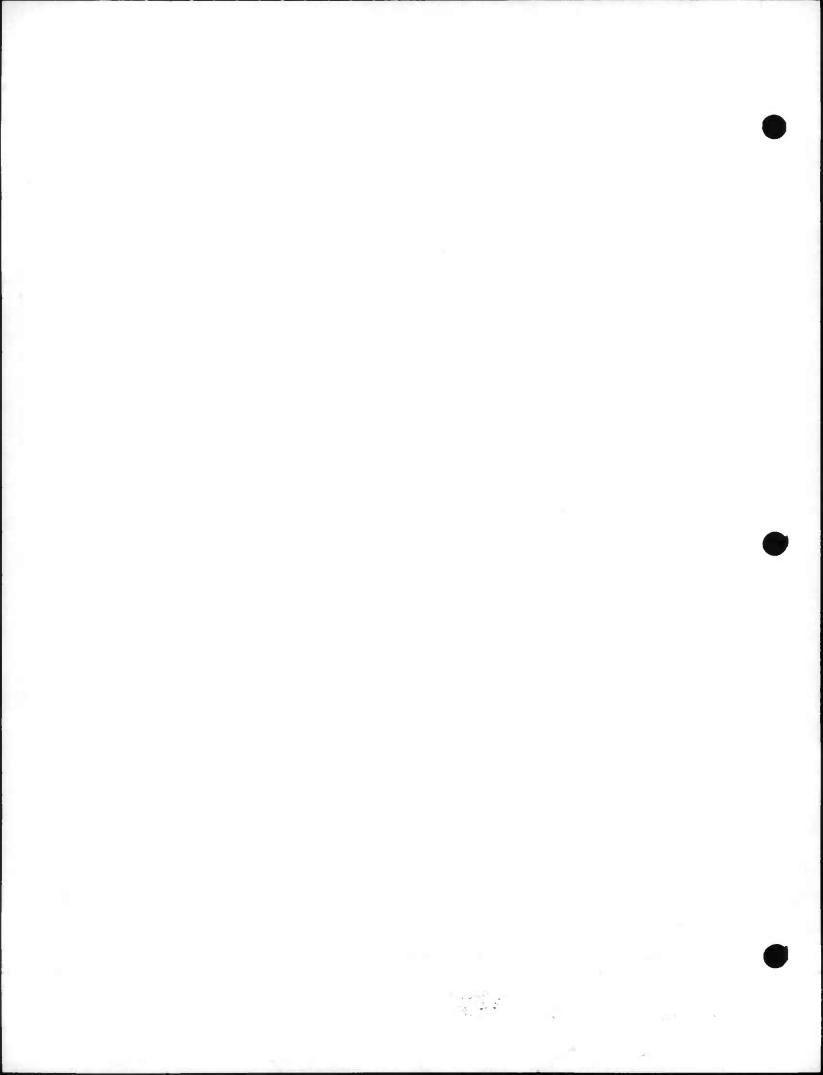
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

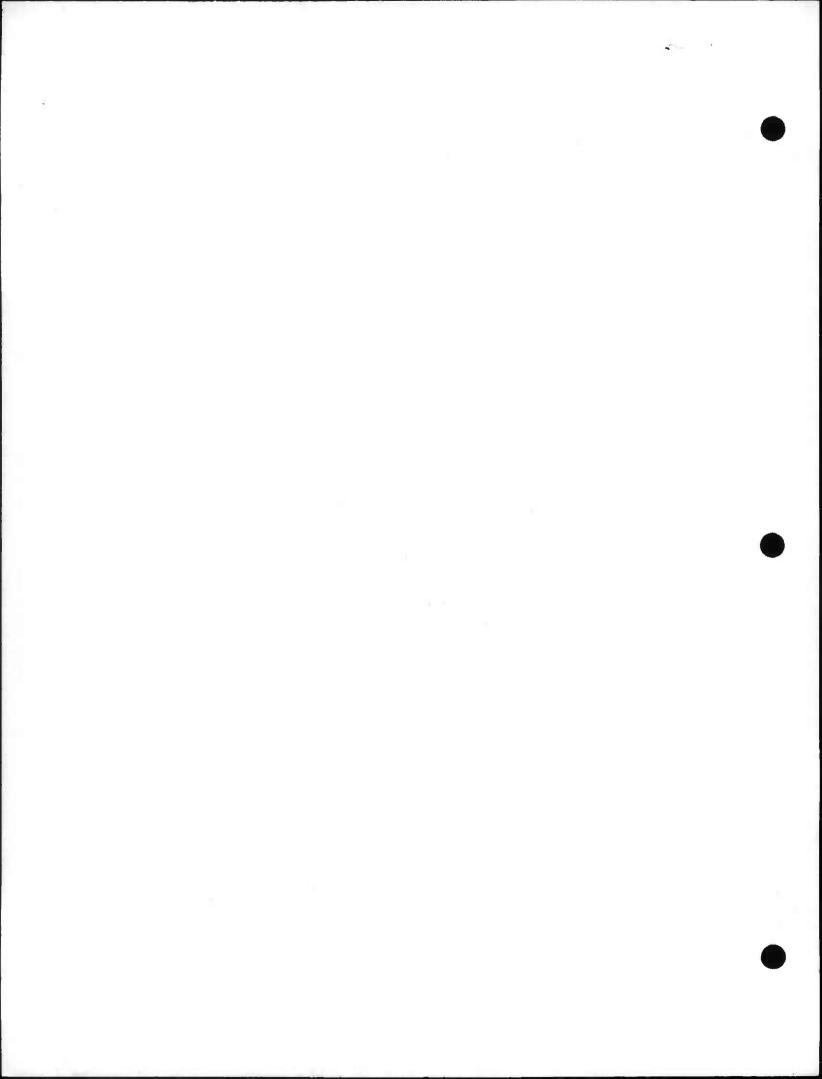
FOR 1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIEN REG. NO.	E	19153			
1. DECEDENT'S NAME (First, Mic		Taylor		2. DATE OF DEATH WONTH 16 M	1993	3. TIME OF DEATH 0502 M			
4. SOCIAL SECURITY NUMBER 102-24-3745	5. SEX 6. AGI		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHE DAYS HOURS MIN.	July 14, 1930 R. BIRTHPLACE (State or Fo. Country) New York					
9a. FACILITY NAME (If not institute of December 1) PRESIDENCE OF DECEMBER 1	al of Cecil Cou	1	Elkton	EATH	Sc. COUNTY C				
	Cecil		TOWN OR LOCATION th East			10d. INSIDE CITY LIMITS? 1 VES 2 X NO			
100. STREET AND NUMBER	ldcrest Drive	0	10f. ZIP CODE 21901		U.S.	OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Mar 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	B 2 X NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 TYES 2 X NG Speci	an, Puerto Rican, etc.)	or No- 14. I	RACE — American Indian, Black, White, etc. Specify: White			
Specify only high Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle	NT'S EDUCATION heat grade completed)  College (1-4 or 5+)		ual occupation k done during most of working ethnol,) ing Specialist	16b. KIND OF BUS		evelopment			
Lorra	17. FATHER'S NAME (First, Middle, Lest)  Lorraine Bidwell Pease					teffens			
Paul B. Taylo			oppess (Street and Number or Rural outh Fieldcrest						
	20a. METHOD OF DISPOSITION  1 Burlei 2 Cremetton 3 Removal from State 4 Donetton 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of capetery, crematory or other place)  R.A. Ferris & Company					6-19 20c. LOCATION - City or Town, State 1993 West Chester, PA			
21. SIGNATURE OF FUNERAL SE			22 HICKS MOMES TO 103 West Sto Elkton, MD	or Funerals	s, P.A.				
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	of the lung a consequence of: a consequence of: a consequence of:				Onset and Death			
PART II. Other significant of	onditions contributing to death	but not resulting in	the underlying cause given in	Part I. 24s. WAS AN. PERFOR	MED?	24b. WERE AUTOPSY PHODINGS ARREABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1  YES 2  NO			
ZS. WAS CASE REFERRED TO ME EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C						
27. MANHER OF DEATH  1   Meturel 5   Pene	28s. DATE OF INJURY (Month, Day, War)	286. TIME O	WORK7 M 1 YES 7 NO	28d. DESCRIBE HOW IN	MARK VEST.	7. ·			
3 Suitclife 6 Coul 4 Homicide defe	mined building, etc. (5p		A22CHROUN / EC	281. LOCATION (Street a City or Reen, State)		ural Route Mumber			
OON) 2 MEDICAL	NG PHYBICIAN: To the best of my kno EXAMINED On the basis of examinat					ren(s) and manner as stated.			
Second S	RISON WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type Pr	29c, LICENSE NU C / 000	0964	16-	NED (Month, Day, Year)			
4745 Stan 31. DATE FILED (Month, Day, Year)	ton-Ogleto	XUN RY	Ste 116, a	Vowari	K, C	Del 19713			
Jun 21 '93	Julia Vavidoon	Pandelle				DHMH-16 Rev 1/99			



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PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	sertificate has been signed by the attending physician and con-	ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
aw requires that the	s been signed by the	ept. of Health and I	23 shows any In	
S PHYSICIAN: The	r this certificate ha	In with the State D	arked, or item	
TAL OR ATTENDING	AL DIRECTOR: Afte	thed willin 72 hours after death with	if item 28 is marked,	
TO THE HOSPIL	THE FUNER	the filed willing	IMPORTANT: If Ite	

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND DEATH	MENTAL HYGIENE REG. NO.		
1	1. DECEDENT'S NAME (First, Middle, Last)	rene Ta	ulor			2. DATE OF DEATH DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	RS MIN. (Month, Day, Year) Country)		
	267-32-1423  9a. FACILITY NAME (If not institution, give s	0.5		b. CITY, TOWN O	R LOCATION OF D	11/19/27	Flo	orida
DIRECTOR	Narford Men	spital 1	Haure	ile grow	la.	Harf	drel	
REC	10a. STATE 10b. COUNTY		10c. CITY, T	TOWN OR LOCAT	ION		-0	10d. INSIDE CITY
	Maryland	Harford	Ab	erdeen				1 X YES 2 NO
FUNERAL	450 Dorsey Street	t.		101.	21001		10g. CITIZEN OF 1	
NO.	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RA  FORCES? 1 ☑ YES 2 ☐ NO  14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RA  FORCES? 1 ☑ YES 2 ☐ NO  15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RA  FORCES? 1 ☑ YES 2 ☐ NO  16. RA  17. Marital STATUS						No- 14. RAC	E — American Indian, k, White, atc.
Β¥Ι	3 Widoward A Disprend						Spec Bla	Hy:
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S US	done during mos	N st of working	16b. KIND OF BUSIN		ion
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+) 4	Military			U.S. A	Armv	
CON	17. FATNER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden Su		
BE	Nathaniel Taylor		405 2444 010 40			ra Olliston		
5	Mrs. Betty A. Tay	ylor				Route Number, City or Town, S Aberdeen, Ma		21001
1 3	20a. METHOD OF DISPOSITION 1 X Burlet 2 Cremation 3 Rem	20h	PLACE AND DATE OF D	DISPOSITION (No	me of	0.4XE 200 LOCA	TION - City of To	www. Ctesta
	4 Donation 5 Other (Specify)	Ga	rrison Fo	rest ME	Vet. Ce	em.6/17 Owir	ngs Mill	s, MD
	+ Board O	N. Huser		Tarri	.ng-Cargo	Funeral Horyland 2100		١.
	23. PART I. Enter the placeses, Dr c	complications that caused	the death. Do not					Approximate
	IMMEDIATE CAUSE (Finel disease or condition	List Dnly Dna cause on a	et ina.	Ho	- A I	- 1		Onset and Death
	resulting in death)	a. DUE TO (OR) AS A	CONSEQUENCE OF):	1760	WL F	anune		
NO	Sequentially liet conditions,	· Dial	setes	YVC	ellit	MS		
CATI	If any, lesding to immediate cause. Enter UNDERLYING	CIO VO	CONSEQUÊNCE OF):	Ren	al F	-ailure	)	
CERTIFICATION	CAUSE (Diseese or Injury thet initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):		5/50			
CER		d. #57	EYE	m>	1071			
CAL	PART II. Other significant condition	e contributing to daeth b	ut not resulting in t	the underlying	cause given in	Part I. 24a. WAS AN AU PERFORME		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
AEDIC						1 YES 2	NO	OF DEATH?
N								1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch			
HYS	1 YES 2 NO  27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	28b. TIME O	F 28c. INJU	JRY AT	8 Other (Specify)  28d. DESCRIBE HOW INJI	URY OCCURED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY		ES 2 NO			
	3 Suicide 8 Could not be datermined	28a. PLACE OF INJURY building, etc. (Spec	At home, term, streetly)	et, factory, office		28t. LOCATION (Street and City or Town, State)	Number or Rural I	Route Number,
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PNYS)	CIAN: To the best of my knowl	edge, death occurred a	it the time, data	end place, and dua	to the ceuse(e) and manne	r ee atated.	100.9%
COM	2 MEDICAL EXAMINE	R: On the basis of examination						a) and manner as stated,
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	nmwn	n M		DH 1	382 2	9d. DATE SIGNED	(Month, Day, Year) 3/93
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	PRDIV	EMOR ACE I	NAL HOS	78	
	31. DATE FILED (Month, Day 1947)	3. REGISTRAR'S SIGNA GUNE DAM door	Mandall					



BALTIMORE, MARYLAND 21215-0020	s may be retained by the hospital or attending physicis	
TIMO	h. Page 6	
BAL	ours after deat	
	24 h	*****
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	and an articological. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	the second secon
DIVISION OF VI	OH ATTENDING PHYSICIAN:	the same and the s

	FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND / DEPA	RTMENT OF		MENTAL HYGIEI		0 19155
	1. DECEDENT'S NAME (First, Middle, Last)		OLITTI	TOATE OF	DEATH	2. DATE OF DEATH	). 	3. TIME OF DEATH
	ANNIE LE	E TRAHA	N			06-14-	1 993	0310 M
	4. SOCIAL SECURITY NUMBER  220-24-5441	5. SEX	6. AGE (In yrs. last birthda) 6.2 YRS.	WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 08-23-1		BIRTHPLACE (State or Foreign Country) Maryland
	9e. FACILITY NAME (If not institution, give :	street and number)	0.2	9b. CITY, TOWN	OR LOCATION OF			Y OF DEATH
TOR	4212 College A				cott Ci			ward County
DIRECTOR	Maryland Howa	Υ		111 cott				10d, INSIDE CITY LIMITS? 1 YES 2 XNO
	10e. STREET AND NUMBER	iza odar			of. ZIP CODE		10g, CITIZE	N OF WHAT COUNTRY?
FUNERAL	4212 College A				21043			USA
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	FORCES? 1	IT EVER IN U.S. ARMED YES 2 140 WAR OR DATES	If yes, s		ANIC ORIGIN? (Specify Yesen, Puerto Riceri, etc.)  illy:	s or No 14	RACE — American Indian, Black, Whita, etc. Specify: White
0	15. DECEDENT'S EDU	CATION		'S USUAL OCCUPAT		16b, KIND OF BU	ISINESS/INDUS	STRY
COMPLET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	HIGH DIS MOT	f work done during m use retired.)	ost of working	10001 LARCOTAS		
₽ P	unknbw	n	Home	maker		Own	Home	
8	17. FATHER'S NAME (First, Middle, Last)	1-2				IAME (First, Middle, Maide	Surname)	
BE	George W. At	Kins			Eva B	. Sears		
2	19a. INFORMANT'S NAME (Type/Print)	_				I Route Number, City or To		
	Mr. Raymond P.	Trahar						ty,MD 21043
	1 Burial 2 Cremation 3 Rem	noval from State	20b, PLACE AND DAT cemetery, crematory of	other place)		DATE 20c. L		
	21. SIGNATURE OF FUNERAL SERVICE LA	CENSEE /	Marylan		ans ce		arris	on Forest, MD
	Columbelle	~/10	M00535	Sla	ack Fun	eral Home	-	
	23. PART I. Enter the diseases, or	complications the	t ceused the death. Do	not anter the m	ode of dying, su	ch as cardiac or resp	dratory arres	t, Approximate
	shock, or heart failure, IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Repor	ted aude	galam	ay Ar	rest		Interval Between Onset and Death
z		nee	tostata C	Hom Cu	me.			
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEQUENCE	OF):				
I S	CAUSE (Disease or Injury that initiated events	C. DUE TO	(OR AS A CONSEQUENCE	OFI:				
E	resulting in deeth) LAST		, , , , , , , , , , , , , , , , , , , ,					
CE		g						
¥	PART II. Other significant condition	ns contributing to	deeth but not resulting	In the underlyle	ig cause given i	n Part I. 24a. WAS AI	NAUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă	_ COPO					1 TYES	2 NO	OMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL								1 TYES 2 NO
N N	25. WAS CASE REFERRED TO MEDICAL			26. [	LACE OF DEATH (C	Check ank one)		
Sic	EXAMINER?	HOSPITAL:	☐ ER/Outpetient 3 ☐ DOA	OTHER:	/	6 Other (Specify)		
Ŧ	27. MANNER OF DEATH	28a. DATE OF	INJURY 26b. T	IME OF 28c. IN	JURY AT	28d. DESCRIBE HOW	INJURY OCCU	RED
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, E	vay, Year)		ORK? YES 2 NO			
0	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE C building,	oF INJURY — At home, fame atc. (Specify)	, street, factory, offi	ce	281, LOCATION (Street City or Town, State		Rural Route Number,
COMPLET	onel		my knowledge, death occu					cause(a) and manner as stated,
ŭ	29b. SIGNATURE AND ITLE OF CERTIFIE				29c. NICENSE N	UMBER		SIGNED (Month, Day, Year)
1	W/ //	_ / /	312-1			240		the thirty and the same
TO BE	Mila	11	SE OF DEATH (ITEM 27) (TM		0278	193	· 6	14/93

30. NAME AND ODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

eters

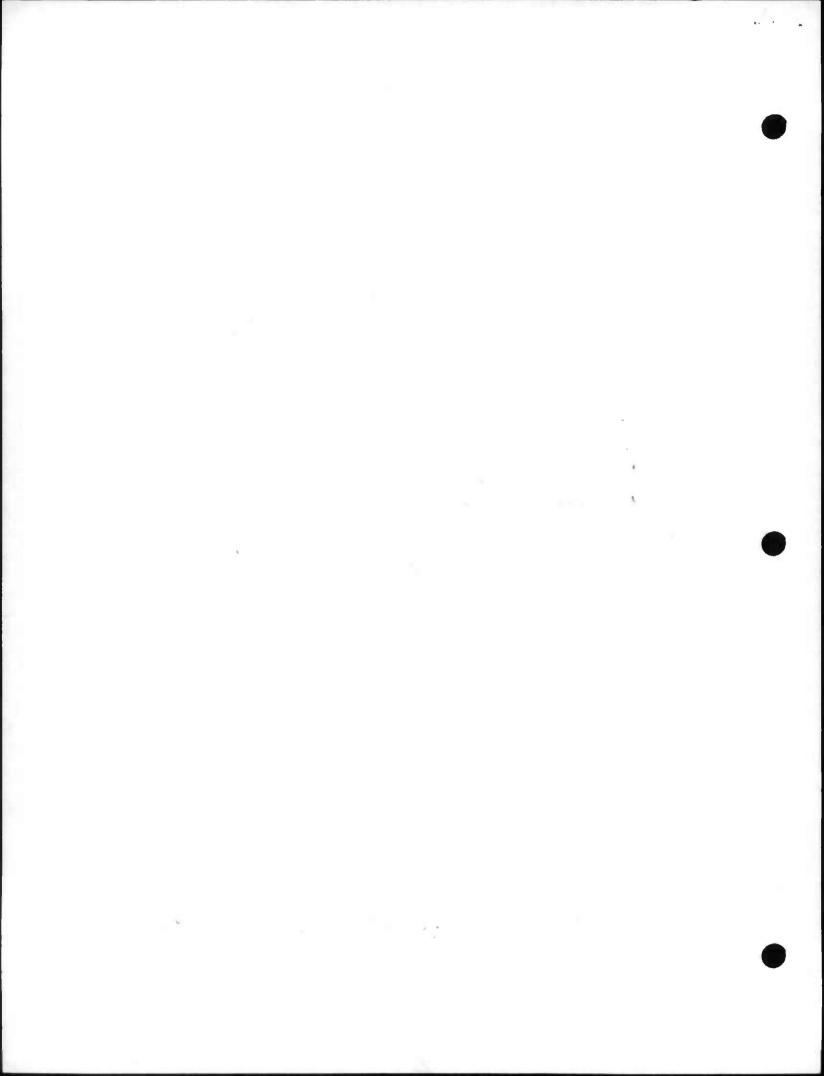
32 REGISTRAR'S SIGNATURE
Julia Davidson-Randalle

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31, DATE FILED (MONTH, DBK, YBAY)
JUN 1 6 '93

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MAD



OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

												(	93	19156
	1 - STATE REGISTRAR		STATE OF N	MARYLAND C	/ DEPAI	RTMEN	IT OF H	IEALTH DEA	AND		GIENE			15100
	1. DECEDENT'S NAME (First									2. DATE OF DE	EATH DAY			3. TIME OF DEATH
	JOHN JOSE									June	21,	1993	YEAR 3	1:40 P M
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. Is	st birthday)		ER 1 YEAR	IF UNDE	1	7. DATE OF BIF	DTM		A. BIRTHP	LACE (State or Foreign
	235-70-0331		1 📉 M 2 🗌 F	93	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, April	29, 190	00	W. V	
	9a. FACILITY NAME (If not in	nstitution, give	street and number)			9b. CIT	Y, TOWN C	OR LOCATI	ON OF D			_	TY OF DE	
OR	Garrett Cou	-	emorial Ho	spital		0	akla	nd				Ga	rret	t
5	RESIDENCE OF DEC	CEDENT			T									
DIRECTOR	W. Va.	Gran					OR LOCAT	TION						10d, INSIDE CITY LIMITS?
	W. Va.		16		Ва	yard								K YES 2 NO
RAI								ZIP COD			10	9. CITIZ	EN OF WH	IAT COUNTRY?
Ä	General Del:	ivery						2670	/			USA		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 (2) 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X	RMED NO	13	If yes, spo	ecify Cubi	n, Maxica	NIC ORIGIN? (Spe on, Puarto Rican, cy:	cify Yes or h	lo-	14. RACE - Black, Specify.	American Indian, White
ED		CEDENT'S EDI		t6a. D	ECEDENT'S	USUAL	OCCUPATIO	ON		16b, KIND	OF BUSINES	SS/INDU	ISTRY	
	Elementary/Secondary (0		College (1-4 or 5+	166	Give kind of e. Do NOT u	work done se retired.	during mo	st of worldi	ng					
AP			2	I	Postm	aste	r			US	Post	a1	Serv	ice
COMPLETED	17. FATHER'S NAME (First, M							18. MOT	HER'S NA	ME (First, Middle,	Maiden Surn	ame)		
BE (	Mose Ta	amburi	.ni					Ma	rgar	et H	lughes	3		
TO B	19a, INFORMANT'S NAME (	Type/Print)		16	Db. MAILING	ADDRES	SS (Street a	nd Number	or Aural	Route Number, City	or Town, Ste	nte, Zip (	Code)	
F	Mrs. Ruth	Tambur	ini		Gen.					rd, W.				
	20a. METHOD OF DISPOSIT			20b. PLACE	ANDDATE	OF DISPO	SITION (Na	me of		DATE 2	20c. LOCATIO	ON — C	lly or Town	n, Sieta
	4 Donation 5 Other	(Specify)		Baya	rd Ce	met.	erv			6/23	Bayar			
	21. SIGNATURE OF FUNERA	T SELINICA II	CENSEE			7	. NAME AN	ID ADDRE	SS OF FA				x 24	
	Molen	114.	10,,,,	M001	67	,		T	1	TT				-
-	DO DART I Falsante de	17 20	Species	July July Control	ZHITA D.	_				Home -			_	. 21550
	23. PART I. Enter the di shock, or he	eart failure.	List only one cau	caused the deserving	eath. Do i e.	not ente	r the mo	de of dy	ng, suc	h sa cardiac o	r respirato	ry arre	st,	Approximate Interval Between
	iMMEDIATE CAUSE (Findisease or condition	net .				_								Onset and Death
	resulting in death)	<b>→</b>	Acute m				ction	1						
				OR AS A CONSE	OUENCE O	F):								
S	Sequentially list conditi	iona.	Pneumon											
F	if sny, leading to immed cause. Enter UNDERLY	diate	DUE TO	OR AS A CONSE	OUENCE O	F):								
ERTIFICATION	CAUSE (Disease or inju		C	OD 10 1 00000										
Ē	that initiated eventa reaulting in death) LAS	T	DUE TO	OR AS A CONSE	OUENCE OF	7):								
8			d											
- 11	PART II. Other significa	int condition	ns contributing to	death but not	resulting	n the u	nderlying	cause o	iven in	Part i. 24a. V	VAS AN AUTO	PSY	24b. W	ERE AUTOPSY FINDINGS
MEDICAL	Osteoporo									P	ERFORMED	?	A	MAILABLE PRIOR TO OMPLETION OF CAUSE
8			_							' · · ·	YES 2X N	10		F DEATH?
2										_			1	☐ YES 2 ☐ NO
PHYSICIAN:	25. WAS CASE REFERRED TO	O MEDICAL					1 times							
를 I	EXAMINER?	, MEDICAL	HOSPITAL:	V		OTHE		ACE OF D	EATH (Ch	eck only one)				
1×S	1 VES 21 NO 27. MANNER OF DEATH		1 LY Inpatient 2 -			4 🗆 Nu	rsing Home		sidenca	6 Other (Special	fy)			
	_X	Pending	28a. DATE OF I (Month, Da		28b. TIM INJ	URY	28c. INJU	RK?		28d. DESCRIBE	RULII WOH	Y OCCU	RED	
BY	2 Accident	Investigation	20- 01-405-05			М		ES 2	NO					
		Could not be	building, a	INJURY - At he itc. (Specify)	ome, farm, s	treat, fac	tory, offica			28f. LOCATION ( City or Town,	(Street and No State)	umber or	Rural Rou	ite Number,
<b>L</b> i	an orange													
릴	29a. CERTIFIER (Check only	IFYING PHYS	ICIAN: To the best of a	my knowledge, de	eth occurre	d at the	tima, data	and placa,	and dua	to the cause(a) as	nd manner a	n stated	l.	
COMPLETED	one) 2 MEDI	CAL EXAMINE	R: On the basis of ax	emination and/or	investigatio	n, In my	opinion, de	eth occun	ed at the	time, data and pla	ace, and dua	to the	cause(a) a	nd manner as stated.
BE C	29b. SIGNATURE A 10 TITLE	or certifie	0016	TA			T	29c. LICE	NSE NUN	BER	29d	. DATE !	SIGNED (M	Ionth, Day, Year)
	1-3/19	THE K	- Kum	WA	1			D3	0035				6-21	
2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	E OF DEATH ATE	M 270 /T	01.0								

Donald R. Richter, M.D. Rt #7 Box 1495 Oakland, MD 21550

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JUN 2 2 1993

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BALTIMORE, MARYLAND 21215-00	ours after death. Page 6 may be retained by the hospital or attending p	I in by the funeral director, page 5 should be detached for use as the bor removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the hospital or attending p	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISIO	DR ATTENDI	DIRECTOR: A

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DIVISIO 19 THE HOSPITAL DR ATTENDIN 10 THE FUNERAL DIRECTOR: An be filed within 72 hours after dea IMPORTANT: If Item 28 is m

3-19157 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH 1993 YEAR June 19, John Carroll Tracey 6:35 a.m. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH
(Month, Day, Year)
June 7, 1926 IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 220-14-2665 1 M 2 | F 67 MONTHS DAYS HOURS Maryland VRS 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 3644 Mt. Zion Road DIRECTOR Upperco Baltimore RESIDENCE OF DECEDENT 10e. STATE 10h. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore Md. Upperco 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3644 Mt. Zion Road 21155 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? WAYES 2 \\_ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried Specify White BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Plaster Contracter Elementary/Secondery (0-12) College (1-4 or 5+) Construction 11 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Syrname)
Grace Elizabeth Gent Joseph D. Tracey BE 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
3644 Mt. Zion Rd., Upperco, Md. 21155 2 Mildred F. Tracey 201. METHOD OF DISPOSITION

\*\* Burlel 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE Grace Meth. Ch. Cem.06/22/93 Hampstead, Md. 4 Donetton 5 Other (Specify) 21. SIGNATURE OF JUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Eckhardt Funeral Chapel 3296 Charmil Dr., Manchester, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, of heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final **Onaat and Death** disease or condition DUE TO (OR AS A CONSEQUENCE OF). minutes reaulting in death) arrest DUE TO (OR AS A CONSEQUENCE OF): Couler of lines moule CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE 1 | YES 2 10 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 Inpatient 2 ER/Outpatient 3 I DOA 4 - Nursing Home 5 Tesidence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 2 Accident 5 Pending BY M 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 8 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(s) and manner as stated.
2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) and manner as stated. COMPL (Check only one) BE 29c. LICENSE NUMBER 29d. OATE SIGNED (Month Day Year

WHO COMPLETED CAUSE OF DEATY (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

2

Page 6 may be retained by the hospital or attending physician. **MARYLAND 21215-0020** BALTIMORE, nours after death.

page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

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MPORTANT: within

After this certificate hadeath with the State D marked, or Item 3

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DIRECTOR: /

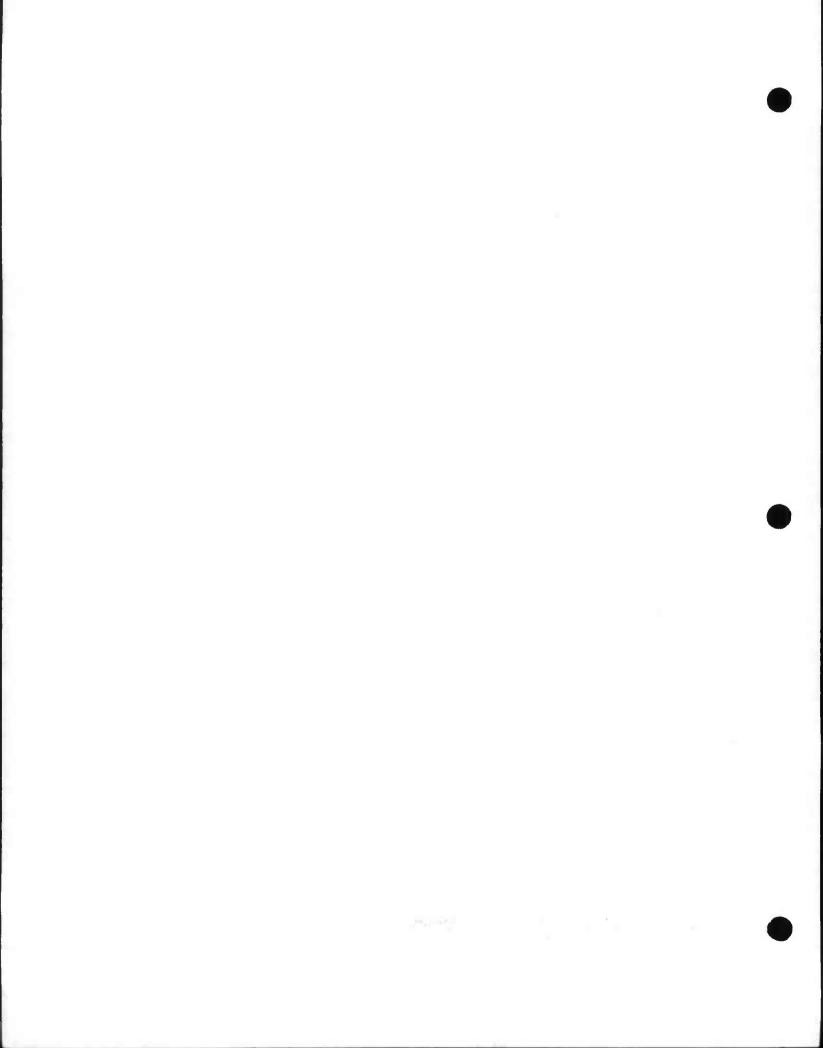
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BOX 68760, 0 DIVISION OF VITAL RECORDS, PITAL OR ATTENDING PHYSICIAN: The law

requires that the death certificate be executed within

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH Р 942 BAR TIMMONS **10**46 Α. GEORGE 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH FEB. 4 1955 215-64-2717 1 XM 2 | F MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH. 9c. COUNTY OF DEATH DIRECTOR JONAS GREEN PARK ANNAPOLIS ANNE ARUNDEL RESIDENCE OF DECEDENT 10a. STATE 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL ANNAPOLIS 1 YES 2 NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY 8 JOHNSON PLACE 21401 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XXV 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) UNEMPLOYED 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) CHARLES TIMMONS ELLINER PORTER H 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ELLINOR COLLINS 8 JOHNSON PLACE ANNAPOLIS, MD. 21401 20a, METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE turial 2 Cremation 3 Removal from State PINELAWN MEM. PARK 6-18-98 4 Donation 5 Other (Specify) ANNAPOLIS, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY REESE & SONS MORTUARY, P.A. 821 WEST ST. ANNAPOLIS. MD. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate Interval Between shock, or heert fellure. List Dnly Dne cause Dn eech line. IMMEDIATE CAUSE (Final Onset and Death diseese or condition\_ Drowning resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other algorithment conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Rasidence 6 X Other (Specify) PARK 0 6 / 1 2 / 9 3 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending investigation 3:24Pm 1 Natural 1 YES 2 NO ΒY 2 Accident SUBJECT DROWNED 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be determined COMPLETED 28f. LOCATION (Street and Number or Rural Route Number City or Town, State) TONIA C. CREEN 4 Homicide ANNAPOLIS, MD. GREEN PARK PARK 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(a) and manner as stated 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) but mo 2 CME 06/13/93 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 JUN 15 1993 32. REGISTRAR'S SIGNATURE



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	1 - STATE REGISTRAR			CERTIFICAT	TE OF DEATH		REG. NO.		
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	ART DE	5. SEX  1 M 2 V  ion, give street and number		YRS. MONTH		3	of BIRTH h, Day, Year)	5	BIRTHPLACE (State or Foreig Country)  PA  Y OF OEATH
DIRECTOR	RESIDENCE OF DECED  10a. STATE  10b	ENT LA	),		ARNO LD			AN	NE ARUNDEZ 10d. INSIDE CITY
ERAL DIR	10e. STREET AND NUMBER	ANNE AR	UNDEC	Gu	EN BURNI	E		10g. CITIZE	1   YES 2   NO
FUN	11. MARITAL STATUS  1 News Married 2 Marr	ried FORCES?	EDENT EVER IN U.S.  1 YES 2  VE WAR OR DATES		3. WAS DECENDENT OF HISI If yes, specify Cuban, Mox	ican, Puerto		U_ 14	Black, White, etc.
ED BY		NT'S EDUCATION hest grade completed)	16a.	DECEDENT'S USUAL	1 ☐ YES 2 NO Spi		. KINO OF BUSIN	IESS/INDUS	Specify WITH TE
COMPLETE	Elementary/Secondary (0-12)	College (1-4		ine. Do NOT use retired	Assist.		RELIG	iou	S CTR.
BE CO	17. FATHER'S NAME (First, Middle,	J.	HAGAN		FLOR	enc	Middle, Maiden Sui	MA	CLAY
TO 1	19a. INFORMANT'S NAME (Type)	CARRAL	UAY	196. MAILING ADDRI	ESS (Street and Number or Run	al Route Nurr	PRNOWS.	0	1) 21012
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 4 Donation 5 Other (Spe	clfy)			Remarory	6-6	2 (A 70)	MSV/L	y or Town, Stata
	21. SIGNATAME OF FUMERAL SE	HVICE LICENSEE		1 2	22. NAME AND ADDRESS OF	FACILITY	495 K	21/21/	he the
	23. PART I. Enter the diseer	ses, or complications	that coused the	deeth. Do not en	BARRANCO F. ter the mode of dying,	H.	SENER diac or respirat	tory erres	
CERTIFICATION	23. PART 1. Enter the disees shock, or heart iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a	that coused the cause on each II E TO (OR AS A CONS E TO (OR AS A CONS	SEQUENCE OF):	BARRANCO F.	A. ich as car	Seven	tory erres	
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9c. COUNTY OF DEATH

10g, CITIZEN OF WHAT COUNTRY?

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10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TOTHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospita	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the filled within 72 hours after death with the State Dent, of Health and Mental Havilene prior in hurtal cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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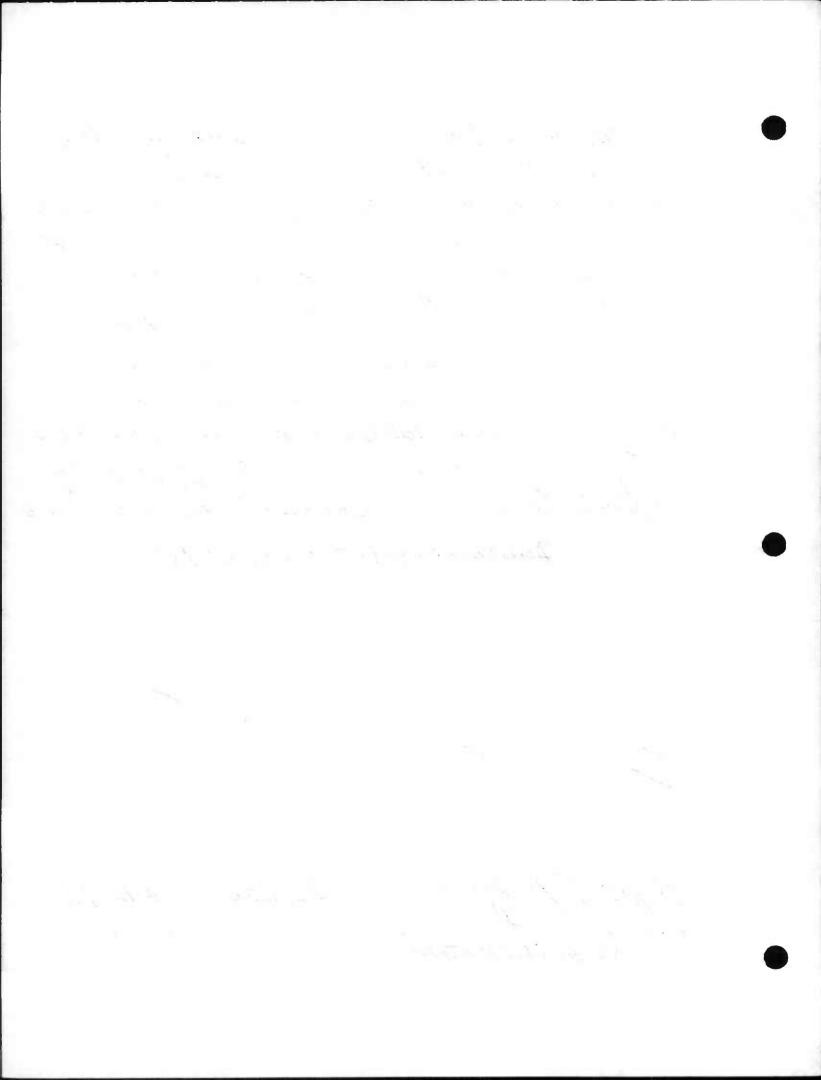
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH wan -12 par 6 SOCIAL SECURITY NUM 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS 1 M 2 | F 58 DAYS HOURS 0-9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR RESIDENCE OF 10e. STATE 10b. COUNTY ANNE 4RUNDE FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 120 21012 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes. specify Cuban, Mexicon, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuben, Mexicen, P.

1 YES 2 NO Specify: 1 Never Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTR Elementary/Secondary (0-12) College (1-4 or 5+) MECHANIC HUTOMOTIVE 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME /First, Middle Meiden Surname PARKASH BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 KAMLES 20a. METHOD OF DISPOSITION
1 ☐ Burlet 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 4 ☐ Donation 5 ☐ Other (Specify) CREMATURY 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. PART/L/Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, shock, or heert failure. List only one cause on each line. **IMMEDIATE CAUSE (Finel** disease or condition rabetic asteriopolisatio cardiovarculas diseas resulting in death) DUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not recuiting in the underlying cause given in Part I. 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER 4 🗆 No e 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 1 Netural 5 Pending Investiga BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide BE COMPLETED 6 Could not be

2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, de

RNOLD 21012 MA 20c. LOCATION — City or Town, State BRENTWOOD 495 RITCHTE 21/4 Approximata interval Between **Onset and Death** 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAIL ARL F PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 70 1 | YES 2 | NO 28d. OESCRIBE HOW INJURY OCCURED 281. LOCATION (Street end Number or Rural Route Number City or Town, State) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 29d. DATE SIGNED (Month, Day, Year) 30 DHMH-18 Rev 1/89

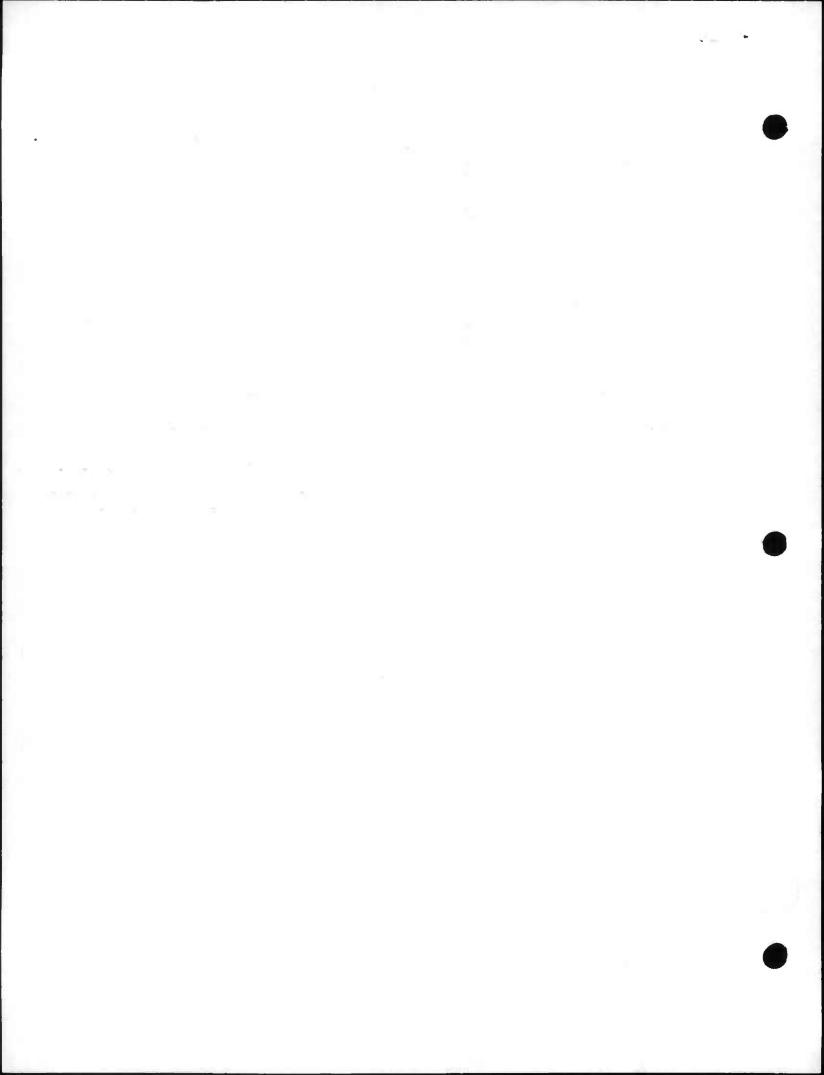


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DIVISION OF VITAL RECORDS BO BOX 68760	E WENTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,
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93 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAH		CERTIFIC	CAIL	F DEATH	F	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) DOROTHY MAE	VALENTINE				2. DATE OF MONTH June	DAY	.993 YEA	3. TIME OF DEATH 11:15 A.M			
	4. SOCIAL SECURITY NUMBER 235-60-2438		S. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF B						HRTHPLACE (State or Foreign outling)			
S. R.	9a. FACILITY NAME (If not institution, give 206 Duncannon Roa	of DEATH rford										
1 5	RESIDENCE OF DECEDENT											
DIRECTOR	West Virginia R			10d. INSIDE CITY LIMITS? 1 YES 2 NO								
FUNERAL	811-A Jefferson	Street		3	101. ZIP CODE 25276			109. CITIZEN (	OF WHAT COUNTRY?			
8	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 XNO	If yes,	ECENDENT OF HISPA apacify Cuban, Mexico ES 2 10 10 Speci	in, Puerto Rica	pecify Yes n, etc.)		RACE — American Indian, Black, White, etc. Specify: White			
8	15. DECEDENT'S EDU	CATION	16a, DECEDENT'S U	SUAL OCCUP	TION	105 100	ID OF BUS	NESS/INDUSTR				
PLET	(Specify only highest grade	completed) College (1-4 or 5+)	(Give kind of wo life. Do NOT use Homemake	rk done during retired.)	most of working	100.10	Hon		,			
at once.	17. FATHER'S NAME (First, Middle, Last) Press — Do	augherty			Pearl		Melden S Kinca					
B B	19a, INFORMANT'S NAME (Type/Print)		Green Company									
examiner must be notified TO BE	Larry Valentine		206 Du	incann	of and Number or Aural On Road, 1	Bel Ai	C, Mo	. 2101	4			
must b	20a. METHOD OF DISPOSITION  1 District 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory or other place)  Swank Cemetery  5 Deed W.V.											
aminer	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY HOWARD K. McComas III Funeral Home, P.A.											
X A	TOWARD ME (AMAN WE 1317 Cokesbury Road, Abingdon Md 21009											
dica	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate											
event, the medical	immediate Cause (Final disease or condition resulting in death)  a. METASTATIC BREAST CANCER											
	DUE TO (OR AS A CONSEQUENCE OF):											
other traumatic	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury.											
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PHYSICIAN:	25. WAS CASE REFERRED JO MEDICAL			20	26. PLACE OF DEATH (Check only one)							
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marked, BY PH	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJUR (Month, Day, Year		RY	NJURY AT WORK? YES 2 NO	28d. DEŞCRI	BE HOW IN	JURY OCCURE	D			
28 is TED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)						iral Route Number,			
의 교		ICIAN: To the best of my known							ne(s) and manner as stated.			
D BE COM	296. SIGNATURE AND TITLE OF CENTIFIE	"de S	200	_	29c. LICENSE NU D31775	WIDER		29d. DATE SIG	NED (Mooth, Day, Hear)			
10 T	30. NAME AND ADDRESS OF PERSON WIT	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type P	mo 21	17- B	E) A	R	18/	13/73			
	31. DATE FILED (MONTE), Day, Warry	WAND)	MATURE	-1	KALLST	UN	V	not	21014			
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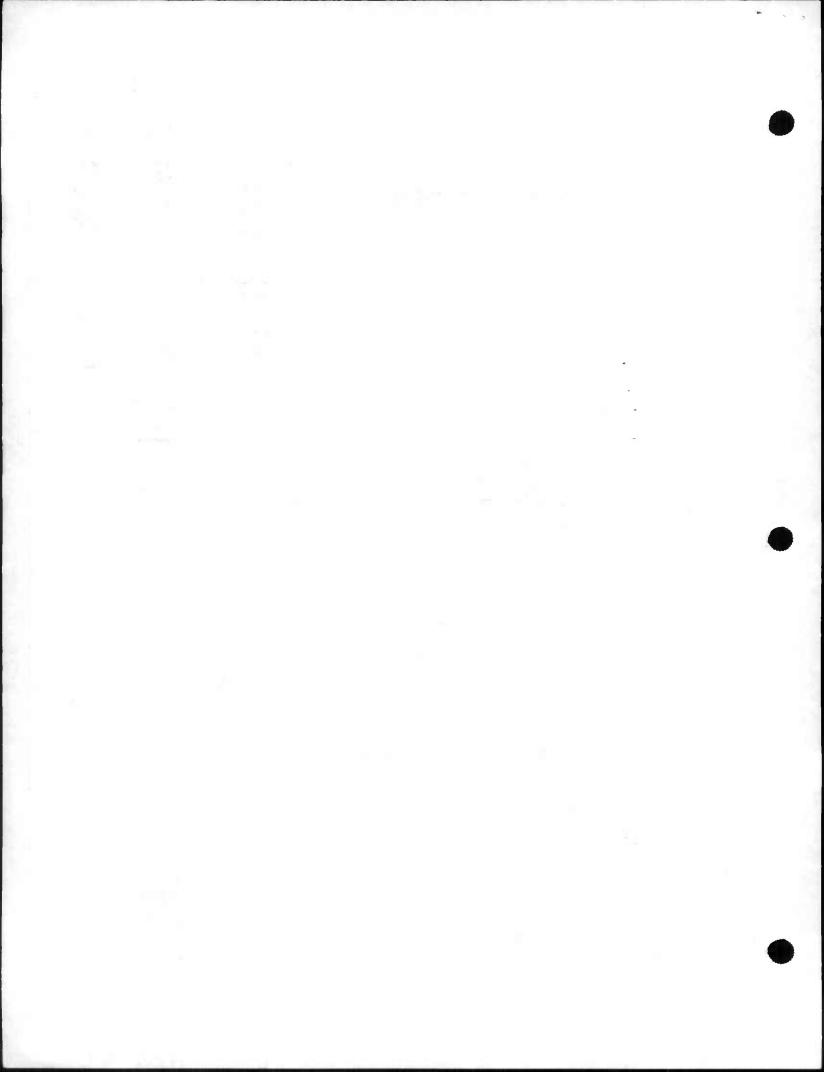
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	1. OECEDENT'S NAME (Flist, M	Jeffre	JEFFRE	Y SAN	FORD V	ERK	<i>D</i> 2/1111	2. DATE OF CEATH		3. TIN	AE OF CEATH
1	4. SOCIAL SECURITY NUMBER	1	S. SEX	5. AGE (In yrs.	_ MOI	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea	)	BIRTHPLACE	(State or Foreign
OR -	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEAT										
	RESIDENCE OF DECE 10a, STATE 1	Ob. COUNTY			10c. CITY, TO	OWN OR LOC	ATION			10d. J	NSIDE CITY
- 1		Balto	. Cou	nty	В	altin	ore	186	- 171	1 🗆	LIMITS? YES 2 ⊠ NO
RAL	100. STREET AND NUMBER	i - 1	a na			1	of. ZIP CODE		10g. CITIZE	EN OF WHAT C	
# IL	2401 Potte:		a Koaa	IT EVER IN II S	ARMEO	13 WAS DI	2124	14 NIC ORIGIN? (Specify	Yea or No 1	4. RACE An	USA
B	Never Married 2 Married 3 Wildowed 4 Divorce	arried		YES 2		If yes, t		an, Puerto Rican, etc.		Black, White Specify:	White
PLETED		DENT'S EDUCA highest grade co 2)			DECEDENT'S USI (Give kind of work life. Do NOT use re	done during r tired.)	nost of working	16b. KIND OF	BUSINESS/INDU		
COMP	17. FATHER'S NAME (First, Midd	and the second				I	l/a	AME (First, Middle, Ma		/a	-
E CC		Rober	t		Ver	K	Lynn	nm⊆ (riist, Middie, Ma	ani suriemej	Mlv	narski
0	19e. INFORMANT'S NAME (Type							Route Number, City or	Town, State, Zip C		IMETON
2	Mr. Robert	Verk			2401 P	otter	field F	d Ralt	imore	MD.	21244
100	20a. METHOD OF DISPOSITION	N	al from State	20b. PLA	CE AND DATE OF	DISPOSITIO	N (Name	DATE 200	LOCATION — C	ity or Town, St	ate
L	4 Donation 5 Other (S	(pecify)	1	Me	adowri	dge M	lem. Pk.	6-17-9	3 E1	lkrid	ge, MI
	21. SIGNATURE OF FUNERAL S		De	1	M00535	Sla		eral Hom Lity, Ma			43
	23. SART I. Enter the disc	eeses, or co	mplications the	st caused the	deeth. Dp not		node of dying, su	ch ee cerdiac or n	espiratory arre	st,	Approximate Interval Betw
CERTIFICATION	OUE TO (OR AS A CONSÉQUENCE OF):  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
ZA	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?										E AUTOPSY FINDI ABLE PRIOR TO PLETION OF CAU
MEDI	1 YES 2 NO OF									OF D	YES 2 NO
5	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:			THER:	PLACE OF DEATH (C				
PHYSICIAN:	1 TYES 2 NO	28b. TIME 0		ome 5 Residence	6 Other (Specify)		URED				
7	1/2 Natural 5 🗆 P		(Month, I	Day, Year)	INJUR		VORK? YES 2 NO		E NOW INJUST COCUNED		
ED B	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									or Rural Route I	Number,
COMPLET	const. Oray							e to the cause(e) end e time, date and plac			manner ee state
BE	29b. SIGNATURE AND TITLE C	OF CENTIFIER	yer Ki	D			29c. LICENSE N	JMBER	29d. DATE	SIGNED (Mont	th, Day, Year)
UIL											3
T0	30. NAME AND ADDRESS OF AUUNIE 31. DATE FILEO (Month, Day, Ye	B	Sioson-RE		); Howa	<sup>(m)</sup> 20 Co	way cene	ed Hogist	e, Crt	Lunsiz	- JUD21

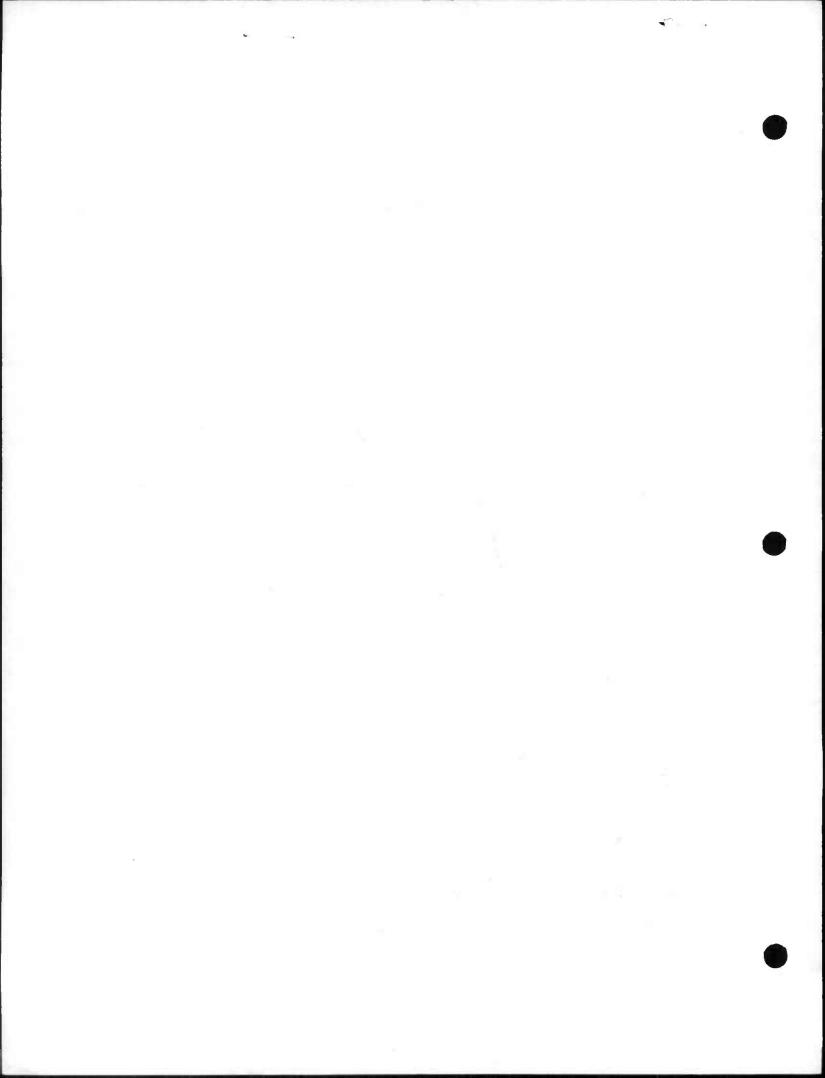
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

93

9162



		1 - STATE REGISTRAR	STATE OF MARY					EALTH DEAT		REG. NO			2100	
1	1000	1. DECEDENT'S NAME (First, Middle, Last	e Walke	w						/	DAY	PYEAR 3.	TIME OF DEATH  3.20 P M	
		4. SOCIAL SECURITY NUMBER 2/2-40604	5. SEX 6. AGE	(In yrs. lest	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTN (Month, Day, Year) 6/13/		Country)	land	
2, 3 should	TOR	9a. FACILITY NAME (If not institution, give	emorial	Hosp	sital	96. CITY	o wil	ALC	on of DEA			NTY OF DEAT		
Pages 1,	DIRECTOR	10a. STATE 10b. COUN	Harford			Y, TOWN O	_	Grad					d. INSIDE CITY LIMITS?	
it permit.	AL	10e. STREET AND NUMBER				IIIAVI		ZIP CODE				ZEN OF WHA	YES 2 NO	
-0020 Jing physician. the burial-transit	BY FUNER	528 N. Stokes ( 11. MARITAL STATUS 1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 7 N	MED O	1 1	f yes, spe		F NISPANIO	C ORIGIN? (Specify Ye Puarto Rican, etc.)		S.A.  14. RACE — Black, W  Specify: Whit	American Indian, this, atc.	
.AND 21215-0020 The hospital or attending physic detached for use as the burial once.	COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION to completed)  College (1-4 or 5+)	(Gh	ve kind of v Do NOT us	USUAL OC work done of re retired.)	during mos	at of working	g	Constru		DUSTRY	<u>~</u> .	
YLA by the be de	BE CO	77. FATHER'S NAME (First, Middle, Last) Robert B. Walk	er							E (First, Middle, Meidel Billings				
ay be retained page 5 should be notified	5	Mrs. Betty J. Wa.	lker	19b						ute Number, City or To			D 21078	
IMORE Page 6 may al director, pa		20e. METNOD OF DISPOSITION 1 Burlet 2 1 Cremation 3 Rei 4 Donation 5 Other (Specify)	moval from State CO	b. PLACE A metery, crem A	nd date of natory or of Ferr	ther place)	Co.	. Inc	· .	6/18 We	est C	city or Town, hester	. PA	
SALT r death. e funera al. exami		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Tarring—Cargo Funeral Home, P.A. Aberdeen, Maryland 21001—3399  23. PART I. Enter the diseases, or complications that seviced the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate												
760, ed within 24 hours completely filled in the completely filled in the companion, or re-		23. PART i. Enter the diseases, or shock, or heart failure immeDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on	each line.		tul			ng, such	as cerdiac or resp	oiratory an	rest,	Approximate interval Between Onset and Death	
P.O. BOX 687, the certificate be executed tending physician and con il Hygiene prior to burial, or other traumatic er	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS DUE TO (OR AS d.	A CONSEO	UENCE OF	F):	unc	w for						
MECORDS, P w requires that the death been signed by the atten pt. of Health and Mental I 3 shows any Injury, or	MEDICAL	PART II. Other significant condition	ens contributing to death i	but not re	eulting	in the un	derlying	cause g	iven in P	art i. 24s. WAS AI PERFO	RMED?	AW CO OF	RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO	
AL has	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		T	OTHER	t:		ATH (Chec					
NO OF VIT NG PHYSICIAN: The fter this certificate sath with the State marked, or iten	ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	patient 3 l	28b. TIM		28c. INJU WOF	JRY AT	:	Other (Specify)  28d. OESCRIBE HOW	INJURY OC	CUREO		
TSIC TTENDI TTEN	B	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At hon	ne, ferm, s	dreet, facto	ory, office		2	28f. LOCATION (Street City or Town, State	and Number	or Rural Route	Number,	
日本の日	COMPLET	2 MEDICAL EXAMIN	SICIAN: To the best of my know IER: On the basis of examination										d manner as stated.	
THE FUNE WPORTANT	TO BE	THE CONSTRUCTION OF CERTIFIC	wash	W				D7	6 K	I.	29d. DAT	E SIGNED (MG	onty Day, Year)	
		DANTE MO	NAKILM	1) 1			PE	Gr	BCE	e mil	2	1078		
		JUN 22 '93	32. REGISTRAR'S SIGN		الا									



16	1 - STATE REGISTRAR  1. OECEOENT'S NAME (First, Middle, L				ICATE					REG. NO.			3. TIME OF DEATN
	Mildred El	izabeth			W	AD	wic	V	MONT	4 0	AY	YEAR Q3	2020
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1	_	IF UNDER 2	24 HRS.	7. DATE	OF BIRTH			IPLACE (State or Foreign
	214-28-3039	1 □ M 2 🖾 F	59	YRS.	MONTHS	DAYS	HOURS	MIN.	07/	12/33	Country)		aryland
	9e. FACILITY NAME (If not institution, g	ive street and number)			9b. CITY,	TOWN (	OR LOCATIO		_		_	NTY OF C	
DIRECTOR	PENINSULA REGIO		AL CENTE	ER	SALISBURY WICOMI					ICO			
ក្ព	RESIDENCE OF DECEDENT 10a. STATE 10b. CO		TY 10c. CIT			TY, TOWN OR LOCATION							10d. INSIDE CITY
DIR.	Maryland	Wicomico			Salisbury								LIMITS?
	10s. STREET AND NUMBER						. ZIP CODE				10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	Rt. 9, Box 424						2180	1			-	SA	
	11. MARITAL STATUS	12. WAS DECEDE	ENT EVER IN U.S.	RMEO						? (Specify Yea	or No-	14. RACI	— American Indien,
87	1 Never Married 2 1 Married 3 Wildowed 4 Divorced		1 YES 2 WAR OR OATES	NO			ecify Cuban 2 🔀 NO			Rican, etc.)		Speci	c, White, etc.
											[	whi	te
TED	(Specify only highest g						ON st of working	7	16b.	KINO OF BUS	SINESS/INC	DUSTRY	
COMPLEI	Elementary/Secondary (0-12)	College (1-4 or !	)+)	eller	use retired.)					Bankir	10		
S	17. FATNER'S NAME (First, Middle, Last)							Banking  18. MOTNER'S NAME (First, Middle, Meiden Surneme)					
BE C	Howard Job W	arren					Mai			(unk)		Ne1s	on
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
2	Bernard R. War	wick		Rt.	9, Bo	x 4	24, 5	Sali	sbur	y, MD.	218	01	
	20a. METNOD OF DISPOSITION 1  Burlel 2  Cremetion 3  F	Semoval from State	OF OISPOSIT	ION (Na	me of		DATE	20c. LO	CATION —	City or To	wn, State		
	4 Donation 5 Other (Specify)	Burlei 2 LX Cremetion 3 Removal from State   Cemetery, crematory or other place)  Donation 5 Other (Specify)   Salisbury Crematory   6/14   Salisbury, MD  AGNATURE OF FURENAL SERVICE CEMETE  22. NAME AND ADDRESS OF FACILITY										MD	
	Le Hill	welful	Voces	Ref	H	lol1	.oway	Fun	eral	Home	isbu	rv.	MD 21801
	23. PART I. Entar the diseases, ahock, or heart fallu	or complications th	et caused the	leath. bo	not anter t	ha mo	de of dyln	ng, auch	as card	llec or reapl	ratory an	rest,	Approximate
	IMMEDIATE CAUSE (Finel								,				Onset and Dea
	disease or condition resulting in death)	BUB FRECHENOID HEAINER hap.  DUE TO (OR AS A CONSEQUENCE OF):											
		DUE T	O (OR AS A CONS	EOUENCE O	F):				0				
5	Sequentially list conditions,	b	O (OR AS A CONS	EUIENCE O	F).								
3	if any, leading to immediate cause. Enter UNDERLYING		and the state of t								İ		
É	CAUSE (Disease or Injury that initieted events	C. DUE TO	O (OR AS A CONS	EOUENCE O	F):								-
CERTIFICATION	resulting in death) LAST	d											
	PART II. Other algnificant condi	tions contributing t	o death but not	reaulting	In the und	erivino	cause of	ven In P	Part I	24s. WAS AN	ALITOREY	246	WERE AUTOPSY FINDING
S				i de l'accidentation de		,	,			PERFOR	MEO?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC							-	1 TYES 2	MO		OF OEATH?		
									-				1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				-	28. PL	ACE OF OE	ATH (Chec	ok only on	9)			
HYSIC	EXAMINER?	3 DOA	OTHER:		o 5 🗆 Resi								
	27. MANNER OF OEATH	28a. OATE O	F INJURY Day, Year)	28b. TIM	E OF 2	8c. INJ	JRY AT		_	CRIBE HOW II	JURY OC	CUREO	
	1 Netural 5 Pending 2 Accident Investigation	JURY WORK?  M 1 YES 2 NO											
9	3 Suicide a Could not	ome, tarm,	ne, tarm, street, tactory, offica  28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)						loute Number,				
. 11	4  Homfcide determined								, -				
MPLE		IYSICIAN: To the best of											
S S	2   MEDICAL EXAM		examination and/o	r investigatio	on, in my opi	nion, d	eath occure	d at the II	me, data	and place, and	d due to th	ne cause(a	) and manner as stated.
H H	296. SIGNATURE AND TITLE OF CERTI	/	_	h			29c. LICEN						(Month, Day, Year)
~	many	unto h	v week MD D32014 1 €1						1991	193			

547-E RI'UERSIDE DRI'UE
32. REGISTRAN'S SIGNATURE
Daydson-Mandelle

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

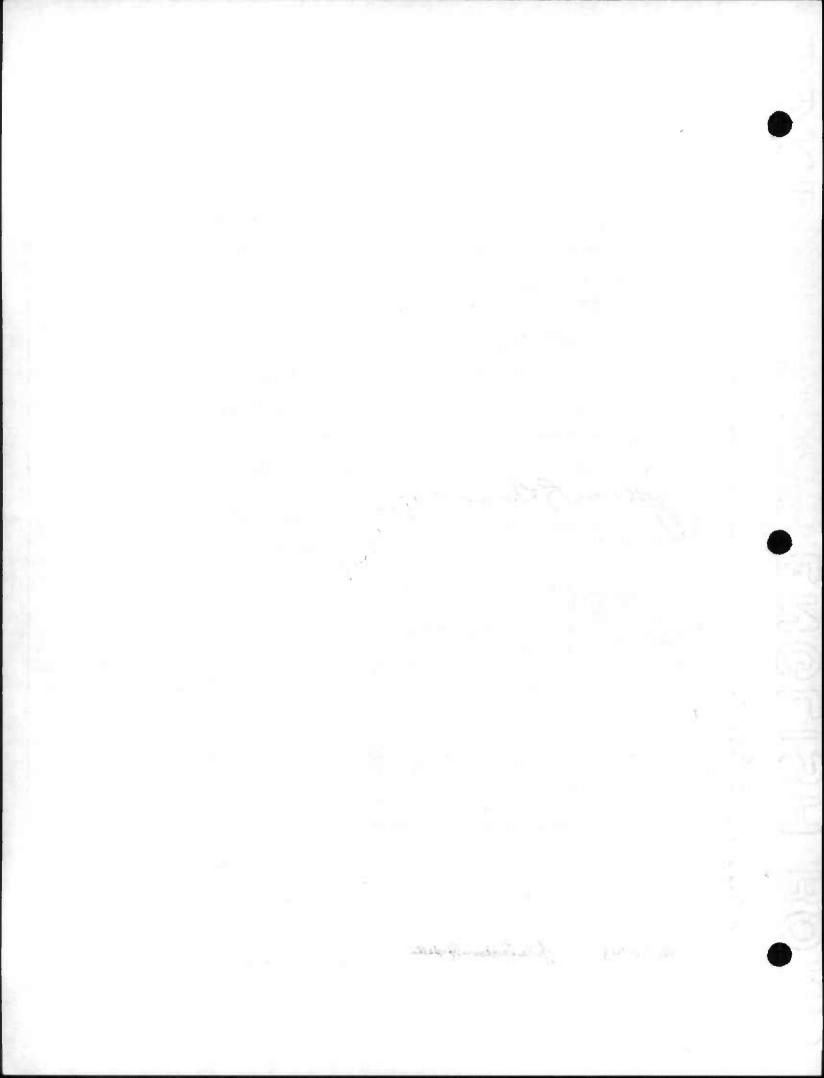
M, MOBNA 31. DATE FILEO (Morith, Day, Year) JUN 14 1993 Sansbury MD 21301

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 29-flows after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

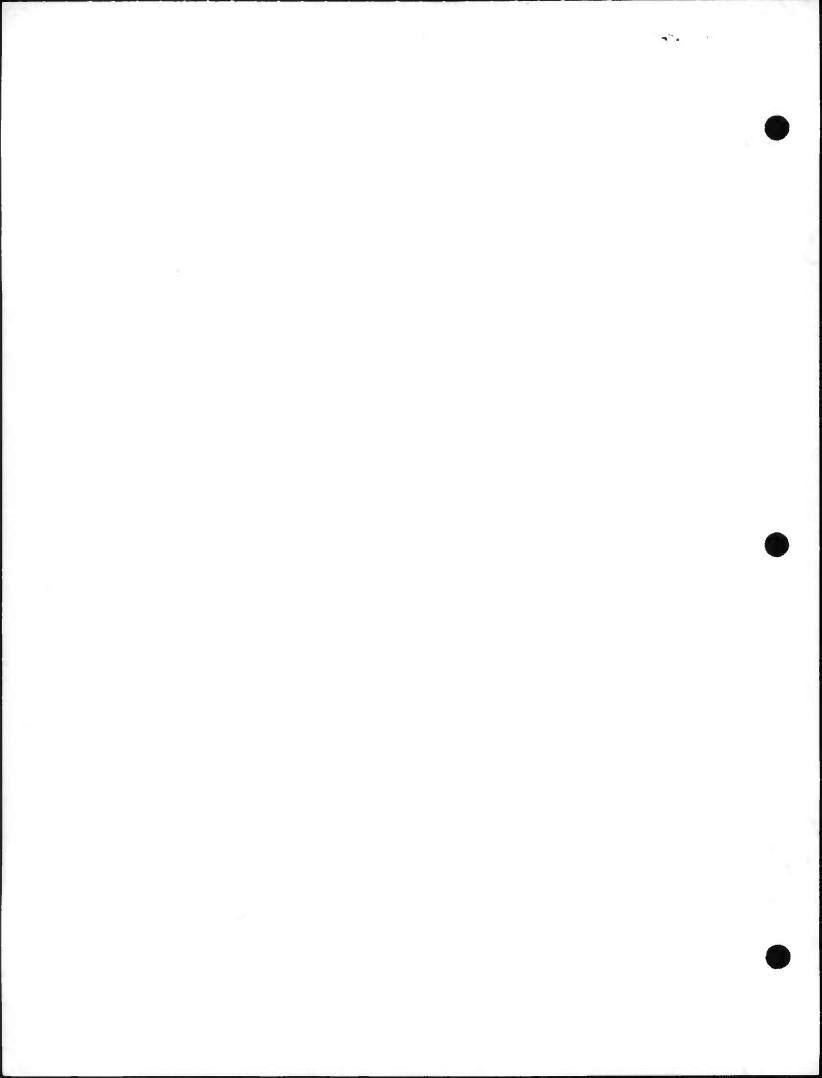
IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND TE OF DEATH	MENTAL HYGII		
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH	DAY YE	
ETHELIND  4. SOCIAL SECURITY NUMBER		ICKES		June 18		
212-22-6135	1 M 2 F 8	B YRS. MONTH		7. DATE OF BIRTH (Month, Day, Year)	1905 M	ountry) aryland
9a. FACILITY NAME (If not institution, give a Manokin Mano: RESIDENCE OF DECEDENT			rry, rown or location of d Princess An		Some	
	merset		n or location ncess Anne			16d. INSIGE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER  Edgehill Ter:			21853		10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Speci	an, Puerto Rican, etc.)	Yes or No- 14.	RACE — American Indian, Black, White, etc. Specify:
15. DECEDENT'S EDU (Specify only highest gradi Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5 +)	16a. DECEDENT'S USUAI (Give kind of work do He. Do NOT use retire	ne during most of working	16b. KIND OF	I_ BUSINESS/INDUST	White my
12 17. FATHER'S NAME (First, Middle, Lest)		U.S. Gov	t. Employe	e U.S	Gove	rnment
Joseph Lee	Wickes			Etheli	,	n e
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	ESS (Street and Number or Rural			
Mr. John Deni		Beechwo	od Street.		S Anne	
1 Buriel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)		cemetary, crematory or oth			lisbur	
21. SIGNATURE OF FUNERAL BERVICE U	Denne		22. NAME AND ADDRESS OF F Hinman Fu Princess	neral Ho	me	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. DUE TO (OR 4S		eat faile	ve		interval Betwee
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):				
PART II. Other aignificant condition		but not reaulting in the	underlying cause given in	PER	AN AUTOPSY FORMED? S 2 NO	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF GEATH (C	Sheck anty one)		
EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/Our		HER: Nursing Home 5 ☐ Residence			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	28a. DATE OF INJURY (Month, Day, Year)		28c. INJURY AT WORK?  1 YES 2 NO		W INJURY OCCUR	ED
a C autiti	28a PLACE OF INJUR	IY — At homa, farm, street, eclfy)	factory, offica	28f. LOCATION (Str City or Town, S	eet and Number or F tete)	Rural Route Number,
CONDUCT ONLY			he time, data and place, and di			ause(a) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFI	Hean	ms	29c. LICENSE N	SZ19	29d. QATE SI	GNED (Morth, Day, Year)
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF O	EATH (ITEM 27) (Type, Print)				
31. DATE FILED (Month, Day, Year)	32. REGISTRAN'S SIG					

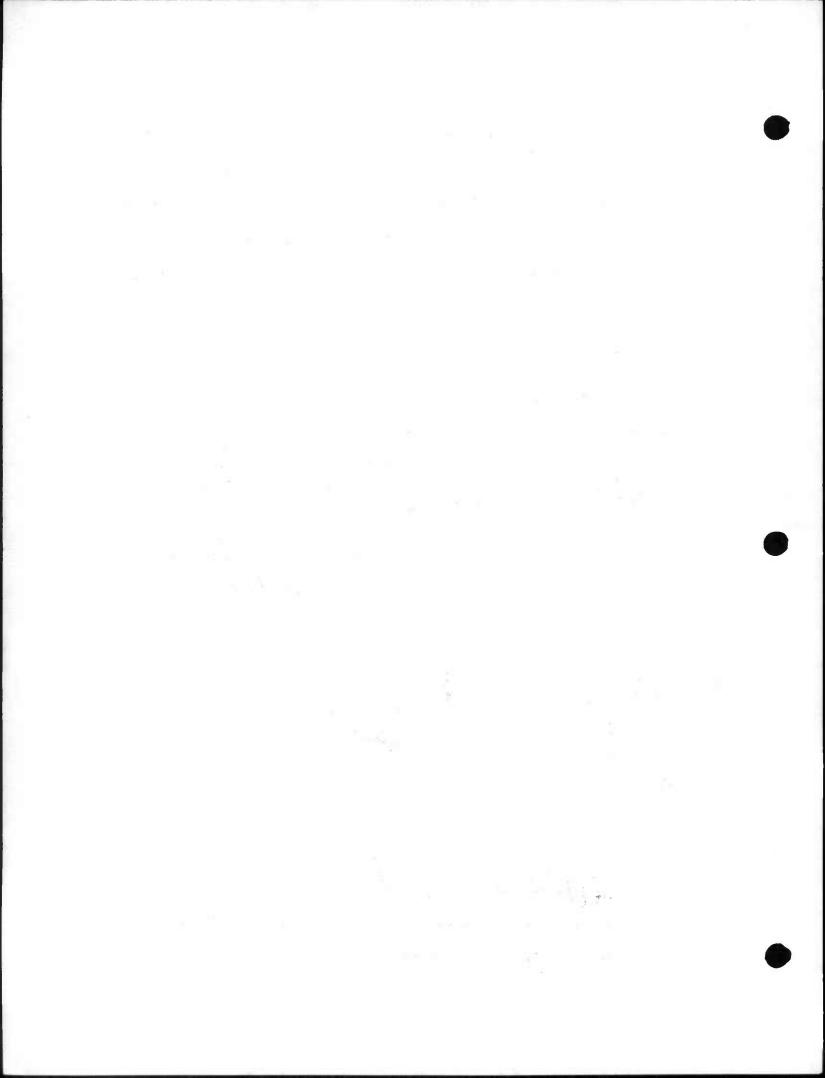


BALTIMORE, MARYLAND 21215-0020	rSJCIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should th the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOPITH OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24	THE RUNE AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fill the second of the fill the second of the fill the second of	PORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

_	NEGISTIAN		CI	ENTIF	CALE	UF	DEAL		F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)  WILLIAM  A	Arthur	h	VORKM.	ΔΝ				2. DATE OF MONTH JUNE	DEATH DA	1003	YEAR	3. TIME OF DEATH 3:40A M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. las		IF UNDER 1	YEAR	IF UNDER	24 1496	7. DATE OF I		1990	a SIRTI	IPLACE (State or Foreign
	220 86 1374	1X M 2   F	29	YRS.	MONTHS	DAYS	HOURS	MIN.	07-11	ly, Year)	3	Count	
_	9a. FACILITY NAME (If not institution, give st				9b. CITY,	TOWN O	R LOCATIO	ON OF DE	ATH		9c. COU	NTY OF D	EATH
DIRECTOR	THE JOHNS HOPKI	NS HOSPIT	AL		BAI	LTIM	10RE	CITY			BAL	TIMO	ORE CITY
H.	10a. STATE 10b. COUNTY	1		10c. CITY	, TOWN OF	LOCATI	ON	_					10d. INSIDE CITY
	MD  100, STREET AND NUMBER				Ва	_		City	7				1 X YES 2 NO
FUNERAL	1705 N. Cha	rles St.				107.	2121				10g. CIT	US US	VHAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDENT E			13. W	AS DECE	NDENT O	F HISPANI	C ORIGIN? (S	pecify Yas	or No-	14. RACE	- American Indian, c, Whita, etc.
E E	1 Never Married 2 Married 3 Vidowed 4 Divorced	IF YES, GIVE WAR						Specify:		n, etc.)		Speci	
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)		CEDENT'S				<u> </u>	16b. KIN	D OF BUS	INESS/INC	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	H <sub>0</sub> .	Do NOT us	retired.)								
NO N	17. FATHER'S NAME (First, Middle, Last)			Д	isabl	eα	18. MOTH	FR'S NAM	IE (First, Middi	le Maiden	Sumama)	-	
BE C	William Gold	len Workm	an						gela ]			der	
	19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRESS (	Street an	d Number		oute Number, (				
임	Mrs. Angela R. W	Vorkman		117	Dea	ver	St.	, Ha	vre d	e Gı	ace,	MD	21078
	20a. METHOD OF DISPOSITION 1.X Burlel 2 □ Cremetton 3 □ Ramo	oval from Stata	20b. PLACE A	AND DATE O	F DISPOSIT	ION /Nan	ne of		DATE		CATION —		
1	4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	CALOGO	Ange	el Hil					6/12	Hav	re c	le G	race, MD
ĺ	PLO QQ	22	Dein		Mi	tch	ell-S		Fune ce, I				
	23. PART I. Enter the diseeses, or c	omplications that co	used the de	eth. Do n	ot enter t	he mod	le of dyi	ng, auch	as cerdiec	or respin	ratory arr	0-31 eat,	Approximeta
	shock, or heart failure. I	List only one ceuse	on each line								,		Interval Between Onset and Death
I,	disease or condition resulting in death)	DUE TO (OF	ridio	m	Di	14	cil		C01	111	9		11-11
		DUE TO (OF	AS A CONSEC	DUENCE OF	): //								YEUR
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OF	AS A CONSEC	DUENCE OF	):								YEARS
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	·											
	that initiated events resulting in deeth) LAST	DUE TO (OF	AS A CONSEC	DUENCE OF	):								
띩		1											
- 11	PART ii. Other significent conditions	contributing to de	ath but not n	esulting l	the und	eriying	cause g	iven in P	Part i. 24s	. WAS AN		24b.	WERE AUTOPSY FINDINGS
EDICAL									_   10	PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
												1	1 TES 2 NO
ÿ													`
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	28. PLA	CE OF DE	ATH (Chec	ck only one)				
¥≳ I	1 YES 2 NO	Inpetient 2 EF			4 Nursin				☐ Other (Sp				
	1 Natural 5 Pending	(Month, Day,		28b. TIME INJU	OF 2	Bc. INJU WOR			28d. DESCRII	N WOH 3E	JURY OCC	CURED	(2.1
0 84	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF IN	JURY — At hor	me, ferm, si	reet, factor				28t, LOCATIO	N (Street a	nd Number	or Rural A	oute Number,
COMPLETED	4 Homicide detarmined	Darrowy, att.	(apocny)						City or To	wn, State)			
2	29a. CERTIFIER 1 CERTIFYING PHYSIC	MAN: To the best of my	knowledge, der	eth occurre	at the tim	e, date a	ind place,	and dua to	o the cause(s	and man	ner as stat	ed.	
Š	0700) 2 MEDICAL EXAMINER	R: On the besis of axam	Ination and/or in	nvestigation	, In my opi	nion, de	eth occure	d at the ti	me, data and	placa, and	due to th	e cause(s)	and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER			-			29c. LICE	NSE NUME	BER	T	29d. DATE	SIGNED	(Month, Day, Year)
2	(Alum m	2					51	410			▶ G	191	93
	30. NAME AND ADDRESS OF PERSON WHO	dhern	OF DEATH (ITEM	4 27) (Type,	Print)		10		Jak		,		
	CANTES KE	32. REGISTRAR'S	SIGNATURE	000	N.	Wa	1/4		201	21.5	Hoy	oken	7
	IIIN 1 1 'Q2	Eli Mila	- Rande	00									



		REGISTRAR		CERTIF	ICATE C	OF DEATH	REG. I	NO.						
		1. DECEDENT'S NAME (First, Middle, Last)	V 5 5		e 1 - 4		2. DATE OF DEATH MONTH	f DAY Y	3. TIME OF DEATH					
	H				agner		June 13	, 1993	1420	M				
		4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year	8.	BIRTHPLACE (State or Foreig Country)	ηn				
P		217-64-1281	1 🗆 M 2 💢 F	55 YRS.		Thousand Lane	July 14,	1937	Maryland					
3 should	m	9e. FACILITY NAME (If not institution, give a				VN OR LOCATION OF E	DEATH	9c. COUNTY						
2,	СТОВ	Union Hospital o	t Cecil Coun	ty	Elkto	on		Ceci	.1					
es T	E	10a. STATE 10b. COUNTY		10c. CF	TY, TOWN OR LO	CATION			10d. INSIDE CITY					
Pag	DIRE	Maryland Ceci	1	E1	kton				LIMITS?	,				
Ë		10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?	_				
nsit p	E	364 Union Church	Road			21921		U.S.						
215-0020 attending physician. se as the burial-transit permit. Pages	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS	DECENDENT OF HISPA	ANIC ORIGIN? (Specify		. RACE — American Indian, Black, Whita, etc.	_				
phys buri		1 Never Married 2 Married	FORCES? 1 YES		If yes	yes 2 X NO Spec	an, Puarto Rican, etc.)		Black, White, etc.					
21215-0020 al or attending physic for use as the burial	BY	3 X Widowed 4 Divorced				30			Specify: White					
_ 5	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S (Give kind of	Work done during	ATION most of working	16b. KIND OF	BUSINESS/INDUS	TRY					
	7	Elementary/Secondary (0-12)	College (1-4 or 5+)											
AND the hosp detached	₹	11		Homem	laker									
YLA by the be det		17. FATHER'S NAME (First, Middle, Last)	F. Rogers			18. MOTHER'S N	AME (First, Middle, Mak							
MARYLAND 2 retained by the hospital 5 should be detached for	BE	19a. INFORMANT'S NAME (Type/Print)	r. Rogers				Elizabet							
MARYLAND retained by the hospit should be detached notified at once.	5	Thomas F. Rogers	Sr.	P.O.	Box 1	eet and Number or Rural 6 - Childs	Route Number, City or S. MD 21	Town, State, Zip Co 916	de)					
ORE, le may be ctor, page nust be r		20s. METHOD OF DISPOSITION		b. PLACE AND DATE										
BALTIMORE, ter death. Page 6 may be the funeral director, page oval.		1 N Buriel 2 Cremation 3 Remo		Union Ce		(Name of		nion, Ma						
ALTIM death. Page tuneral director		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY HICKS Home for Funerals, P.A.												
ALTIM death. Page tuneral dir		1011	5 11	26	His	cks Home : 3 West Sto	tor Funera	als, P.A	<b>.</b>					
BArs after done by the removal.		regon	O. He	CRS	F11	kton MD	21921-55	21						
ours after d in by th or remove		23. PART I. Enter the diseases, or cahock, or heart failure.	Dmplications that cause Liat only one cause on a	d tha daeth. Do aach lina.	not anter the	mode of dyling, su	ch as cardlec or re	apiratory arreat	t, Approximate Interval Betw					
Fille On.		IMMEDIATE CAUSE (Final disease or condition		Mar	0	0. ()	: /	A	Onaet and Da	aath				
in the set of		reaulting in death)												
P 2 2 2 6		DUE TO (OR AS A CONSEQUENCE OF):												
OX 68 e be elecute sician and crior to buring traumatic	CERTIFICATION	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
BOX cate be en physician a e prior to	ÄT	If any, leading to immediate cause. Enter UNDERLYING	,		(				į					
tificat tipot p phy ene p	Ħ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	NF):									
P.O. f th certifica tending ph il Hygiene or other	E	resulting in deeth) LAST	1.											
· = = = =		PART II Other significant condition	a acatalbusta - to d - st.	tot .										
A tr th	EDICAL	PART II. Other aignificant condition	a contributing to death	ot resulting	in the underly	ying ceuse given in		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDIF AMAILABLE PRIOR TO					
LICO luires the signed Health a	ă	- Marie	en local co	acy	tong	Class	1 _ YES	2 NO	DF DEATH?	SE				
	Σ	Moulting	ilo. A	wal	not	me,			1 TES 2 NO					
law law bept. 23	A	acute au	Merries	way	pidio.	reg of a	og							
N: The ficate h State	Ö	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	U	OTHER:	PLACE OF BEATH (C	had puly one)							
OF VITAL RE HYSICIAN: The law requ Hyperentificate has been is men the State Dept. of P. Logic, or item 23 show	PHYSICIAN	1 YES 2 NO	1 Inpetient 2 ER/Out		4 - Nursing i	fome 5 - Rasidence								
OF VITA PHYSICIAN: The What the State I what the State I		Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. Tife	JURY	INJURY AT WORK?	28d. DESCRIBE HO	W INJURY OCCUR	ED					
Name of the last	B	2 Accident Investigation	26s. PLACE OF INJUR	/ _ At home form		YES 2 NO								
DIVISION OR ATENDING DIRECTOR. Atter Noves after death them 28 is man		3 Suicide a Could not be determined	building, etc. (Spe	city)	street, ractory, c	эттеа	281. LOCATION (Streetly or Town, St.	ate)	Rural Route Number,					
OS A SOCIAL STATE OF A SOCIAL STATE OF SOCIAL	Ē	29a. CERTIFIER												
	COMPL	(Check only	CIAN: To the best of my know											
134	8		A. Of the basis of stammate	m and/or investigetic	on, y my opinio	n, death occured at the	e time, data and place,	and due to the c	ause(s) and menner as stated	d.				
1	BE	296. SIGNATURE AND TITLE OF CENTIFIE	2.0	1111	(	29c. LICENSE NU		100	IGNED (Month, Day, Year)					
222	2	30. NAME AND ADDRESS OF PERSON WHO	Tel	1041	1	D21578	8	Jur	ne 15, 1993					
		Satoshi Ikeda, M				- Elkton	, MD 219	21						
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		Derect	HIKLOII	, 110 417							
		JIN 17'93	Julia Davidson	Mandalle.										
L		MIN 4 E JO	The same of the same											



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HUMFINL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  The HAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.  THANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.					
1年18日	THE HOW THENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	THE TAKENAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hurial-transit nermit pages 1 2 3 should	ours after death with the	PORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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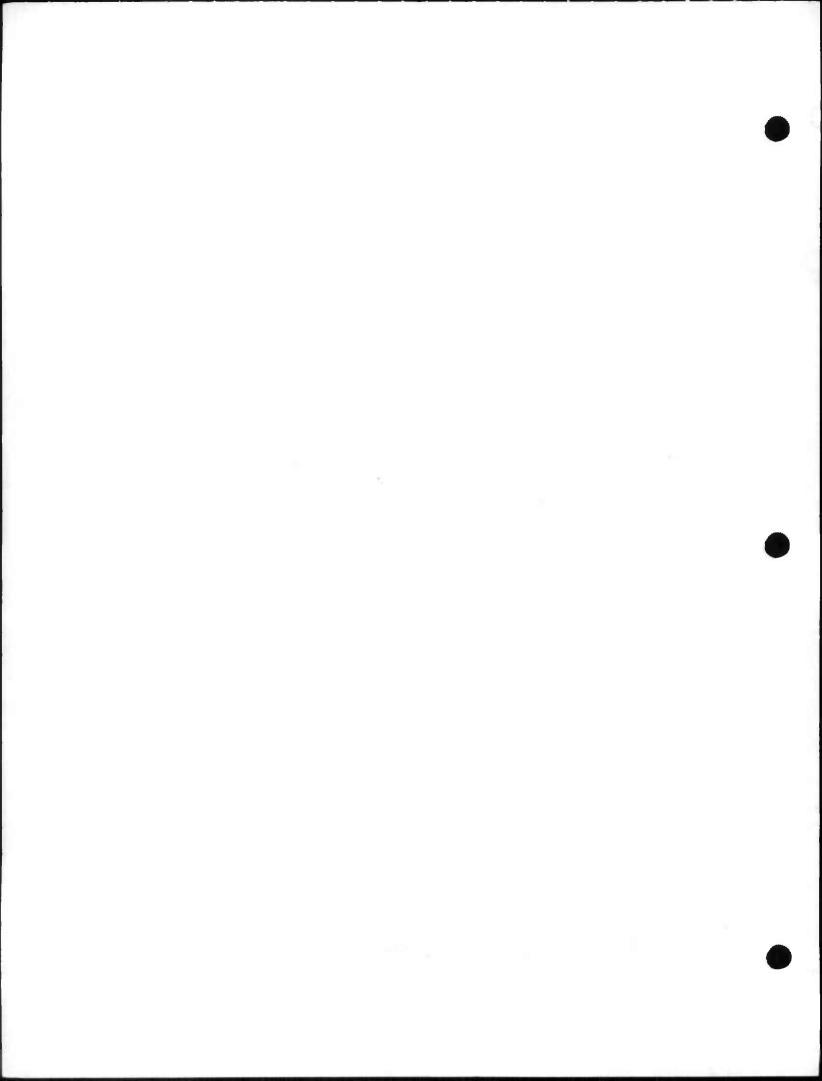
93 19168

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTME CERTIFICA	NT OF HEALTH A	ND MEN	TAL HYGIEN REG. NO.		3 19168
	1. DECEDENT'S NAME (First, Middle, Last) MICHAEL	James	WILCOM	Jr		ATE OF DEATH	W Y	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	Y		DER 1 YEAR   IF UNDER 24	5 698 7 D	TE OF BIRTH		93 5 • 17 P M BIRTHPLACE (State or Foreign
	220-76-0154  9a. FACILITY NAME (If not institution, give si	1 📉 M 2 🗆 F	34 YRS. MONTH	B DAYS HOURS	MINI. AT	oril 2,1	959 M	laryland
E.	FREDERICK MEN	1000		FREDERIC			9c. COUNTY	OF DEATH  DERICK
CTC	RESIDENCE OF DECEDENT				, IX		FRE	DERICK
DIRECTOR	Maryland F1	rederick	10c. CITY, TOW	Monrovia				10d. INSIDE CITY LIMITS? 1 YES 2 NO
3AL	10e. STREET AND NUMBER	D 1		101. ZIP CODE				N OF WHAT COUNTRY?
FUNERAL	4303 Green Valley			217				S.A.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 12 YES IF YES, GIVE WAR OR D. 1985	2 NO	3. WAS DECENDENT OF If yes, specify Cuban, 1 ☐ YES 2 ☒ NO	NISPANIC ORI Maxican, Pua Specify:	IGIN? (Specify Yea rto Rican, etc.)	or No 14.	. RACE — American Indian, Black, Whita, atc. Specify: White
9	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S USUAL	OCCUPATION ne during most of working f.)		16b. KIND OF BUS	INESS/INDUS	TRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)						
JWC	17. FATHER'S NAME (First, Middle, Last)	2	Dairy Far		20 2425 (5)	Agrica st, Middle, Malden	<u>ulture</u>	
	Michael James	WILCOM	Sr		elyn	st, middle, melden : Mae	FOGL	ਸ
) BE	19a. INFORMANT'S NAME (Type/Print)			SS (Street and Number or				
2	Michael J. Wilcom	n, Sr						rovia MD 21770
	20s. METHOD OF DISPOSITION 1 X Burlel 2 ☐ Cremation 3 ☐ Remo	ovel from State   com	PLACE AND DATE OF DISP	OSITION (Name of	D	ATE 20c. LOC	CATION — City	or Town, State
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	Re	sthaven Mer	. Gardens	5/28	/93 Fr	ederic	k, Maryland
	JO 1	ensee //		2. NAME AND ADDRESS Geeney & Ba		P.A. F	uneral	Home
	Lath rynon	Kobuser	✓ MOO706 1	06 East Ch	nurch	St., Fre	ederic	k. MD 21701
	23. PAPT I. Enter the diseases, or cahock, or heart failure. I	a. Arterios	ich line.	ar the mode of dying				Approximate Interval Between Onset and Death
TION	Sequentially list conditions, if any, leading to immediate	3,	CONSEQUENCE OF):					
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
ERI	resulting in death) LAST	1						
AL C	PART II. Other algolificant conditions	contributing to death be	at not resulting in the	underlying cause give	en in Part I.	24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
DIC						PERFORI		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC						X		1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL							Λ
Sici	EXAMINER?	HOSPITAL:	отн					
H	27. MANNER OF DEATH	28a. OATE OF INJURY	28b. TIME OF	ursing Home 5 Resid		ther (Specify) DESCRIBE NOW IN	LIURY OCCUR	FD
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK?				
COMPLETED E	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	At home, farm, street, fr	octory, office	28f. L	OCATION (Street ar lity or Town, State)	nd Number or F	Rural Route Number,
PE	29a. CERTIFIER (Check only	CIAN: To the best of my knowle	edge, death occurred at the	time, data and place, an	d due to the	cause(s) and man	per as stated.	
₩ O	one) 2XXMEDICAL EXAMINER	R: On the basis of examination	and/or investigation, in m	opinion, death occured	at the time, d	ate and place, and	dua to the ca	suse(s) and manner as stated.
BE C	296. SHIGHWITHE AND TITLE OF CERTIFIER	11 111	1.1	29c. LICENS	E NUMBER			GNEO (Month, Day, Year) 25 1993
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TN (ITEM 27) (Type, Print)	OC	ME		<b>▶</b> 5	25 1993
		HT MD	11 Penn S	Street, B	altin	nore, M	Maryla	and 21201
	MAY 2 6 19	32. REGISTRAR'S SIGNA	son-Randall					
	0 10	January II	COL A-Nacional					



		rest Billofolia I a - 45											
	1. DECEDENT'S NAME (First, Middle, Last)  Charles Elwood WILLIAMS, JR.  2. DATE OF DEATH MONTH DAY YEAR 3. 1 TIME OF 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3											TIME OF DEATH	
	4. SOCIAL SECURITY NU		5. SEX	6. AGE (In yrs.		IF UNDER 1 Y	EAR IF UNDER 24 HR	Z DAT	E OF BIRTH	7 /	BURTHPI	ACE (State or Forei	
	217-88-6662 96. FACILITY NAME (N noi		1 <b>№</b> M 2 □ F	30	YRS.		AYS HOURS MIN	Apr	inth, Day, Year)	1963	Country) Mary	land	
OH	Frederick	Memori		tal			own on Location of	DEATH		Fred			
DIRECTOR	RESIDENCE OF DI	10b. COUNT			10c. CIT	Y, TOWN OR I	LOCATION				10	d. INSIDE CITY	
	Maryland  100. STREET AND NUMBE		lerick		j	Freder		7			YES 2 NO		
FUNERAL	/		ick Street	t			21701		10g. CITIZEN U.S			AT COUNTRY?	
BY	11. MARITAL STATUS  1 X Viewer Married 2 [ 3  Widowed 4 December 1		12. WAS DECEDEN FORCES? 1 IF YES, GIVE N	NT EVER IN U.S. A I YES 2X WAR OR DATES	ARMED XNO	If y	S DECENDENT OF HIS  IS, specify Cuben, Mes  YES 2 100 Specific Control of the con	PANIC ORIC icen, Puert icily:	GIN? (Specify Yer o Rican, etc.)	s or No— 1	Hace — Black, V	- American Indian, Vhite, etc. LTE	
LETED		ECEDENT'S EDI only highest grad			(Give kind of life. Do NOT us	work done duri se retired.)	ng most of working	1	66. KIND OF BUI Vocation	mal T	raini	ing Cent	
COMPL	17. FATHER'S NAME (First,		18. MOTHER'S	NAME (First	t, Middle, Maiden	Surname)		LLS					
BE	19s. INFORMANT'S NAME		xd William		<u> </u>				Annabe				
2	Charles E.		ams, Sr.	reet and Number or Ru Patrick S	t., ]	rederi	ck, Mc	1. 21	1701				
	20s. METHOD OF DISPOSITION  XX Burlal 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Management of Computer Piece)  20c. LOCATION — City or Town, State  100 PLACE AND DATE OF DISPOSITION (Name of Management of Computer Piece)  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State												
	21. SIGNATURE OF FUNE	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  All cm A Ruby M00703  M00703  22. NAME AND ADDRESS OF FACILITY  Keeney and Basford P.A. Funeral Home  106 East Church St., Frederick, Md. 2170											
	23. PART i. Enter the shock, or iMMEDIATE CAUSE (i disease or condition resulting in death)	heert failure.	a. Ten	caused the cuse on each in	death. Do i	106	East Chu	rch S	St., Fr	ederic	it,	Approximat	
TIFICATION	shock, or iMMEDIATE CAUSE (F disease or condition	Hitions, nediste	b. List only one can  DUE TO	caused the	dasth. Do r	106 not enter the	East Chu	rch S	St., Fr	ederic	it,	Approximat	
CERTIFICATION	shock, or IMMEDIATE CAUSE (f disease or condition resulting in death)  Sequentially list condif any, leading to immicause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	Hitions, nediate Ying AST	a. Due to b. Due to c. Due to d.	Caused the use on each life of (OR AS A CONS	death. Do no.	106 not enter the	East Chu mode of dying, a	rch Such as ca	St., Fr	rederic	rt,	Approximatinterval Bei Onset and	
MEDICAL	shock, or IMMEDIATE CAUSE (f disease or condition resulting in death)  Sequentially list condif any, leading to immicause. Enter UNDERL CAUSE (Disease or in that initiated events	Hitions, nediate Ying AST	a. Due to b. Due to c. Due to d.	Caused the use on each like on each like on each like of (OR AS A CONS	death. Do no.	106 not enter the	East Chu mode of dying, a	rch Such as ca	St., Fr	AUTOPSY AMED?	24b. W	Approximatinterval Ber Onset and Ons	
MEDICAL	shock, or IMMEDIATE CAUSE (if disease or condition resulting in death)  Sequentially list condition from the sequence of the s	Hitlons, nedlate ying a state of the state o	a. DUE TO b. DUE TO c. DUE TO d	Caused the use on each like on each like on each like of (OR AS A CONS	death. Do no.	106 not enter the	East Chu e mode of dying, s Text	rch such as ca	24a. WAS AN PERFOR	AUTOPSY AMED?	24b. W	Approximatinterval Bet Onset and Ons	
MEDICAL	shock, or IMMEDIATE CAUSE (f disease or condition resulting in death)  Sequentially list condif any, leading to immicause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other significations.	Hitlons, nedlate ying a state of the state o	a. DUE TO b. DUE TO c. DUE TO d	Caused the use on each like on each like on each like (OR AS A CONS) O (OR AS A CONS) O (OR AS A CONS) O death but not	death. Do ine.	106 not enter the	East Chu mode of dying, a	in Part I.	24a. WAS AN PERFOR	AUTOPSY AMED?	24b. W	Approximatinterval Bef Onset and Onset and Interval Bef Onset and In	
PHYSICIAN: MEDICAL	Shock, or IMMEDIATE CAUSE (fideate or condition resulting in death)  Sequentially list condifarry, leading to immicause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other significations of the condition of the condit	Hitlons, nedlate ying a state of the state o	a. DUE TO b. DUE TO c. DUE TO d	Caused the use on each like on each like on each like of (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) (OR AS A CONS)	death. Do ine.	106 not enter the	East Chu mode of dying, s Test	in Part I.	24a. WAS AN PERFOR	AUTOPSY AMED?	24b. W/MCCCOF	Approximatinterval Bef Onset and Onset and Interval Bef Onset and In	
ED BY PHYSICIAN: MEDICAL	Shock, or IMMEDIATE CAUSE (fideate or condition resulting in death)  Sequentially list condifarry, leading to immicause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other significations of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the significant of th	Hitions, ediate ying and conditions.  Cant conditions.  TO MEDICAL	a. DUE TO b. DUE TO c. DUE TO d	Caused the use on each like on each like on each like of (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) (OR AS A CONS)	death. Do ine.  SEQUENCE OF SEQUENCE OF TESTINGS  TO SEQUENCE OF SEQUENCE OF TESTINGS  TO SEQUENCE OF	106 not enter the	East Chue mode of dying, a mode of dying, a mode of dying, a mode of dying, a mode of dying, a mode of dying, a mode of dying a mode of dying a mode of dying a mode of dying a mode of dying a mode of dying a mode of dying a mode of dying a mode of dying a mode of dying a mode of dying a mode of dying a mode of dying a mode of dying a mode of dying a mode of dying, a mode of dying a	in Part I.	24a. WAS AN PERFOR	AUTOPSY AMED?	24b. Windows of 1	Approximatinterval Be Onset and Onse	
ETED BY PHYSICIAN: MEDICAL	Shock, or IMMEDIATE CAUSE (If disease or condition resulting in death)  Sequentially list condition if any, leading to immicause. Entar UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other signification of the condition of th	ilitions, nediate ying and the ying all ying and the ying and the ying and the ying and the ying and the ying and the ying and the ying and the ying and the ying and the ying and ying	DUE TO  b. DUE TO  c. DUE TO  d	Caused the use on each like on	death. Do ine.	THER: 4   Nursing BE OF JURY M   street, factory,	East Chue mode of dying, a mode of dying, a mode of dying, a mode of dying, a mode of dying, a mode of dying, a mode of dying a mode of dying a mode of dying a mode of dying a mode of dying a mode of dying a mode of dying a mode of dying a mode of dying a mode of dying a mode of dying a mode of dying a mode of dying a mode of dying a mode of dying a mode of dying, a mode of dying a	in Part I.  Check only 28d. 0	24a. WAS AN PERFOR 1 VES 2  CORP. Specify)  ESCRIBE HOW IS CONTROL (Street in ly or Town, State)	AUTOPSY AMED?	24b. WW AN CO OF 1	Approximatinterval Bet Onset and Ons	
BE COMPLETED BY PHYSICIAN: MEDICAL	Shock, or IMMEDIATE CAUSE (If disease or condition resulting in death)  Sequentially list condition if any, leading to immicause. Entar UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other signification of the condition of th	Hitions, nediate YING plury  IST  TO MEDICAL  Pending Investigation  Could not be determined  RTIFYING PHYS	a. DUE TO b. DUE TO c. DUE TO d	Caused the use on each like on	death. Do ine.	OTHER: 4   Nursing lie OF   28   1   28   1   28   1   1   1   1   1   1   1   1   1	East Chue mode of dying, a mode of dying, a mode of dying, a mode of dying, a mode of dying, a mode of dying ceuse given a mode of the mode of dying, a mode of dying, a mode of dying, a mode of dying, a mode of the mode of	in Part I.  Check only 28d. O 28f. CC	24a. WAS AN PERFOR 1 VES 2  One)  her (Specify)  ESCRIBE HOW I VES 2  CATION (Street of Your Town, State)  cause(s) and margine and place, and place, and place, and place of the state of	AUTOPSY AMED?  AUTOPSY AMED?  AND NUMBER OF THE PROPERTY OCCUR.  AND NUMBER OF THE PROPERTY OCCUR.  AUTOPSY AMED?  AUTOPSY AMED.  AUTOPSY AMED.  AUTOPSY AMED.  AUTOPSY AMED.  AUTOPSY AMED.  AUTOPSY AMED.  AUTOPSY AMED.  AUTOPSY AMED.  AUTOPSY AMED.  AUTOPSY AMED.  AUTOPSY AME	24b. Winner Coordinate	Approximatinterval Bet Onset and Interval Bet Onset Approximation on Carbon Per Number, Interval Bet	
COMPLETED BY PHYSICIAN: MEDICAL	Shock, or IMMEDIATE CAUSE (f disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list conditions, leading to immicause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other significations are supported by the sequence of the	Hitions, nediate ying and the pending investigation  Could not be determined examined examined examined.	B. List only one can a. DUE TO b. DUE TO c. DUE TO d. DUE TO D. DU	Caused the use on each like on each like on each like on each like on each like on each like on each like on each like on each like on the	death. Do ine.  SEQUENCE OF SE	OTHER: 4   Nursing lie OF   28   1   28   1   28   1   1   1   1   1   1   1   1   1	East Chu e mode of dying, a mode of dyin	in Part I.  Check only 28d. O 28f. CC	24a. WAS AN PERFOR 1 VES 2  One)  her (Specify)  ESCRIBE HOW I VES 2  CATION (Street of Your Town, State)  cause(s) and margine and place, and place, and place, and place of the state of	AUTOPSY AMED?  AUTOPSY AMED?  AND NUMBER OF THE PROPERTY OCCUR.  AND NUMBER OF THE PROPERTY OCCUR.  AUTOPSY AMED?  AUTOPSY AMED.  AUTOPSY AMED.  AUTOPSY AMED.  AUTOPSY AMED.  AUTOPSY AMED.  AUTOPSY AMED.  AUTOPSY AMED.  AUTOPSY AMED.  AUTOPSY AMED.  AUTOPSY AMED.  AUTOPSY AME	24b. Winner Coordinate	Approximatinterval Bet Onset and Interval Bet Onset Approximation on Carbon Per Number, Interval Bet	

	1 - STATE REGISTRAR		CE	RTIF	ICATE	OF	DEAT	H	MPIT IV	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	PAUL SI	ERLING V						2. DATE MONT	OF DEATH	DAY	YEAR 983	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-14-8535	5. SEX 1 X M 2 F	6. AGE (In yrs. less	birthday) B YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign
OB P	9a. FACILITY NAME (If not institution, give str Frederick Memoria		al			der	ick	ON OF DE	ATH	_		ederi	
DIRECTOR	nesidence of decedent 10a. STATE 10b. COUNTY Maryland Frede	rick		10c. CITY, TOWN OR LOCATION Walkersville							10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	10e. STREET AND NUMBER 11 Glade Road			101. ZIP CODE 21793						10g. CITIZEN OF V			
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	T EVER IN U.S. ARI YES 2 XN AR OR DATES	MED	11	yes, spe	ENDENT O	F HISPAN 1, Mexicer Specify	n, Puerto	f? (Specify Yo Rican, atc.)	s or No-	14. RACE Black Speci	American Indian, white, white	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 8 years	ATION completed) College (1-4 or 5+	(Gh	CEDENT'S We kind of the NOT use STOd:		CUPATIO	N st of working	9	168	KIND OF BU	JSINESS/IN	DUSTRY	
200	17. FATHER'S NAME (First, Middle, Last)  Robert Ashley We	bber								Middle, Meidel lizabe	-	ooper	
10 8	19a. INFORMANT'S NAME (Type/Print) Linda R. Webber						nd Number	or Rural R	loute Num	ber, City or Too	vn, State, Zi	(p Code)	
	20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remote 4 Donation 5 Other (Specify)	val from State	20b. PLACEA	ND DATE	OF DISPOSI	TION /Nai		.KCI S	DAT	E 20c. L	OCATION -	- City or To	
	21. SIGNATURE OF THINKING SERVICE SCE	2000	A	i dei	22. P	BER		DAII	LEY	SON	FUNE	RAL I	HOMES, P.A.
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	OR AS A CONSECU										Onset and Deal
CENTIF	that initiated events resulting in death) LAST		OR AS A CONSEQ										
	PART II. Other significant conditions  do Chlyri	contributing to	death but not re	eaulting i	in the und	derlying	cauaa g	ivan in F	Part I.	24a. WAS AP PERFO 1 YES	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
THISIOISIN: WE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DE	ATH (Chec	ck only on	9)			
		1 S-Inpatient 2 🗆			OTHER	ng Home		idence 8	B 🗆 Othe	(Specify)			
	1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF I (Month, Da	ry, Year)	28b, TIM	E OF URY M	28c. INJU WOF 1 Y	IRY AT RK? ES 2 [		28d. DES	CRIBE HOW	INJURY OC	CUREO	
	3 Suicide 8 Could not be determined	28e. PLACE OF building, e	FINJURY — At hometro, (Specify)	ne, term, s	treet, facto	ry, office			28t. LOC City	ATION (Street or Town, State	and Number	r or Rural R	oute Number,
	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICI 2 MEDICAL EXAMINER:	AN: To the best of r	my knowledge, deal	th occurre	d at the tin	ne, date d	and place,	and due t	to the cau	se(s) end ma	nner ee ata	ted.	and menner as stated.
10 BE C	296. SIGMATURE AND PITTLE OF CERTIFIER	Line	in	1			29c. LICE						(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	E OF DEATH (ITEM	27) (Typer	Print)	Ŀ	/	n	1		()	/	
	31. DATE FILED (MONTY Cay, Year) 1993	32. BEGISTRAF	SIGNATURE	ndelle			- 6				/ \		



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should		9a. FACILITY NAME (If not institution, give :	street and number
(C)	5	1726 Deth's F	ord Ro
1. 2,	15	RESIDENCE OF DECEDENT	01 4 100
permit. Pages 1,	W.	10a. STATE 10b. COUNT	
2	🚡	MD H	arford
E	4	10e. STREET AND NUMBER	
The second	12	1726 Deth's F	ord Ro
020 physician. burial-transit	FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECE
Pysi Puria	正	1 Never Married 2 Narried	FORCES?
-00 ing p	B	3 Widowed 4 Divorced	IF YES, GI
MARYLAND 21215-0020 retained by the hospital or attending physician 5 should be detached for use as the burial-tranoitiled at once.	0	15. DECEDENT'S EDU	CATION
or at	I E	(Specify only highest grade	completed)
AND 2121 the hospital or att detached for use once.	TO BE COMPLETED	Elementary/Secondary (0-12)	College (1-4 c
N host	Z		4
the hor detach	8	17. FATHER'S NAME (First, Middle, Last)	
d by the d at	E E		ırrier
MAR retained 5 should notified	0	19a. INFORMANT'S NAME (Type/Print)	
E, MAR'y be retained y be retained be notified	F	Mr. H. Douglas W	loodbur
Rey that the		20a. METHOD OF DISPOSITION	
OR Mag		1 M Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State
Page dire		21. SIGNATURE OF FUNERAL SERVICE LIE	CENSEE
The man		1 200	0
BALTIMORE, MARYLAND 21215-0020 of odeth. Page 6 may be retained by the hospital or attending physic the funeral director, page 5 should be detached for use as the burial val.		Calleni	7. 7
BALTIM within 24 hours after death. Page npietely filled in by the funeral dirt cremation, or removal.		23. PART I. Enter the diseases, or	
d in		shock, or heart fellure.	Liat only one
n 24 n ty fille attion,		IMMEDIATE CAUSE (Finel disease or condition	A
or ithin etely enterly ant,		resulting in death)	a
760, ed withir ompletel il, crema event,			DUE
OX 68 e be execut sician and c prior to burie traumatic	Z	Sequentially list conditions,	b
E to a K	ΙĔΙ	if any, leading to immediate	DUE
BO ate b	2	CAUSE (Disease or Injury	C
O. El certifical fing phy rgiene p	E	that initiated events	DUE
P. C	E	resulting in death) LAST	d.
S, leaf deat deat deat emtal	2		
RECORDS, requires that the dear signed by the ath of Health and Menta shows any injury,	AL	PART II. Other significant condition	a contributing
that the same	일		
Sign Sign Heal	빌		
F VITAL RECORDS, P.O. BOX 68760, BALTIMORE, I SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be SICIAN: The law requires that the attending physician and completely filled in by the funeral director, page in the State Dept. of Health and Mental Hygiene prior to burial, certainloin, or removal.  1, or item 23 shows any injury, or other traumatic event, the medical examiner must be in	HYSICIAN: MEDICAL CERTIFICATION		
AL has thas to Dept	X	25. WAS CASE REFERRED TO MEDICAL	
CIAN: The sertificate h the State (	2	EXAMINER?  1  YES 2 NO	HOSPITAL
SICIAN Certificant the	Σ		1 Inpatient
HYSH HYS	4	27. MANNER OF DEATH  1 X Netural 5 Pending	28a. DATI (Mon
NG PHN fler this eath wit	BY	2 Accident Investigation	
O NO NO NO NO NO NO NO NO NO NO NO NO NO		3 Suicide 6 Could not be	28a. PLA
DIVISION O TAL DR ATTENDING PHY AL DIRECTOR: After this 72 hours after death with If Nem 28 is marked	1	4 Homicide determined	
DIV OR / OIRE	الا	29a. CERTIFIER 1 X CERTIFYING PHYS	CIAN: To the he
DIVISION O HOSPITAL DR ATTENDING PHY FUNERAL DIRECTOR: After this within 72 hours after death will TANT: If Hem 28 is market	¥	(Check only one) 2 MEDICAL EXAMINE	
HOSPIT FUNER WITHIN	8		
DIVISION O TO THE HOSPITAL OR ATTENDING PHYN TO THE FUNERAL DIRECTOR. After this oe filed within 72 hours after death with MPORTANT: If Item 28 is marked	BE COMPLETED	296 SIGNATURE AND TITLE OF CERTIFIE	R 1/1
2 2 3 W	3 6	Dawn 1/h	Her
	2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED
₩.		Devis Mi	Hahr
b		31. DATE FILED (Month, Dog Man)	32 REGIS

-	REGISTRAR		OLITI	IFICATE O	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle,	Last)				2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
		Dail Cur	rier V	loodburn		June 11,	1993	2:35P M
	4. SOCIAL SECURITY NUMBER 215 32 6597	5. SEX 6.	AGE (In yrs. last birtho	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)	Coun	
	9a. FACILITY NAME (If not institution,	give street and number)	00	9b. CITY, TOW	OR LOCATION OF E	11-10-193	9c. COUNTY OF	MD
		Ford Road			re de G			rford
		OUNTY	10c.	CITY, TOWN OR LO	CATION			10d. INSIDE CITY
	MD	Harford		Hav	re de Gr	ace		LIMITS? 1 YES 2 X NO
	100. STREET AND NUMBER 1726 Deth's	Ford Road			101. ZIP CODE 2107	8	10g. CITIZEN OF	WHAT COUNTRY? USA
	11. MARITAL STATUS	12. WAS DECEDENT EV				NIC ORIGIN? (Specify Yes	or No- 14. RAC	E — American Indian.
	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1			specify Cuban, Mexic ES 2 X NO Spec	en, Puerto Rican, etc.) ly:	Spe	ck, White, etc.  White
	15. DECEDENT'S (Specify only highest			T'S USUAL OCCUPA		16b. KIND OF BUSH	NESS/INDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	We. Do NO	of work done during of use retired.)	most of working			
		4	Mı	usic Tea	cher	Educa	tion	
1	17. FATHER'S NAME (First, Middle, La					AME (First, Middle, Malden S	umame)	
	Oliver M.					ace Jeffers		
	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town,		
-	Mr. H. Douglas	woodburn	1720	Deth's	Ford Roa	id, Havre o	de Grac	e, MD 21078
	1 M Burlel 2 Cremation 3 4 Donation 5 Other (Specify,		cametery, crematory Harmony	or other placed Dec	er Creek	m 6/14 Dar	ation – city or i	own, State MD
	21, SIGNATURE OF FUNERAL SERVI	CE LICENSEE		22. NAME	AND ADDRESS OF F	KCILITY		
	► Lalleni	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Them	Havi	hell-Smitl e de Gra	Funeral Hace, MD 2	lome, P 21078-31	. A . 97
	23. PART I. Enter the diseases shock, or heart fel	, or complications that ca lure. List only one cause	used the death. I	o not enter the i	node of dying, su	th as cardiac or respire	story arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel		1 2 A	1				Onset and Death
	disease or condition resulting in death)	· Mu	rituli	o Le	why	rancema	of Stone	A 9 month
		DUE TO (OR	AS A CONSEQUENC	E OF):				
	Sequentially list conditions,	b. OHE TO YOR	AS A CONSEQUENC	E OF:		,		
H	if any, leading to immediate cause. Enter UNDERLYING	352 15 (5.1.	NO N CONSCOUNT	L 01).				j
1	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR	AS A CONSEQUENC	E OF):				
	resulting in death) LAST	d.						
	PART II. Other significant con-	ditions contribution to de-	oth but not mould	and a think work and				
	TANT II. Other arguincant com	uniona contributing to des	ith but not resulti	ng in the underly	ing cause given in	Part I. 24a. WAS AN A PERFORM		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
1						1 TES 2	XNO	OF DEATH?
								1 YES 2 NO
	25. WAS CASE REFERRED TO MEDIC	al T		26	PLACE OF DEATH (C	mak anti-anti-		
1	EXAMINER?  1  YES 2 NO	HOSPITAL:	/Outpetlant 3 🗆 DO	OTHER:	ome 5X Residence			
H	27. MANNER OF DEATH	28a. DATE OF INJ	URY 26b.	TIME OF 28c.	NJURY AT	28d. DESCRIBE HOW IN.	JURY OCCURED	
	1 Netural 5 Pending 2 Accident Investiga		bar)		VORK? YES 2 NO			
	a C a tit	28a DI ACE OF IN	JURY — At home, far	m, street, factory, of	fice	28f. LOCATION (Street an	d Number or Rural	Route Number,
	3 Suicide 6 Could no	of be building etc				City or Town, State)		
	4 Homicide 6 Could no detarmin	or de building, etc.						
	4 Homicide determin	building, etc.	knowledge, death oc	curred at the time, d	ite end place, and du	to the cause(s) and mann	er as stated.	
	4   Homicide detarmin	building, etc.						(a) and manner as ataled.
	4   Homicide detarmin	PHYSICIAN: To the best of my  AMINER: On the best of exemi				lime, data and place, and	due to the cause	
	29a. CERTIFIER (Check only one) 2 MEDICAL EX	PHYSICIAN: To the best of my  AMINER: On the best of exemi			death occured at the	lime, data and place, and	due to the cause	(e) and manner as atsted.  D (Monty) Day, Year)
	29a. CERTIFIER (Check only one) 2 MEDICAL EX	PHYSICIAN: To the best of my AMINER: On the best of exemi	nation and/or investig	ation, in my opinion	29c. LICENSE NU	Hime, data and place, and MBER	due to the cause	
	29a. CERTIFIER (Check only one) 2 MEDICAL EX.  29b. SIGNATURE AND TITLE OF CERTIFIER OF CERTIFIE	PHYSICIAN: To the best of my AMINER: On the best of exemi	or DEATH (ITEM 27)	ation, in my opinion	death occured at the	Hime, data and place, and MBER	due to the cause	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

				ICATE O		REG. NO						
	1. DECEDENT'S NAME (First, Middle, Last)	LEE EDWARD	WAIGH			2. DATE OF DEATH	-16-9					
	LEF	107	AIGHT				G Y	9.7 0323 A- M				
	4. SOCIAL SECURITY NUMBER		(in yrs. last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign				
	063-32-5344		1 YRS.	MONTHS DAY		02-03-1	942	New York				
	9a. FACILITY NAME (If not institution, give			Oh CITY TOW	N OR LOCATION OF D		9c. COUNTY					
œ	Howard County		enital	Colu		EAIN	100					
유	RESIDENCE OF DECEDENT	oenerar no	Spical	COLU	iiDIa		пом	ard County				
DIRECTOR	10a. STATE 10b. COUN	гү	10c. CI	TY, TOWN OR LO	CATION			10d. INSIDE CITY				
5	Maryland How	ard County		Elkr	idae			LIMITS?				
A	10s. STREET AND NUMBER	10g. CITIZEN	OF WHAT COUNTRY?									
ER	70 Baja Way	us	Δ									
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS (	21227 DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes		. RACE — American Indian.				
	1 Never Married 2000 Married	FORCES? 12 37ES	2 NO		ES 2 190 Specific			Black, White, etc.				
BY	3 Widowed 4 Divorced				XX	,		white				
	15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S	Work done during	ATION most of wadding	16b. KINO OF BU	SINESS/INDUS	TRY				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during				m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
¥	unknown Bioclinical Technician Medical/Te											
S	17. FATHER'S NAME (First, Middle, Lest) Edward Volney	Wairh				ME (First, Middle, Maiden						
BE		waight				otte Lou						
2	19a. INFORMANT'S NAME (Type/Print)	Wai wat				Route Number, City or Tow						
_	Ms. Veronica	waight	/U E	saja wa	ay, Elkr	idge, MD	2122	7				
	20a. METHOD OF DISPOSITION 1 Buriel ZXX Cremation 3 Rer	novel from State Ce	b. PLACE AND DATE	OF DISPOSITION	(Name of	DATE 20c. LO	CATION — City	or Town, State				
	4 Donation 5 Other (Specify)		alto-Wa	sh Cre	ematory	6-16-93	Lau	rel, MD				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	Slack Funeral Home, P.A. Ellicott City, Maryland 21043											
	23. PAPIT I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate											
	shock, or heart failure	List only one cause on	each line.			in as cardiac or respi	natory aniest	interval Between				
	iMMÉDIATE CAUSE (Final disease or condition	Ac to Do		0. 17	- 1			Onset and Death				
	resulting in death)	- Marie IV	My o cano	77 7	Was ch	in		HES				
	resolding in death)	DUE TO (OR AS	A CONSEQUENCE C	MED:	1 10000							
_	resulting in death)	DUE TO (OR AS	A CONSEQUENCE C	OF):	100001							
2	Sequentially list conditions,	b	A CONSEQUENCE O									
ATION	Sequentially llat conditions, if any, leading to immediate cause. Enter UNDERLYING	b										
IFICATION	Sequentially llat conditions, if any, leading to immediate	DUE TO (OR AS		PF);								
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS	A CONSEQUENCE O	PF);								
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	A CONSEQUENCE O	PF):								
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS c. DUE TO (OR AS d	A CONSEQUENCE O	in the underly				24b, WERE AUTOPSY FINDINGS				
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS c. DUE TO (OR AS d	A CONSEQUENCE O	in the underly		Part i. 24e. WAS AN	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE				
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS c. DUE TO (OR AS d	A CONSEQUENCE O	in the underly		Part i. 24a. WAS AN	RMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?				
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS c. DUE TO (OR AS d	A CONSEQUENCE O	in the underly		Part i. 24e. WAS AN	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE				
MEDICAL	Sequentially llat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  Consumer Consumer Condition  25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS  C. DUE TO (OR AS  d	A CONSEQUENCE O	in the underly		Part i. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?				
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the cause of the	b. DUE TO (OR AS c. DUE TO (OR AS d	A CONSEQUENCE O	in the underly	elog cause given in	Part i. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?				
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition of the cause of the	DUE TO (OR AS  c. DUE TO (OR AS  d	A CONSEQUENCE C	In the underly  28.  OTHER: 4   Nursing M	PLACE OF DEATH (Ch	Part i. 24a. WAS AN PERFOR	NO NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1  YES 2 NO				
PHYSICIAN: MEDICAL	Sequentially llat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART H. Other significant condition  Cr Garaffe Alara  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	DUE TO (OR AS  c. DUE TO (OR AS  d	A CONSEQUENCE C	of):  in the underly  28.  OTHER: 4   Nursing H  AEC OF 28c.	PLACE OF DEATH (Chome 5 - Residence	Part i. 24e. WAS AN PERFOR 1 U YES 2  Deck only one)  6 U Other (Specify)	NO NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1  YES 2 NO				
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BE-COMPLETED BY PHYSICIAN: MEDICAL	Sequentially llat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS  C. DUE TO (OR AS  d	A CONSEQUENCE OF A CONS	25.  OTHER: 4   Nursing H  BE OF   26c.  JURY M   1    street, factory, or	PLACE OF DEATH (Chome 5   Residence INJURY AT WORK? YES 2   NO Hica sete and place, and due to, death occured at the	Part i. 24e. WAS AN PERFORM 1 VES 2  1 VES 2  1 VES 2  1 VES 2  26t. LOCATION (Street City or Your, State)  1 to the cause(a) and manufacture of the cause(a) and manufacture of the cause(b) and manufacture of the cause(b) and manufacture of the cause(c)	NJURY OCCUR	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO  Rural Route Number,  Buse(e) and manner se stated.				
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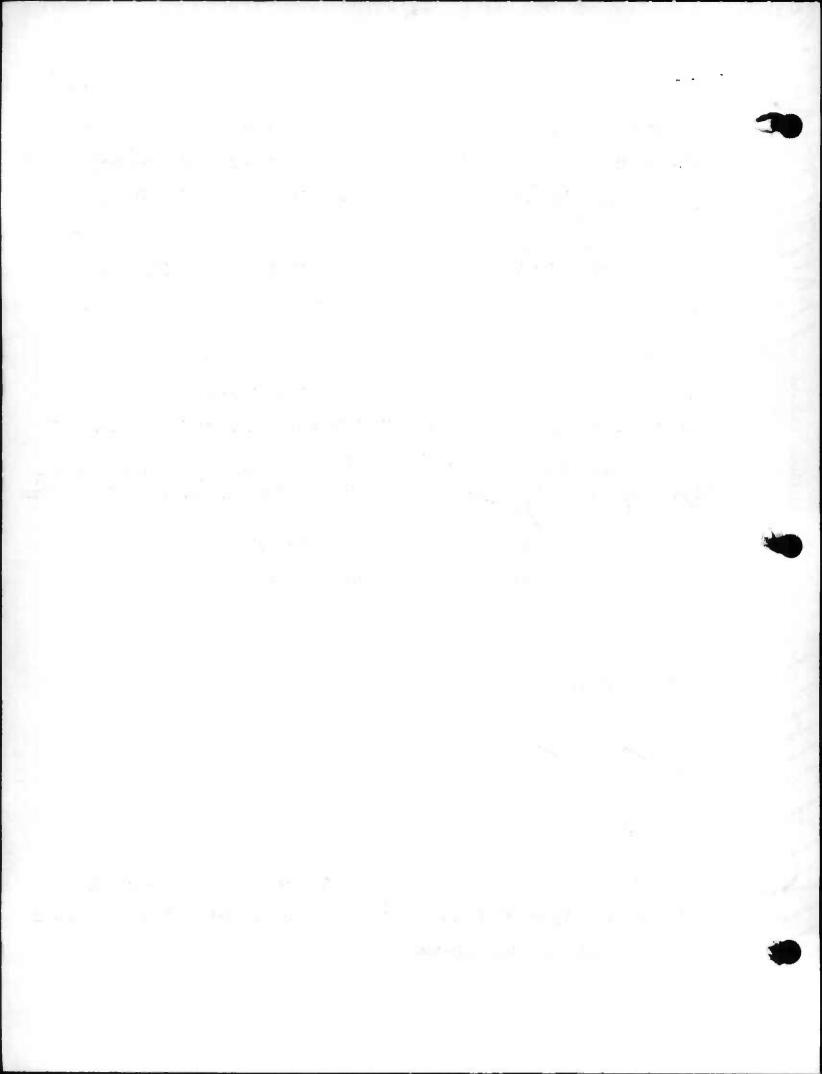
il examiner must be notified at once.	IMPORTABLE II Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
wal.	have a many prior man deep with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detache	THE COMPLECTOR ATTENTION OF COURT THE CONTINUE OF THE COURT OF THE COU
er death. Page 6 may be retained by the hosp	THE ASSESTMENT ATTENDENCE PROSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the host

ELIZABET 4. SOCIAL, SECURITY NUMBE 053-38-9391 90. FACILITY NAME (If not ins) ANNE Arunded RESIDENCE OF DECI 100. STATE	FR 5. SI		ITE				1 -7 (777)	ITH O	1000	YEAR		
053-38-9391  Se. FACILITY NAME (If not inst Anne Arundel RESIDENCE OF DECI							JÜÑ	E 17.	1993		3:40 A	
Anne Arundel	1	EX	6. AGE (In	yrs. last birthday)	IF UNDER 1 YE		78.4-	E OF BIRTN nth, Day, Year)		. BIRTNPL Country)	ACE (State or Foreign	
Anne Arundel						B HOURE	Jun	June 26 1898			New York	
RESIDENCE OF DEC	titution, give street ar	nd number)			9b. CITY, TO	N OR LOCATION	OF DEATN		9c. COUNT	Y OF DEA	TN	
	2 Medical	e CEnt	er		A	nnapoli	S		Anne	Aru	undel	
10e. STATE	EDENT 10b. COUNTY			I so am	Y. TOWN OR LO							
MD	Queen	Ammal		10c. C11		ester				10d. INSIDE CITY LIMITS?		
IGO. STREET AND NUMBER	queen	Aririe	٥		CN	101. ZIP CODE			10m CITIZE		T COUNTRY?	
500 Barnst				1619				tates				
11. MARITAL STATUS	U.S. ARMED	40 400			DIN? (Specify Yes			- American Indien,				
1 Never Merried 2 1	Warrled 12. V	FORCES? 1	YES	2 NO	If yes	, specify Cuban,	Mexican, Puert	o Ricen, etc.)	or No- 1	Black, V	White, etc.	
Widowed 4 Divon	ced	F YES, GIVE Y	MAR OR DAT	ES	10	YES 2 XHO	Specify:			Specify:	White	
15. DECE	DENT'S EDUCATION	N _		18a. DECEDENT'S	USUAL OCCU	PATION	1	6b. KIND OF BU	SINESS/INDU	STRY	WIDCE	
(Specify only Elementary/Secondary (0-	+)	(Give kind of life, Do NOT u	work done during se retired.)	most of working								
12		Home	maker			Hon	16					
17. FATHER'S NAME (First, Middle, Lest)						16. MOTNE	ER'S NAME (Firs	t, Middle, Maiden	Surname)			
R. Burnham M	loffat			E	Ellen Pierrepont							
190. INFORMANT'S NAME (Ty	pe/Print)			19b. MAJLING	a. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)							
Margaret R.	Bennett			2500	Virgi	nia Ave	nue. N	.W. Was	hinat	on.	D.C. 2003	
Margaret R. Bennett 2500 Virginia Avenue, N.W. Washington.  200. METHOD OF DISPOSITION 1   Burlet 2   Commenter of Commentary Commenter of Commentary Comm												
immediate Cause (Findisease or condition resulting in death)	eart feliure. List del	cor	1008	hve 1	rent	for	lure				Interval Betwee	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  B. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other algolitical	at conditions co	ntelbuting to	deeth hi	it not requition	In the under	fulna causa a	luan in Bart i	24a, WAS AF	AITTORY	24b N	VERE AUTOPSY FINDING	
sephice						.ymg cadoo g		PERFO	RMED?	ED? AMAILABLE PRIOR		
25. WAS CASE REFERRED TO EXAMINER?		ODITAL.				6. PLACE OF DE	ATH (Check only	r one)				
1 TES 2 NO		SPITAL:	☐ ER/Outp	ntient 3 🗆 DOA	OTHER:	Nome 5 🗆 Res	idence 8 🗆 O	ther (Specify)				
	Pending Investigation	28a. DATE O (Month,	F INJURY Day, Year)	28b. Til	ME OF JURY M	: INJURY AT WORK?		8d. DESCRIBE NOW INJURY OCCURED				
3 Suicide 8	Could not be determined		OF INJURY I, etc. (Speci	— At home, farm,	street, factory,	office		OCATION (Street lity or Town, State		or Rural Ro	ute Number,	
onel only	TFYING PNYSICIAN										and manner as stated.	

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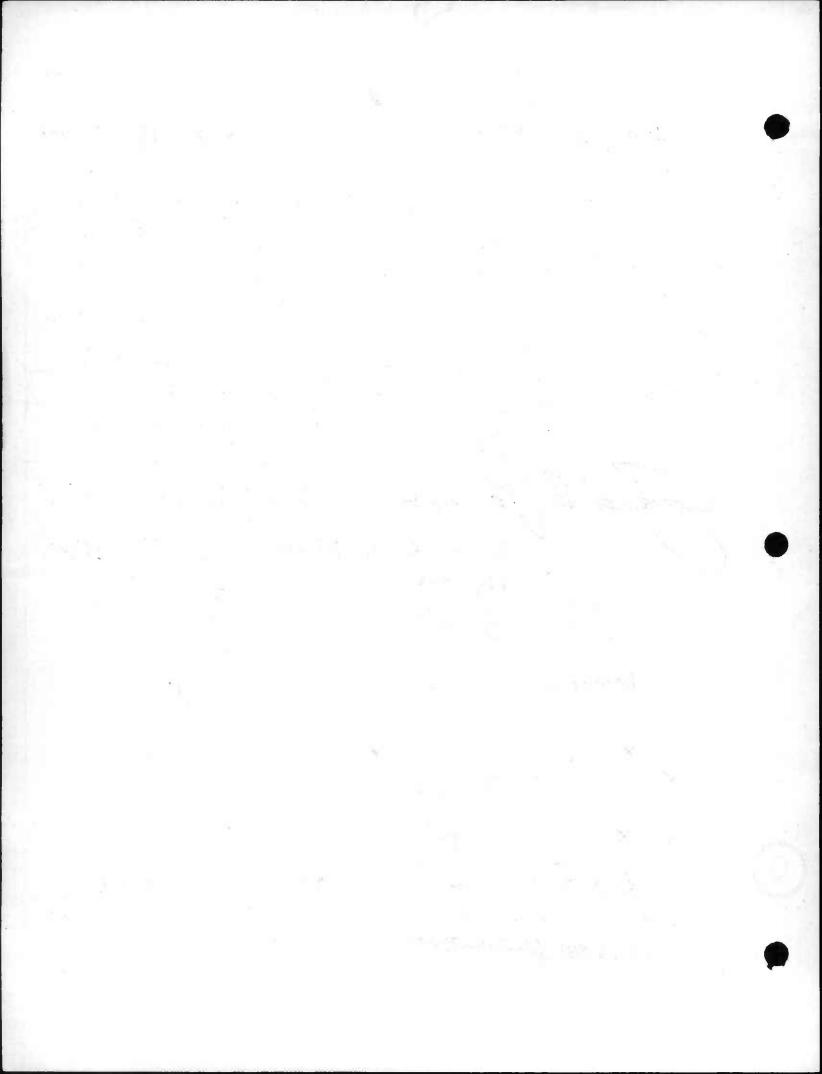
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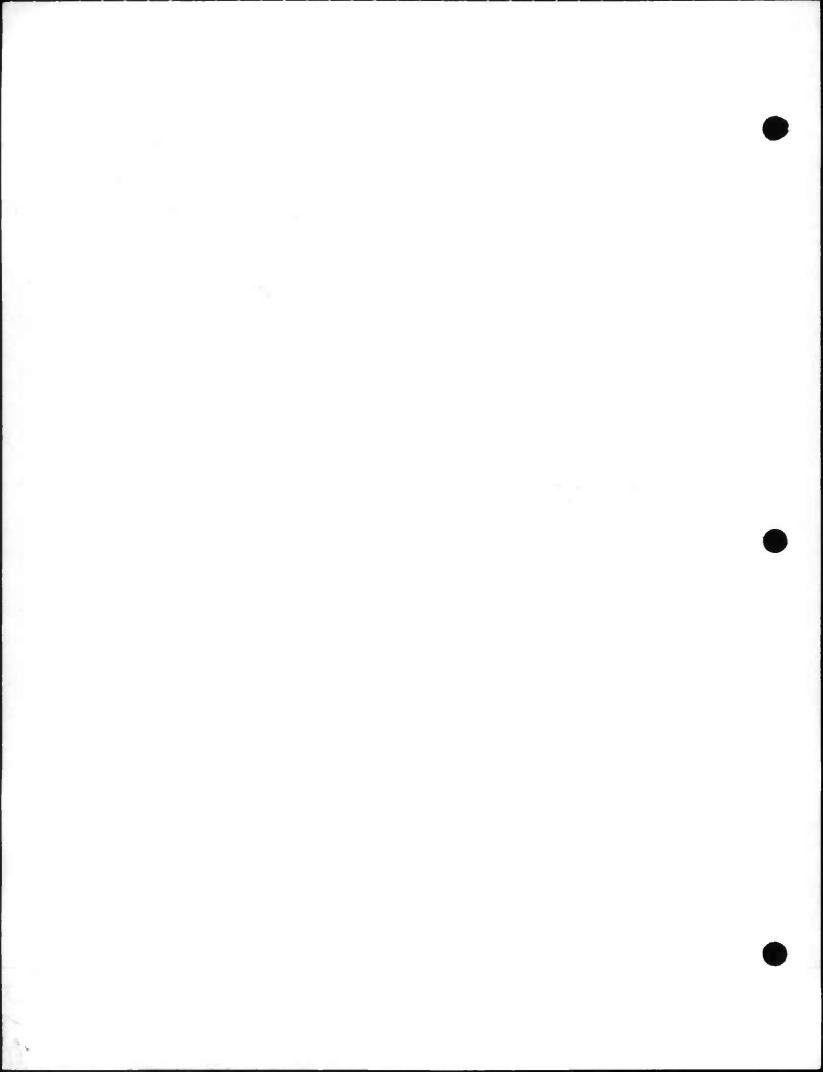
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	THE HIGGINGLE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withinours after death. Page 6 may be retained by the host	ID TRANSMENTAL UNRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1. DECEDENT'S NAME (First, Middle, Las	1)			E OF			REG. NO 2. DATE OF DEATH			3. TIME OF DEATH	
Lida B  4. SOCIAL SECURITY NUMBER	Whitaker						монтн В	AY	73 YEAR	11:00 PM	
4. SOCIAL SECURITY NUMBER 215-05-0328	5. SEX 6. AGE	(In yrs. lest birthday) 95 YRS.	MONTHS	DAYS	HOURS	24 HRS. MIN,	?. DATE OF BIRTH (Month, Day, Year)		Count		
9a. FACILITY NAME (If not institution, giv		30 ma.	9b. CITY, TOWN OR LOCATION C				7-4-1897	00.000	Ma.r	yland	
Annapolis Con		enter			apol					rundel	
RESIDENCE OF DECEDENT								1			
10a. STATE 10b. COU	YTY	10c. CI	TY, TOWN	OR LOCAT	ION				10d. INSIDE CITY LIMITS?		
Maryland Ann						olis		1X YES 2 NO			
100. STREET AND NOWBER	Buren i	Azzon	1000	214			10g. Cl	U.S	WHAT COUNTRY?		
11. MARITAL STATUS	12. WAS DECEDENT EVER II						HIC ORIGIN? (Specify Ye	n or No-		E — Americen Indien,	
1 Never Merried 2 Merried 3 N Widowed 4 Divorced	FORCES? 1 YES	2 XNO		If yes, sp	2 X NO	m, Mexice	n, Puerto Ricen, etc.)		Spec	k, White, etc.	
15. DECEDENT'S E (Specify only highest gri		16a. DECEDENT'S	USUAL C	CCUPATIO	ON st of working	00	16b. KIND OF BU	SINESS/IN			
Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT L			St OF WORKS	''y			z		
12+		Home	emak	er					ome		
17. FATHER'S NAME (First, Middle, Last)	1				18. MOT		ME (First, Middle, Meiden				
E. Cookman Ba	ker			0.00			a .`Brown				
Mrs. Annie L.	Shockey		a Addres 2 Ch	+		-	Route Number, City or Tow d Arnol			1012	
		b. PLACE OF DISPO							- City or To		
20a METHOD OF DISPOSITION  1 X Burial 2 Cremation 3 Re 4 Donetion 5 Depther (Specify)	emoval from State	other place)							2		
4 Donotion 5 Depter (Specify) Druid Ridge Cemetery Baltimore, Marylan											
22. NAME AND ADDRESS OF FACILITY: Barranco & Sons Funeral Home 21146 495 Ritchie Hwy. Severna Park, MD											
shock, or heart fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finei disease or condition and itting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Hypur Hus wi											
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that infileted events resulting in deeth) LAST											
PART II. Other significant condit		out not resulting	in the U	nderlyin	g cause	given in	PERFO	RMED?	7 24	. WERE AUTOPSY FINDING AVAILABLE PRIOR TO	
- Delica II			1 🗆 Yi							COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL				26. PI	ACE OF E	DEATH (Ch	eck only one)				
1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out	patient 3 🗆 DOA	OTHE 4 X Nu	R: rsing Hon	6 5 🗆 R	ealdence	8 Other (Specify)				
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	25b. Til		28c. IN.	URY AT	NO	28d. DESCRIBE HOW	INJURY OCCURED			
3 Suicide 8 Could not 1 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe		street, fac	ctory, offic	•		28f. LOCATION (Street City or Town, State	and Numb )	er or Rural	Route Number,	
onel	YSICIAN: To the best of my know									a) and manner as stated	
296. SIGNATURE AND TITLE OF CERT	Juny.	D			D3	ENSE NUI	8	•	6/9	(Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON LISA A DI	MARZID MI		3 A	F	nes	+ 1	DR, An	~~	0211	, MD 2190	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	Acrde 12									



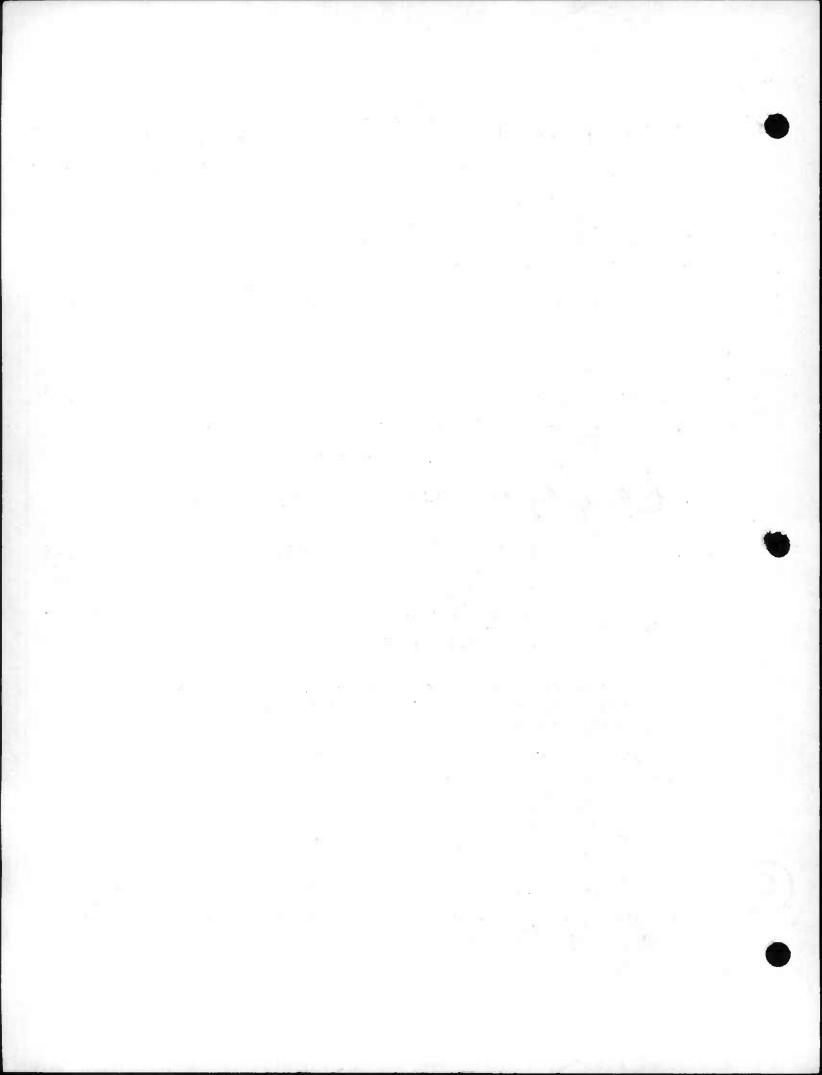
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	CONTROL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
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1	35
	Chic

9	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Las	1)	CERTIF	ICATE U	F DEATH	REG. No.		3. TIME OF DEATH					
	ESTHER		WOLFSON			JUNE 15,		10:15 PM					
P	4. SOCIAL SECURITY NUMBER 119-20-0763	1 🗆 M 2 😾 F	E (In yrs. last birthday)  94 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) AUGUST 4,		BIRTHPLACE (State or Foreign Country) NEW YORK					
. 2, 3 should	98. FACILITY NAME (If not institution, given 129 GRAFTON RESIDENCE OF DECEDENT	STREET			CHASE	PEATH	9c. COUNTY OF DEATH MONTGOMERY						
permit. Pages 1, 2, 3 s	10e. STATE 10b. COUN	IONTGOMERY	377.00	Y, TOWN OR LOC			10d. IV						
<u> </u>	100. STREET AND NUMBER 129 GRAFTON	STREET			10f. ZIP CODE 208	15	10g. CITIZEN OF WHAT COU UNITED STA						
0.0	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 M Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 X NO	13. WAS D If yes, 1 — Y	ECENDENT OF HISPA specify Cuban, Mexic ES 2 A NO Speci	NIC ORIGIN? (Specify Y an, Puerto Rican, etc.) Yy:	es or No—	RACE — American Indian, Black, White, atc. Specify: WHITE					
by the hospital or attending be detached for use as the at once.	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u	work done during i		16b. KIND OF B	USINESS/INDUS	TRY					
hospitz iched iched	12		L SECRE	ETARY	M	EDICIN	Е						
ed by the hos uid be detach ed at once. BE COM	17. FATHER'S NAME (First, Middle, Last)  ISADORE PECKI	NS				AME (First, Middle, Malde LEVY	n Sumame)						
e 5 should notified	190. INFORMANT'S NAME (Type/Print)  IRMA KRA	MER				Route Number, City or To							
e 6 may be ector, page must be	IRMA KRAMER  129 GRAFTON STREET—CHEVY CHASE, MARYLAND 2  20a. METHOD OF MISPOSITION 1XPourial 2 Gremation 3, Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of KING DAVID MEMORIAL GARDEN 6/18 FALLS CHURCH, V												
death. Pag funeral dir	21. SIGNATURE OF BUNERAL SERVICE	22. NAME AND ADDRESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL CHAPELS 1170 ROCKVILLE PIKE-ROCKVILLE, MD. 20852											
24 hours filled in tion, or rel	23. PART I. Enter the diseases, o shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. DUE TO (OR AS	each line.				piratory arres	Approximate Interval Betwee Onset and De					
the death certificate be executed within the attending physician and completely Mental Hygiene prior to burial, crema fulury, or other traumatic event, IL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):	Silvosi		1	20 49					
res that the death igned by the attereath and Mental rs any injury, central EDICAL CE	PART II. Other aignificent condition	Part I. 24s. WAS A PERFO	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO									
3 " I S   F						1 🗆 YES	2 <b>№</b> NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
HYSICIAN: The law ris certificate has be with the State Dept. ted, or Item 23 s. PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C			<u></u>					
E = 2 E	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1   Inpetient 2   ER/Ou  26e. DATE OF INJURY (Month, Day, Yeer)	7 28b, TIM	IE OF 28c. II	NJURY AT VORK?  YES 2 NO		Other (Specify)  1. DESCRIBE HOW INJURY OCCURED						
FED S IS	2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	28. PLACE OF IN ILIE	RY — At home, ferm, secify)			281. LOCATION (Street City or Town, State	LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLET		SICIAN: To the best of my kno						suse(s) and manner as stated.					
C 18 0	296. SIGNATURE AND TITLE OF CERTIF	free 1	ns		29c. LICENSE NU			IGNED (Month, Day, Year)					
F	30/NAME AND ADDRESS OF PERSON W	TO CHE MY			Cemneci	heb a	Na	De more					
	JUN 1 8 199	32. REGISTRAR'S SIG	MATURE Randel	2									



BALTIMORE, MARYLAND 21203-3146	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mours after death. Page 6 may be retained by the hospital or attending physician.	IERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 hours after death with the State Deat of Health and Mental Horizone princip bring committee of commence of the State Deat of Health and Mental Horizone princip bring committee of commence of the State Deat of the State Deat of Health and Mental Horizone princip bring committee of the State Deat Deat of the State Deat Deat Deat Deat Deat Deat Deat	TREATH OF TOTAL
3146,	ecuted with	nd complet	Collain Sec
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be exer	DIRECTOR: After this certificate has been signed by the attending physician and our steer death with the State Bent of Health and Mental Horizone prior to be	Will Sall Will His Claic Double of a region with regions of the second o
	PITAL	ERAL	

	THERES,		THERES	SA VIQ	HE LWE	HCH				2. DATE OF	6-18	-199	PAR 73	3. TIME OF BEATH
	4. SOCIAL SECURITY NUMBER 261-38-57		5. SEX 1 M 2 X F	6. AGE (In yrs. )	YRS.	MONTHS	YEAR DAYS	HOURS	24 HRS.	7. DATE OF (Month, D	8 - 1	900	8. BIRTHE	Carolin
	9a. FACILITY NAME (If not ins	titution, give st	reet and number)			9b. CITY,	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNT						TY OF DEATH	
5	Western Mary	land (	Center			Hagerstown, MD 21742 Washi						ngton		
2	10a. STATE	10b. COUNTY			10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY		
- 1	Maryland 100. STREET AND NUMBER	Mon	tgomery	Z	Damascus							1 XYES 2 NO		
FUNERAL	25221 Chim	ney H	ouse Co	ourt		. ZIP CODE	2	20872 10g. CITIZEN OF U				S.A.		
B	11. MARITAL STATUS 1 Never Merried 2 1 3 Widowed 4 Divor	ARMED NO	lf.	yes, sp		n, Maxica	IIC ORIGIN? (: n, Puerto Rici :		or No-	14. RACE Black, Specify	American Indian, White, etc.			
		EDENT'S EDUC		18a.	DECEDENT'S	USUAL OC	CUPATIO	ON of working		16b. KI	ND OF BUS	SINESS/IND	USTRY	THE WAY
PLET	Elementary/Secondary (0-12) College (			ege (1-4 or 5+)  2  (Give kind of work life. Do NOT use refine to the control of			any mo	ist or worten						
COM	17. FATHER'S NAME (First, Min	ddle, Last)				NUISE  16. MOTHER'S NAME (First, Middle, Maiden Surname)								
Ö	Edward R				I	Rose	etta	Lott						
0	19a. INFORMANT'S NAME (Ty	19b. MAILING	ADDRESS	(Street a						Code)	20871			
2	Catherine J. Mosley (Niece) 25221 Chimney House Ct., Damascus												s,MD	
	20s. METHOD OF DISPOSITION    1   Burtial 2   Cremetion 3 (XRamoval from State   Cremetion 5   Other (Specify)   Cremetion 5													
	21. SIGNATURE OF FUNERAL SERVICE LICENSES  22. NAME AND ADDRESS OF FACILITY SNOWDEN FUNERAL HOME, P.A. ROCKVILLE, MD 20850  23. PART I. Enter the discusses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or resolvatory errest.													
	23. PART I. Enter the discusse, or complications that caused the deeth. Do not enter the mode of dying, euch as cardiac or respiratory errest, shock, or high feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final Respiratory Failure Chief Respiratory FAILURE  RESPIRATORY FAILURE													
z	POSSIBLE SEPSIS 48											48 Hr		
CATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING									48 HF				
RTIF	that initiated events resulting in death) LAST  MULTIPLE SKIN ULCEPS										WEEKS MONTH.			
CE	PART II Other election	at condition								Deat La			Lan	
MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  PERIPHERAL VASCULAR DISEASE, ANEMIA,  HYPERTENSION, CONGESTIVE HEART FAILURE  248. WAS AN AUTOPSY PERFORMED?  1 TYPES 2 NO  11										WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO			
	HYPOTHYI	ROIDIS	M, OST	EO ART	HRIT	LS								
SICIAN:	25. WAS CASE REFERRED TO EXAMINER?		NOSPITAL:			OTHER		LACE OF O	EATH (Ch	eck only one)				
YSI	1 TYES 2 NO		Inpetient 2		3 DOA			ne 5 🗆 Re	sidence	8 🗆 Other (S	Specify)			
Y PH		Pending investigation	28a. DATE Of (Month, I		28b. TIM	E OF URY M	WC	JURY AT ORK? YES 2	) NO	28d. DESCR	RIBE HOW II	NJURY OC	CURED	
	3 Suicide 8	homa, farm, s	treet, facto	ory, offic	ca .					or Rural R	oute Number,			
E	4 Homicide City or Town, State)  29a. CERTIFIER (Check only)  City or Town, State)													
MPLETED	29a. CERTIFIER (Check only					n, in my o	pinion, d	death occur	ed at the	time, data ar	nd place, an			) and menner as state
COMPLETED	29a. CERTIFIER (Check only	CAL EXAMINE	R: On the basis of a			n, in my o	pinion, c	29c. LICE			nd place, an	d due to th	ne cause(a)	and menner as stated
BE COMPLETED	29a. CERTIFIER (Check only one) 1 CERT	OF CERTIFIE	R: On the basia of a	MID.	or investigation		pinion, c				nd place, an	d due to th	ne cause(a)	
TO BE COMPLETED B	29a. CERTIFIER (Check only one) 1 CERT	OF CERTIFIE	R COMPLETED CAL	MID.	or investigation	Print)		29c. LICE	8/5	MBER 37		29d, DAT	E SIGNED	



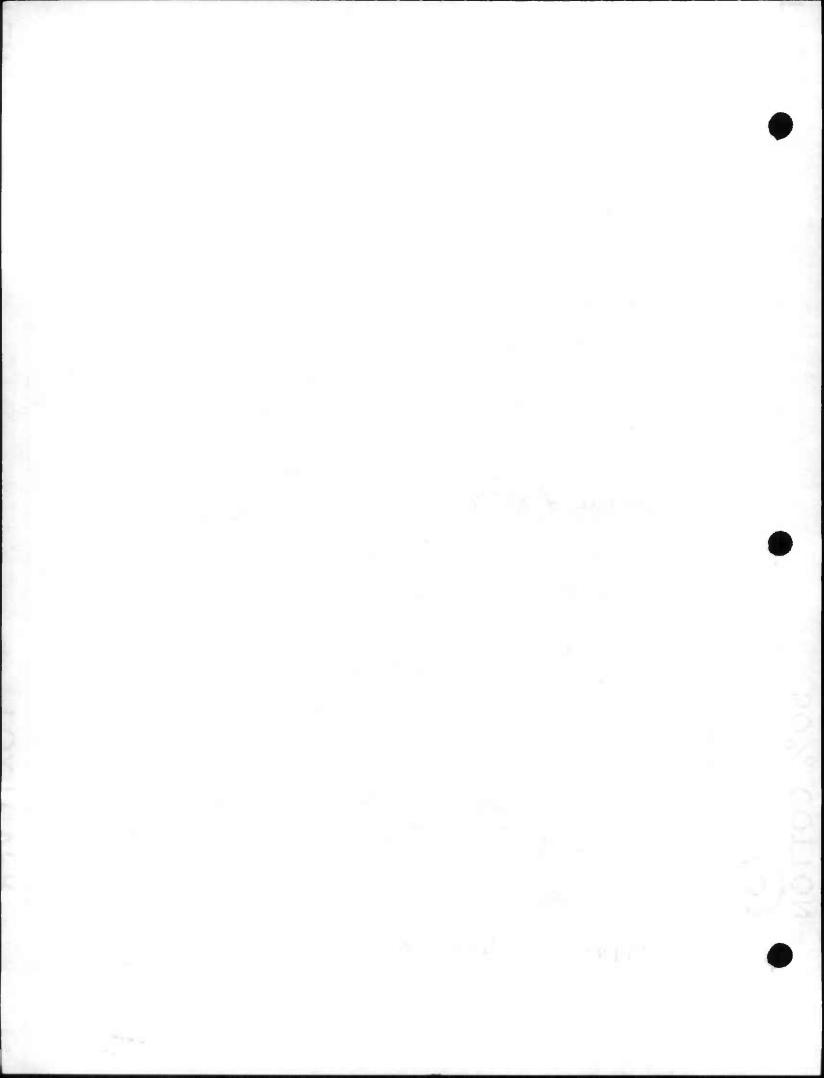
TO BE COMPLETED BY FUNERAL DIRECTOR

unital DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	18 it. 20 is modern on item 22 shows and interest on other fraumatic against the medical averages must be notified of once
e law require.	has been sig Dept. of Hea	23 chause
SICIAN: Th	certificate the State	or item
ING PHYS	offer this eath with	morked
ATTENDI	ECTOR: A	- 00 In
AL DR	AL DIR	id 16am
要	R.	1

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

JUN 1 8 1993

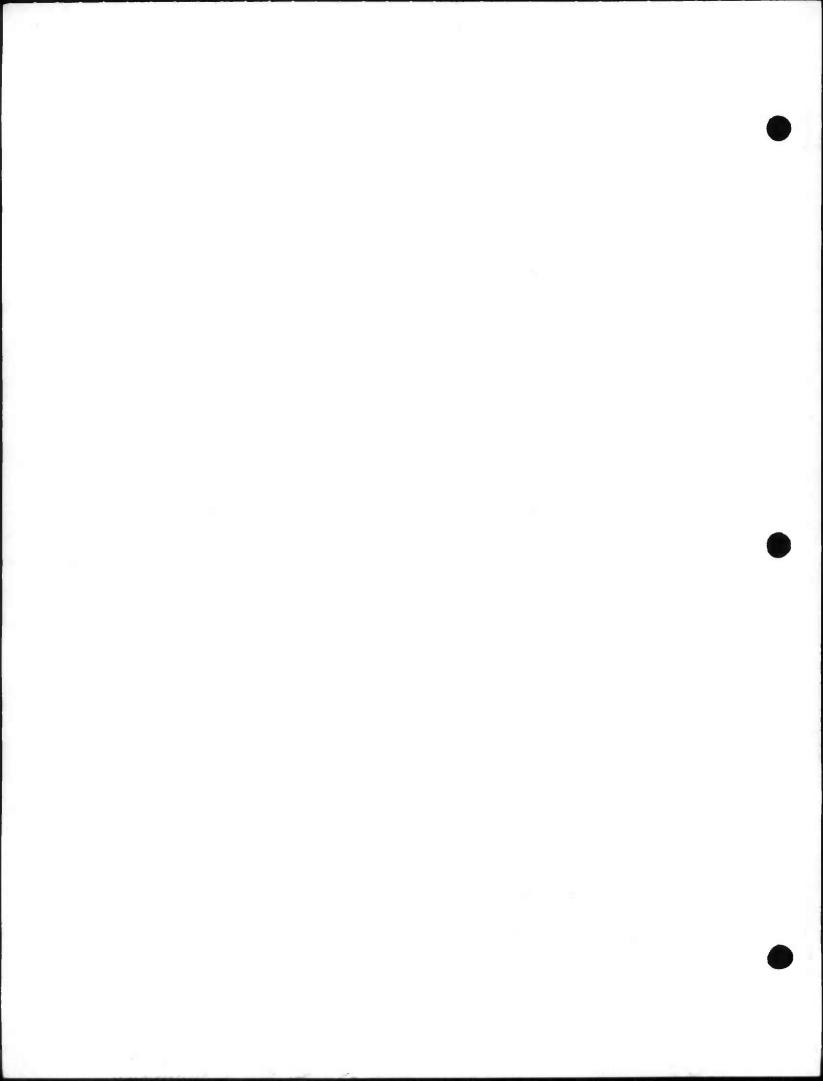
FOR STATE REGISTRAR		STATE OF MA		/ DEPART					HYGIENI REG. NO.	E 9	3	19177
1. DECEOENT'S NAME (First	, Middle, Last)					-		2. DATE OF	OEATH			3. TIME OF OEATH
Marion	E. W	alrath						06	7	7	YEAR	9:05AM M
4. SOCIAL SECURITY NUMBER			S. AGE (In yrs. I	nsi birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		8. BIRTI	HPLACE (State or Foreign
050-16-69	97	1 □ M 2 □3₹	100	YRS.	IONTHS	DAYS	HOURS MIN.	(Month, E		0.2	Count	**
9e. FACILITY NAME (If not in	nstitution, give s	treet and number)		1	9b. CITY, 1	TOWN O	R LOCATION OF D		0/16		INTY OF C	York DEATH
Villa Ros	a Nur	sing Hom	ie .		Mit	che	ellvill	.e		P	rinc	e George'
10e. STATE	10b. COUNTY	1		10c. CITY,	TOWN OR	LOCAT	ION					10d. INSIDE CITY LIMITS?
Maryland	Mo	ntgomery			Rock	cvil	le					1 YES 2 NO
10e. STREET AND NUMBER						101.	ZIP CODE			10g. Cf	TIZEN OF	WHAT COUNTRY?
11903 Hitc	hing P	ost Lane					20852			Uni	ited	States
11. MARITAL STATUS  1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1X IF YES, GIVE WA WWI	YES 2		11	yes, spe	ENDENT OF HISPA city Cuben, Mexico 2 NO Specia	en, Puerto Ric		or No—	Spec	E — American Indien, sk, White, etc. sity: Vhite
	EDENT'S EDU		16a. E	ECEDENT'S U	SUAL OC	CUPATIO	N	16b. K	IND OF BUS	SINESS/IN	OUSTRY	
Elementery/Secondary (	ly highest grade 0-12)	College (1-4 or 5+)	- 1	(Give kind of wo le. Do NOT use	retired.)	uning mo:	u or wonang					
-		2	Н	omemak	er				Own	Home	9	
17. FATHER'S NAME (First, A RO		chuyler E	rnest				18. MOTHER'S NA	ME (First, Mid Etta				
19e. INFORMANT'S NAME (	Type/Print)		-	19b. MAILING	DDRESS	(Street a	nd Number or Rural	Route Number	City or Town	n, State, Z	ip Code)	
John D. He	rman			11903	Hitc	hin	g Post I	Lane,	Rockv	7i11e	e, MI	20852
20g METHOD OF DISPOSIT 1 ABurial 2 Crematil 4 Donation 5 Other	on 3 🗆 Rem	oval from State		tanund			(Name ery 6/2]	DATE /93				own, State New York
21. SIGNATURE OF FUNERAL	ele E	J. Kull	(C)	00348	Ho Wi	me/ sco	Bethesda nsin Ave	a-Chev	y Cha thesó	ise, la, N	Inc.	20814-3501
23. PART I. Enter the dishock, or it immediate CAUSE (Fi disease or condition resulting in death)	eert fellure.	List only one ceus		Lope	ne		de of dying, suc		c or reepl	ratory s	rrest,	Approximate interval Between Onset and Death
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju	diate	c	OR AS A CONS	/	Ce	Cu .	<u> </u>					ya
that initiated events resulting in death) LAS	эт [	d	AS A CONS	LOOLINGE OF)								
PART II. Other eignific	ant condition	as contributing to d	leath but no	t resulting in	the und	derlying	cause given in		4a. WAS AN PERFOR	MED?	24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
		and "	-	mue	1, 9	in	4 4/	1				1 TES 2 NO
25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:			OT1:==	_	ACE OF DEATH (C	heck only one)				
1 TES 2 NO		1   Inpatient 2	ER/Outputlent		OTHER 4 Nursi		e 5 🗆 Residence	6 🗆 Other (	Specify)			
27. MANNER OF DEATH  1 Natural 5  2 Accident	Pending Investigation	28a. DATE OF I (Month, De	/, Year)	28b. TIME INJU	M M	1 🗆 '	RK? /ES 2 NO	28d. DEŞC	RIBE HOW I	NJURY O	CCURED	
3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE OF building, e	INJURY — At tc. (Specify)	home, farm, st	reet, facto	ory, offic		28f. LOCAT City or	ION (Street Town, State)	and Numb	er or Rural	Route Number,
CONTROL ONLY		ICIAN: To the best of r			4.0							(s) end menner eg stated.



FOR STATE REGISTRAR

	1 3	1. DECEDENT'S NAME (First, Middle, Las	*					2. D	NTE OF DEATH	DAY	YEAR	3. TIME OF DEATH
		Robert	К.			atso	n		6	14 19		10:50 A.
		4. SOCIAL SECURITY NUMBER		AGE (In yrs. las	MON	UNDER 1 YEA		/0/	TE OF BIRTH onth, Day, Year)		8. BIRTNE	LACE (State or Foreign
P		016-36-4403	1 🔀 M 2 🗌 F	41	YRS.	LIAY	S HOURS MA			1951		sachuesetts
3 should	-	9e. FACILITY NAME (If not institution, give	street and number)		9b.	CITY, TOW	N OR LOCATION O	F DEATN		9c. COUN	TY OF DE	АТН
	5	589 Summit H	all Road			Gait	hersbu	ra		Mon	taor	nerv
es 1	DIRECTOR	10a. STATE 10b. COUN			10c. CITY, TO	WN OR LO	CATION					10d. INSIDE CITY
<u>~</u>	E	Maryland Mon	ntgomery		Gaitl	herch	uro				- 1	LIMITS?
bermi	4	10e. STREET AND NUMBER	8-111-2		Care	ICISU	101. ZIP CODE			10g. CITIZ	_	HAT COUNTRY?
Insit	ERAL	589 Summit Hall	Road				20877				.S.A	
burial-transit permit. Pages 1, 2,	FGN	11. MARITAL STATUS	12. WAS DECEDENT EV			13. WAS [	ECENDENT OF NIS	SPANIC OR	GIN? (Specify Ve		14. RACE	— American Indian.
e pri	BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR		40		specify Cuban, Me 'ES 2 🔯 NO Sp		to Rican, etc.)		Specify	White, etc.
as the	ED		1									White
for use	ETE	15. DECEDENT'S EC (Specify only highest gra	ide completed)	(G	CEDENT'S USU- ive kind of work of Do NOT use reti	done durina	ATION most of working		166. KIND OF BU	JSINESS/INDU	JSTRY	
De De	1 -4 1	Elementary/Secondary (0-12)	College (1-4 or 5 +) 4		10/10/2	100.)			n . 1 .	1 0		
be detached at once.	COMP	17. FATHER'S NAME (First, Middle, Last)	4	LEIIG	ineer		40 MOTHERIO	NAME (E)	Bechte		р.	
9 to	Ö	John Robert Wats	con				Winif			n Sumame)		
5 should notified	0	19e. INFORMANT'S NAME (Type/Print)	3011	191	b. MAJLING ADO	RESS (Stree	et and Number or Ru			wa State 7in i	Code	
5	2	Margaret Watson					all Road					0877
funeral director, page examiner must be		20e. METHOD OF DISPOSITION 1 □ Burlel 2 🔀 Cremetion 3 □ Re	movel from State	20b. PLACE	AND DATE OF DIS	SPOSITION			ATE 20c. L			
lirector, p		4 Donation 6 Other (Specify)		Metro	matory or other p	n Cre	ematory	6/18	/93 A1	exandr	ia,	VA
e funeral div	1	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	0.0		22. NAME	AND ADDRESS OF	FACILITY	DeVo1	Funer	al H	ome
he fun al.		10 East Deer Park Drive Gaithersburg, MD 20877										
or removal		23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or haert fellure. List only one cause on each line.  Approximate Interval Retween										
filled in tion, or the m		IMMEDIATE CAUSE (Final	. Link only one couse c	on eech line								Onset and Death
matio		disease or condition resulting in death)	· ta	JA.	np							
ompietel al, crema event,			no) br sug	AS A CONSEC	DUENCE OF):							
buria atic	N N	Sequentially list conditions,	h	0								
sician and control to buria	CATION	if any, leading to immediate  cause. Enter UNDERLYING										
ing physi giene pr other t	윤	CAUSE (Disease or Injury C.										
Hygie or of	ERTIFI	that initiated events resulting in death) LAST										
tai Y	8	u.										
E 60 E												
by the ind Mer		PART II. Other algorificent condition	one contributing to dee	th but not r	eaulting in the	e underly	ing ceuee given	in Part I.				WERE AUTOPSY FINDINGS
pned by the att alth and Menta s any injury,	DIC	PART II. Other algorificent condition	one contributing to dee	th but not r	eaulting in the	e underly	ing ceuee given	in Part I.	24a. WAS APPERFO	RMED?	1	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sign Heal	MEDICAL	PART II. Other algorificent condition	one contributing to dee	th but not r	eaulting in th	e underly	ing ceuee given	in Part I.	PERFO	RMED?		WAILABLE PRIOR TO COMPLETION OF CAUSE
as been signed by the Jept. of Health and Mer 23 shows any injur	Σ		one contributing to dee	th but not r	eaulting in the				PERFO 1 <del>∏</del> YES	RMED?		WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
rate has been signed by the state Dept. of Health and Meritem 23 shows any injuriem 2	Σ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		l m	28. MED:	PLACE OF DEATH	(Check only	PERFO 1 TYPES  one)	RMED?		WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
the State Dept. of Health and Mer or item 23 shows any injury	Σ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 24 YES 2 NO	HOSPITAL:	Outpatiant 3	DOA OT	28. HER: Nursing N	PLACE OF DEATH	(Check only	PERFO 1	RMED? 2 □ NO	1	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
this certificate has been signed by the with the State Dept. of Health and Mer ried, or item 23 shows any injuring	PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/ 28e. DATE OF INJU (Month, Day, 16	Outpatiant 3	DOA 4 CT	26. HER: Nursing N	PLACE OF DEATH ome 5 KRasiden NJURY AT WORK?	(Check only	PERFO 1   YES  One)  ther (Specify)  DESCRIBE HOW	RMED? 2 NO INJURY OCCU	JRED	WANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY I X YES 2 NO
After this certificate has been signed by the seath with the State Dept. of Health and Mer marked, or Item 23 shows any injure.	BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1   Inpetient 2   ER/ 20e. DATE OF INJU (Month. Day, 16	Outpatient 3	DOA OTTO	28. Nursing N	PLACE OF DEATH  orne 5 Residen  NJURY AT  WORK?  YES 2 NO	(Check only	PERFO	RMED? 2 — NO INJURY OCCU	JRED ged	WANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!
TOR: After this certificate has been signed by the after death with the State Dept. of Health and Mer. Is is marked, or item 23 shows any injur	ED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1   Inpatient 2   ER/ 28e. DATE OF INJUING (Month, Day, 19) 28e. PLATE INJUING	YOutpetlant 3 IRY Der)  URY — At hor (Specify)	DOA 4 1  26b. TIME OF INJURY FOUNDAMENT OF THE OF T	28. Nursing N	PLACE OF DEATH  orne 5 Residen  NJURY AT  WORK?  YES 2 NO	(Check only to 6 0 0 0 26d. f	one)  ther (Specify)  DESCRIBE HOW  DO ATION (Street fit) or Youn, State	INJURY OCCU	JRED ged	WANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  Self Living Complete Compl
INRECTOR: After this certificate has been signed by the purs after death with the State Dept. of Health and Merem 28 Is marked, or Ifem 23 shows any Injurent	ETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1   Inpetient 2   ER/ 28e. DATE OF INJU (Month, Day, 16 FOUND 28e. PLACE OF INJ building, etc. (	POutpetlant 3 JRY Pari Pari Pari Pari Pari Pari Pari Pari	DOA OTI	28. Nursing N 28c.	PLACE OF DEATH onne 5 Residen NJURY AT WORK? YES 2 X NO	(Check only see 6 0 0 28d. 1 St 28f. L C 5 8	one)  ther (Specify)  DESCRIBE HOW  1 Dject  DOCATION (Street ity or Town, State  3 9 Sum	RMED? 2 — NO INJURY OCCU Hanger of Number of Mumber e ged Hall	WANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!	
AL DIRECTOR: After this certificate has been if hours after death with the State Dept. of item 28 is marked, or item 23 sho	ETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1   Inpetient 2   ER/  28e. DATE OF INJU  (Month, Day, 16  FOUND  28e. PLACE OF INJ  building, etc. (  SICIAN: To the best of my k	Outpetlant 3 JRY ser) Q Q 3 JURY — At hor (Specify) H (coviedge, dec	DOA OTINUOUS FOUND OF STREET, STREET, OME	28c. Nursing N 28c. It I can be time, di	PLACE OF DEATH ome 5 Residen NJURY AT WORK? YES 2 NO	(Check only)  coe 6 0  26d. t  S1  26f. L  C  5 {	one)  ther (Specify)  DESCRIBE HOW  1 Dj ect  DOCATION (Street ity or Town, State  3 9 Sum  Cause(e) and me	INJURY OCCU Hanger of Number of Mumber ged Hall	Self ute Number, Road	
AL DIRECTOR: After this certificate has been if hours after death with the State Dept. of item 28 is marked, or item 23 sho	COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1   Inpetient 2   ER/ 28e. DATE OF INJU (Month, Dey, Ve) 28e. PLACE OF INJ building, etc. ( SICIAN: To the best of my k	Outpetlant 3 JRY ser) Q Q 3 JURY — At hor (Specify) H (coviedge, dec	DOA OTINUOUS FOUND OF STREET, STREET, OME	28c. Nursing N 28c. It I can be time, di	PLACE OF DEATH ome 5 Residen NJURY AT WORK? YES 2 NO	(Check only)  coe 6 0  26d. t  S1  26f. L  C  5 {	one)  ther (Specify)  DESCRIBE HOW  1 Dj ect  DOCATION (Street ity or Town, State  3 9 Sum  Cause(e) and me	INJURY OCCU Hanger of Number of Mumber ged Hall	Self ute Number, Road	
AL DIRECTOR: After this certificate has been 72 hours after death with the State Dept. of 11 flem 28 is marked, or 11em 23 sho	COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1   Inpetient 2   ER/ 28e. DATE OF INJU (Month, Dey, Ve) 28e. PLACE OF INJ building, etc. ( SICIAN: To the best of my k	Outpetlant 3 JRY ser) Q Q 3 JURY — At hor (Specify) H (coviedge, dec	DOA OTINUOUS FOUND OF STREET, STREET, OME	28c. Nursing N 28c. It I can be time, di	PLACE OF DEATH ome 5 Residen NJURY AT WORK? YES 2 NO fice ste end place, end death occured at 29c. LICENSE	(Check only see 6 0 0 28d. t S1 28f. L C 5 {	PERFO  1 VES  one)  ther (Specify)  DESCRIBE HOW  1 D J C C C  DOCATION (Street fly or Town, State  S 9 Sum  cause(e) and me site end place, et	INJURY OCCU Hanger of Mumb	JRED  ged  Hall  couse(s) of	Self ute Number, Road
AL DIRECTOR: After this certificate has been if hours after death with the State Dept. of item 28 is marked, or item 23 sho	ETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1   Inpetient 2   ER/ 28e. DATE OF INJU (Month, Dey, 16) 28e. PLACE OF INJ building, etc. ( SICIAN: To the best of my k NER: On the basic of examin	Outpetient 3 JRY Per JO 3 JURY — At hor Specify) H( snowledge, der	DOA 4 1  29b. TIME OF INJURY FOUNDAME, farm, street, OME ath occurred at a	26. Nursing N 26c. 1 factory, of	PLACE OF DEATH ome 5 Residen NJURY AT WORK? YES 2 NO fice are end place, end , death occured at	(Check only see 6 0 0 28d. t S1 28f. L C 5 {	PERFO  1 VES  one)  ther (Specify)  DESCRIBE HOW  1 D J C C C  DOCATION (Street fly or Town, State  S 9 Sum  cause(e) and me site end place, et	INJURY OCCU Hanger of Mumb	JRED  Ged  FRUTAL ROO  Hall  COURSE(S) (SIGNEO (A)	Self  ute Number,  Road  manner se stated.
A. DIRECTOR: After this certificate has been Theores after death with the State Dept. of II Item 28 is marked, or Item 23 she	BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1   Inpetient 2   ER/ 28e. DATE OF INJU (Month, Dey, 16) 28e. PLACE OF INJ building, etc. ( SICIAN: To the best of my k NER: On the basic of examin	Outpetlant 3 JRY Der)  QQ 3 JURY — At hor (Specify)  H ( knowledge, der setton end/or in	DOA 4 1 28b. TIME OF INJURY FOUND Of Section 1 1 27) (Type, Print)	28. Nursing N 28c. I	PLACE OF DEATH ome 5 Residen NJURY AT WORK? YES 2 NO fice site end place, end d, death occured at 29c. LICENSE I O . C .	(Check only) ce 6 0 28d. t St 28f. L 5 { due to the time, d NUMBER	one)  one)  ther (Specify)  DESCRIBE HOW  DESCRIBE HOW  DOCATION (Street fly or Yown, State  S 9 Sum  cause(e) and me  afte end place, et	INJURY OCCU Hanger of Number of Mumber JRED  Ged  Faural Root  Hall  cause(e) (a	Self  We Number, Road  month, Day, Year)  15/1993	
A. DIRECTOR: After this certificate has been Theores after death with the State Dept. of II Item 28 is marked, or Item 23 she	BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1 Inpatient 2 ER/  28e. DATE OF INJU  (Month, Dey, Ve  1 28e. PLACE OF INJ  28e. PLACE OF INJ  building, etc. (  SICIAN: To the best of my k  NER: On the basic of examin	Outpetlant 3 JRY ear)  JURY — At hor (Specify)  H (conowledge, deconstion end/or life to the conowledge of the conowledg	DOA 4 1 20b. TIME OF INJURY FOUND TO THE STATE OF THE STA	28. Nursing N 28c. I	PLACE OF DEATH ome 5 Residen NJURY AT WORK? YES 2 NO fice ste end place, end death occured at 29c. LICENSE	(Check only) ce 6 0 28d. t St 28f. L 5 { due to the time, d NUMBER	one)  one)  ther (Specify)  DESCRIBE HOW  DESCRIBE HOW  DOCATION (Street fly or Yown, State  S 9 Sum  cause(e) and me  afte end place, et	INJURY OCCU Hanger of Number of Mumber JRED  Ged  Faural Root  Hall  cause(e) (a	Self  We Number, Road  month, Day, Year)  15/1993	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



TO THE LOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
1	1. DECEDENT'S NAME (First, Middle, Last)  Robert  I		Yo	UNG	2. DATE OF DEATH DA	3. TIME OF DEATH A				
ron	4. SOCIAL SECURITY NUMBER 214-34-8873	1 🔀 M 2 🗆 F 57	yrs. last birthday) IF UN YRS. MONTH	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 10/22/3	Cour	HPLACE (State or Foreign		
	90. FACILITY NAME (If not institution, give PENINSULA REGION		SALI:	DEATH IICO						
DIRECTOR	Maryland Somorcot			N OR LOCAT	100	10d, INSIDE CITY LIMITS? 1 ☐ YES 220€NO				
FUNERAL	100 STREET AND NUMBER Warwick Lane			ZIP CODE 2 1853		10g. CITIZEN OF WHAT COUNTRY? USA				
BY	11. MARITAL STATUS 1 A Never Married 2 Merried 3 Widowed 4 Divorced	Never Married 2 Merried FORCES? 1 YES 2 NO			ENDENT OF HISPAN city Cuban, Mexican 2 10 NO Specify	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	Yes or No— 14. RACE — American Indian, Black, White, etc.  Specify: White			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)				16b. KIND OF BUS	F BUSINESS/INDUSTRY			
MPI	9	orderly			Health	th care				
	17. FATHER'S NAME (First, Middle, Last)  Berkley Ashton	n Young			Martha	we (First, Middle, Maiden S (unk) H	· .			
TO BE	19a. INFORMANT'S NAME (Type/Print) Ronald J. West	196. MAILING ADDRI	Martha (unk) Hopkins  RESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) berty St., Salisbury, MD 21801							
	20a. METHOD OF DISPOSITION  1   Burlet 2   Cremation 3   Removel from State  4   Donetion 5   Other (Specify)   Salisbury Crematory    20b. PLACE AND DATE of DISPOSITION (Name of cemetery, cremetory or other place)    Salisbury Crematory   6/10   Salisbury, MD									
	21. SHOMATURE OF FUNCHAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Holloway Funeral Home 501 Snow Hill Rd., Salisbury, MD 21801									
N: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentiely list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A CC.  DUE TO (OR AS A CC.  DUE TO (OR AS A CC.	DISEQUENCE OF):  Consequence of):  Consequence of):	ter tha mod	la of dying, such	n as cardiac or reapir	etory errest,	Approximate interval Between Onset and Death		
	PART II. Other significant condition	s contributing to deeth but	not resulting in the	underlying	cause given in I	Part I. 24a. WAS AN A PERFORE 1  YES 2	MED?	D? AWAILABLE PRIOR TO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL: OTHER:									
PHYSICIAN:	1 YES 2 NO  27. MANNED OF DEATH  1 Natural 5 Pending	1 Pinpatient 2 ER/Outpatie  28e. DATE OF INJURY (Month, Day, Year)		28c. INJU WOF	5 Residence		or (Specify) SCRIBE HOW INJURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, full building, atc. (Specify)									
COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated.  2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated.									
TO BE C	29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)									
3	30. NAME AND ASSOCIATION WHO COMPLETED CAUSE OF DEATH STEM PORTO PORTO PRINCE, SALISBURY, M.D.  31. DAYLING THOM (1993) FILES DESCRIBED SUBSTITUTE / D.D. PRINCE, SALISBURY, M.D.									

eath. Page 6 may be retained by the hospital or attending physician. It is should by a should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS. P.O. BOX 68760.

1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND / DEPA CERTII	RTMENT OF I			IENE NO.				
1. DECEDENT'S NAME (First, Middle, L		2. DATE OF DEA	2. DATE OF DEATH SOUTH OF DEATH SOUT							
	MARY E. ALCORN						3 4:00 A. M			
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday	MONTHS DAYS	IF UNDER 24 HR	46.4 44 (0) 14	N mr)	BIRTHPLACE (State or Foreign Country)			
216-16-4550	1 🗆 M 2 💢 F	82 YRS.		1.00	AUG.5.1		ARYLAND			
90. FACILITY NAME (If not institution, §	•		9b. CITY, TOWN	BALTIMO			TIMORE			
RESIDENCE OF DECEDEN				DALITIC	, KE	DAL	TITIORE			
r 1							10d. INSIDE CITY LIMITS?			
	MARYLAND BALTIMORE B.						1 TES 2 NO			
10e. STREET AND NUMBER						10g. CITI	ZEN OF WHAT COUNTRY?			
7	2619 BRAUN AVENUE			21227			U.S.A.			
11. MARITAL STATUS  1 Never Married 2 XMerried  3 Widowed 4 Divorced	Married 2 XMarried FORCES? 1 YES 2 YNO			CENDENT OF NIS secify Cuban, Me i 2X NO Sp	PANIC ORIGIN? (Speci xican, Puerto Rican, at ecily:	ty Yea or No—	Yes or No— 14. RACE — American Indian, Black, White, etc.  Specify: WHITE			
15. DECEDENT'S (Specify only highest	EDUCATION	16a. DECEDENT	S USUAL OCCUPATI	ON	18b. KIND 0	F BUSINESS/IND				
Elementary/Secondary (0-12)	College (1-4 or 5		work done during muse retired.)	ost of working						
4th GRADE  17. FATHER'S NAME (First, Middle, Last		HOM	IEMAKER							
	JESSEN			IDA PA	NAME (First, Middle, M	alden Sumeme)	1441			
19n. INFORMANT'S NAME (Type/Print)	JESSEN									
EDWARD WEBEL		239	I RONSHIRI	and Number or Ru SOUTH	- LAUREL	MARYLA	AND 20724			
20s. METNOD OF DISPOSITION		20b. PLACE AND DATE					City or Town, State			
1 Surial 2 Cremation 3 4 Donation 5 Other (Specify)	Removal Irom State	cemetery cremetory or	other place)							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY									
1 M. To	HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD. 21229									
23. PART I. Enter the diseases,	or complications the	t caused the death. Do								
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b. DUE TO	(OR AS A CONSEQUENCE (OR AS A CONSEQUENCE A)	chear orp:	t fe, dise	Isra Corney	sofes	Onset end Deeth			
PART II. Other eignificent cond	tione contributing to	deeth but not resulting	In the underlyin	g ceuse given	In Part I. 24a, W	S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
MEDICA					PE	RFORMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICA EXAMINER?  1 YES 2 AND  27. MANNER OF DEATN			26. P	ACE OF DEATN	(Check only one)					
1 TYES 2 THO	HOSPITAL:	ER/Outpetient 3 DOA	OTHER:	ne 5 Ansiden	ce 6 Other (Specify	)				
1 X Natural 5 Pending	27. MANNER OF DEATN  25a. DATE OF INJURY (Month, Dey, Year)  28b. TIME OF INJURY AT WORK?  1 Netural 5 Pending  25a. DATE OF INJURY (Month, Dey, Year)  28b. TIME OF INJURY AT WORK?  1 VES 2 NO									
2 Cutatet	3 Suicide 6 Could not be 26. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)									
D SACRATURE AND TITLE OF CERT	29c, LICENSE NUMBER 29d, DATE SJONED (Month, Day, Year)									
DR. SANDRA SAT	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  DR. SANDRA SATTIN - 1113 N. ROLLING ROAD - CATONSVILLE, MD. 21228									
JUL 0 2 1993	Julia David	R'S SIONATURE								

CIP

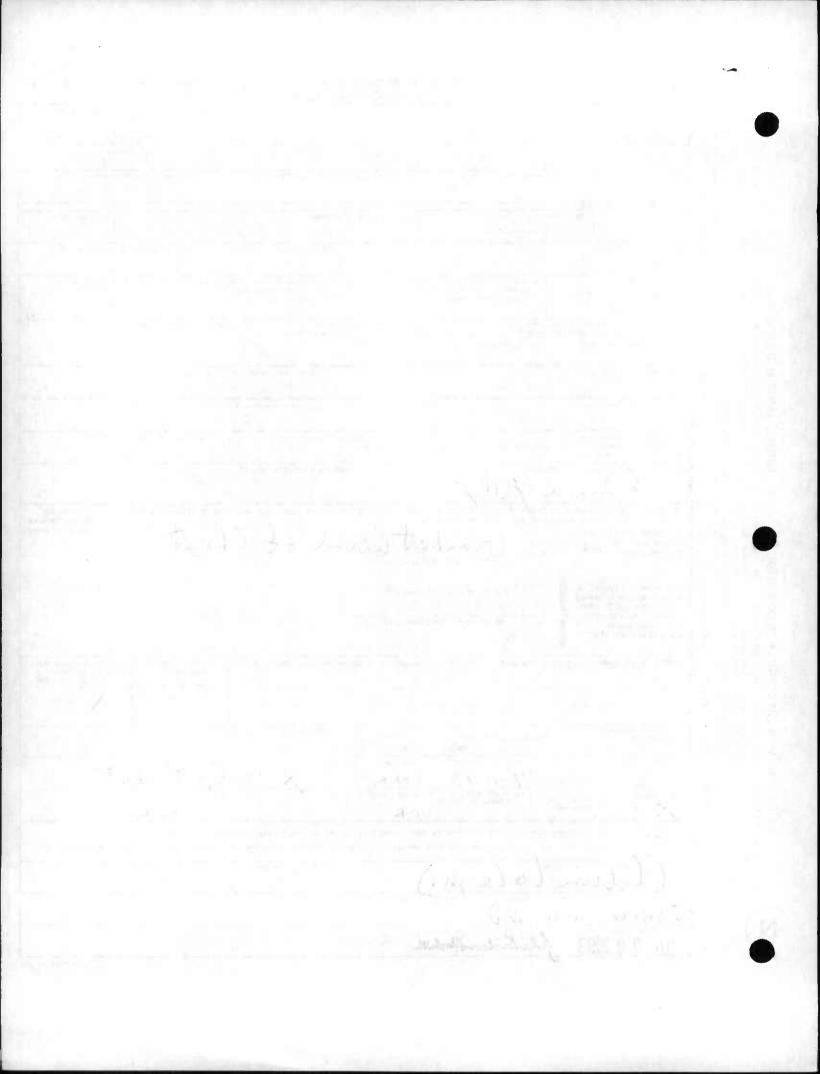
	REGISTRAR		CERTIFICATE OF	F DEATH	REG. NO.					
1	1. DECEDENT'S NAME (First, Middle, Las			MK	ATE OF DEATH DAY	YEAR 3. TIME OF DEATH				
	LAWRENCE  4. SOCIAL SECURITY NUMBER	BRUCE 5. SEX 6. AGE (In vr	ANDERSO		07 01 19					
	212-46-4828	1 M 2 □ F 47	YRS, MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6/20/46 8. BIRTHPLACE (State or Foreign Country) MI)					
CTOR	9a. FACILITY NAME (If not institution, given 148 LANGLEY R	OAD	96. CITY, TOWN	OR LOCATION OF DEATH	100	LTIMORE				
#	PRESIDENCE OF DECEDENT  10a. STATE  10b. COUN		10c. CITY, TOWN OR LOC			10d. INSIDE CITY LIMITS?				
ERAL DI	100. STREET AND NUMBER 5 Punte Lane			10f. ZIP CODE 2122		1  YES 2 X ND EN OF WHAT COUNTRY? USA				
FUNE	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	ND If yes,	ECENDENT OF HISPANIC OR specify Cuban, Maxican, Pua	HGIN? (Specify Yea or No.—	14. RACE — American Indian, Black, White, atc.				
D BY	3 Widowed 4 Divorced  15. DECEDENT'S EI	IF YES, GIVE WAR OR DATES	8 1   YE  a. DECEDENT'S USUAL OCCUPA	ES 2 NO Specify:	16b, KIND OF BUSINESS/INDU	Specify: White				
PLETE	(Specify only highest gra	College (1-4 or 5+)	(Give kind of work done during rifle. Do NOT use retired.)  Unemployed	most of working	TOU. KIND OF BUSINESS/INDU	31H1				
E COMPL	17. FATHER'S NAME (First, Middle, Last) Lawrence H.	Anderson	OHEMP107 CA	18. MOTHER'S NAME (FA	rst, Middle, Meiden Surname) E. Taylor					
TO BE	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  1.awrence H. Anderson  5 Punte I.a. Baltimore; MD 21221									
	20a. METHOD OF DISPOSITION 1 Burlal 2 X Cremation 3 Re 4 Donation 8 Other (Specify)	moval from State cemeter	ACE AND DATE OF DISPOSITION (		DATE 20c. LOCATION C					
	21. SIGNATURE OF PUNERAL SERVICE		Cva	AND ADDRESS OF FACILITY Ch/rosedale		ville, MD				
	ahock, or heart failure IMMEDIATE CAUSE (Final	or complications that caused the List only one cause on each	a death. Do not enter the n		cardiac or respiratory arre	interval Betv				
<b>LIFICATION</b>	ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa	a list only one cause on each	ine.  In death. Do not enter the management of t	noda of dying, auch aa	cardiac or respiratory arre	interval Betw				
CERTIFICATION	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	a	INSEQUENCE OF):	anoda of dying, such as o	Lest	interval Betw Onset and Da				
: MEDICAL CE	ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa	a	INSEQUENCE OF):	anoda of dying, such as o	Lest	Onset and Da  Onset and Da  24b. WERE AUTOPSY FINDS  MALABLE PRIOR TO				
SICIAN: MEDICAL CE	ahock, or heart failur.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST  PART II. Other aignificant conditions.	a	In death. Do not enter the milline.  In the consequence of:  In the consequenc	ing ceuse given in Part	I. 24a. WAS AN AUTOPSY PERFORMED?  1 XXES 2 NO	24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATIN?				
PHYSICIAN: MEDICAL CE	ahock, or heart failur.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST  PART II. Other aignificant conditions are sufficient conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 NETURE 1 Pending	a. DUE TO (OR AS A CO b. DUE TO (OR AS A CO c. DUE TO (DR AS A CO d. DUE TO (DR AS A CO d. DUE TO (DR AS A CO d. DUE TO (DR AS A CO d. DUE TO (DR AS A CO d. DUE TO (DR AS A CO d. DUE TO (DR AS A CO d. DUE TO (DR AS A CO	In death. Do not enter the milline.  In ine.  .  In in ine.  In ine.  In in	ing cause given in Part	I. 24a. WAS AN AUTOPSY PERFORMED?  1 XXES 2 NO	24b. WERE AUTOPSY FINDINAMILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?  1 YES 2 NO				
D BY PHYSICIAN: MEDICAL CE	Allock, or heart failur.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST  PART II. Other aignificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1. THE SECOND NO.  27. MANNER OF DEATN	a. DUE TO (OR AS A CO b. DUE TO (OR AS A CO c. DUE TO (DR AS A CO d. DUE TO (DR AS A CO	DISEQUENCE OF):  INSEQUENCE ACE OF DEATN (Check on one 5 Residence 8XX) NJURY AT NORK?  YES 2 NO fice 28f.	Acardiac or respiratory arresponding to the second of the	24b. WERE AUTOPSY FINDINANALABLE PRIOR TO COMPLETION OF CAUSOF DEATH?  1 YES 2 NO  TREET					
MPLETED BY PHYSICIAN: MEDICAL CE	Annock, or heart failur.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST  PART II. Other aignificant conditions in the condition of the con	a. DUE TO (OR AS A CO b. DUE TO (OR AS A CO c. DUE TO (DR AS A CO d. DUE TO (DR AS A CO d. DUE TO (DR AS A CO 28a. DATE OF INJURY (Month, Day, Jean, J	as death. Do not enter the milline.  Inne.	PLACE OF DEATN (Check on the control of the control	L. 24a. WAS AN AUTOPSY PERFORMED?  1. XYES 2 NO  Describe How Injury Occi  LOCATION (Street and Number of City or Town, State)	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATN?  1 YES 2 NO  TREET PRED A Rural Route Number,				
E COMPLETED BY PHYSICIAN: MEDICAL CE	Annock, or heart failur.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST  PART II. Other aignificant conditions in the condition of the con	a. DUE TO (OR AS A CO b. DUE TO (OR AS A CO c. DUE TO (DR AS A CO d. DUE TO (DR AS A CO	as death. Do not enter the milline.  Inne.	PLACE OF DEATN (Check on the control of the control	Acardiac or respiratory arresponding to the state of the	24b. WERE AUTOPSY FINON ANALABLE PRIOR TO COMPLETION OF CAUS OF DEATN? 1 YES 2 NO TREET				
COMPLETED BY PHYSICIAN: MEDICAL CE	ahock, or heart failur.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST  PART II. Other aignificant conditions are sufficient conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  PART II. Other aignificant conditions.  27. MANNER OF DEATN  1 Netural 5 Pending Investigations in Suicide 6 Could not a determined.  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINEDICAL EXAMI	a. DUE TO (OR AS A CO b. DUE TO (OR AS A CO c. DUE TO (DR AS A CO d. DUE TO (DR AS A CO	as death. Do not enter the milline.  Insecuence of:  Insecuenc	ing ceuse given in Part	Acardiac or respiratory arresponding to the second of the	interval Betw Onset and Da  24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATN? 11 YES 2 NO  TREET  VER Aural Route Number,  d. cause(a) and manner as state.				



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DNMN-16 Rev 1/89

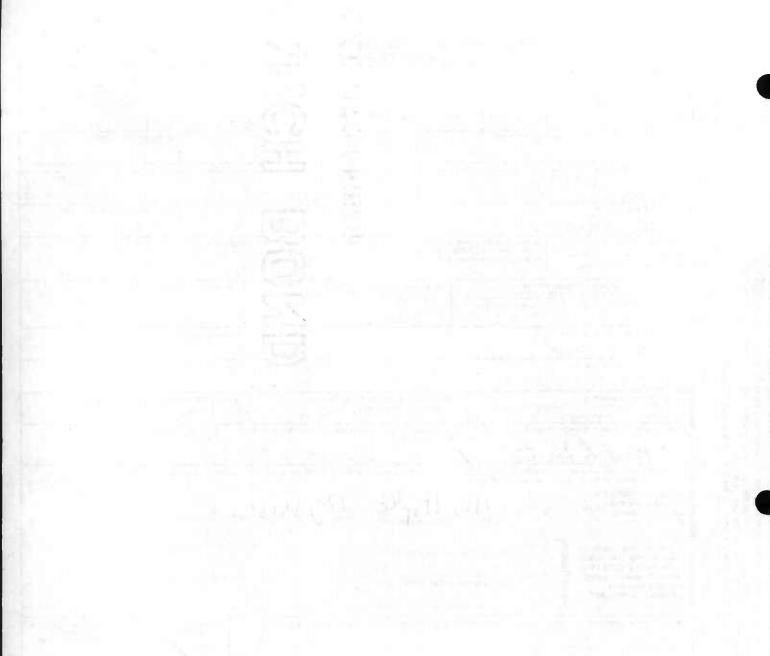


		1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL	HYGIENE REG. NO.	93	1911	82	
		1. DECEDENT'S NAME (First, Middle, Last) PEARL			B002	ZE	2. DATE O		93	3. TIME OF D	Pw	
pyronys		4. SOCIAL SECURITY NUMBER 216 44 2793  86. FACILITY NAME (If not institution, give st	1 M 2 F 7	n yrs. last birthday) 7 9 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	8	Day, Year) /12/191	Cour	Va.	v Foreign	
1, 2, 3 st	CTOR	2422 PENNSYLVA	NIA AVE			MORE C	ITY					
M	DIRE	Md . 10s. STATE 10b. COUNTY		10c. CITY	y, TOWN OR LOCA	more				10d. INSIDE C LIMITS? 1YES 2	□ NO	
	FUNERAL	2422 Pennsylvar				21217			USA			
215-0020 attending physicials se as the burial-li	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT	2 X NO	If yes, sp	CENDENT OF HISPAI pecify Cuben, Maxica B 2 NO Specify	en, Puerto Ric		Afr	CE — American Inck, Whita, atc.	rican	
2121 al or atte	PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	life. Do NOT us	work done during mo	ost of working	16b. H	KIND OF BUSINESS/	INDUSTRY			
YLAND by the hospit be detached at once.	COMPL	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Mic	ddle, Maiden Surnami	(e)			
MAR retained 5 should notified	TO BE	19a. INFORMANT'S NAME (Type/Print)  Luther Booze				and Number or Rural illingte				Pa. 10	2121	
		204 METHOD OF DISPOSITION  A Burlet 2 Cremation 3 Remo	K	PLACE AND DATE OF THE PLACE AND DETERMINED TO THE PLACE AN	OF DISPOSITION (No	ame of	7/6		— City or T	Town, State		
BALTIMORE after death. Page 6 may by the funeral director, pa moval.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY James A. Morton & Sons 1701 Laurens St., Balto., Md. 21.  23. PART/Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximately 1.										
within hours within cours cremation, or referent the medi		23. PART / Enter the diseases, or c ahock, or heert fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused List only one cause on ea	schend	tre Co	valus va				Approx Interval Onset	dmata Il Between and Death	
P.O. BOX 687( the certificate be executed  ending physician and com i Hygiene prior to burial,  or other traumatic er	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE OF	F):							
RECORDS, w requires that the deal been signed by the art. of Health and Menta I shows any injury.	MEDICAL	PART II. Other algorificent conditions	a contributing to deeth bu	it not reaulting l	n the underlyin	g ceuse given in		24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO		Ib. WERE AUTOPS' AMAILABLE PRI COMPLETION 0 OF DEATH?  1 YES 2	IOR TO DF CAUSE	
TAL. The lands are Dep	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 💢 YES 2 🗆 NO	HOSPITAL:		OTHER:	LACE OF DEATH (Ch						
		27. MANNER OF DEATH  1 Netural 5 Pending	1 Inpetient 2 ER/Outpe 28s. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c. INJ	JURY AT DRK? YES 2 NO		(Specify)	OCCURED			
ISIC TTENDI TTOR: A after d	TED BY	1	28e. PLACE OF INJURY - building, etc. (Specif	At home, farm, s			281. LOCAT City or	FION (Street and Num Town, State)	nber or Rural	Route Number,		
DI OR L OR L DIRI	COMPLETED	enel	CIAN: To the best of my knowle R: On the basis of examination							(a) and manner a	as stated.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: 11	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Corper	ND		O.C.M				1993	nar)	
10	7	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	111 Per	nn Stre	eet, Ba					1201	
		31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNA	TURE								

BALTIMORE, MARYLAND 21218-0 nous after death. Page 6 may be retained by the hospitation at memory and in the function death of the second DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within THE FINERAL DIRECTOR: After this certificate has been slowed by the attending obsision and completely.

	1. DECEDENT'S NAME (First, Middle, L. JOHN	В.				BEA	LE	.lr	MON	E OF DE	ATH DAY	<b>'</b>	YEAR 93	3. TIME OF DEATH 8; 45
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1		IF UNDER		7. DATE	E OF BIR	тн	,		HPLACE (State or Fort
	578-70-2096	1 💢 M 2 🗆 F	39	YAS.	MONTHS	DAYS	HOURS	MIN.	Apr	il 1		1954	Coun	aryland
	9a. FACILITY NAME (If not institution, g	give street and number)		7	9b. CITY, TOWN OR LOCATION OF DEATH						1/,		INTY OF I	
OR	UNIVERSITY S.				BALTIMORE CITY									
5	RESIDENCE OF DECEDENT			10c, CITY, TOWN OR LOCATION										
DIRECTOR	Maryland							,						10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			De	altim		CI CODI					10a CIT	IZEN OF	1 X YES 2 1 N
RA	3823 Shannon	Dr.		21213								.S.A		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARM		13. W	AS DECE			VIC ORIG	IN? (Spec	city Yee		14. RAC	E — Amarican Indian
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1	MAR OR DATES	0	11	yes, spec	olfy Cuba	n, Mexica	n, Puerto				Spec	k, White, etc.
ETED	16. DECEDENT'S EDUCATION (Specify only highest grade completed)			CEDENT'S	USUAL OCI	CUPATION	of working	7	16	b. KIND	OF BUS	INESS/IN	DUSTRY	
Ē	Elementary/Secondary (0-12)	College (1-4 or 8 -	Do NOT u	se retired.)	uning most	Or WORKE								
COMPL		2 yr's	5	Super	rviso			-		_		itory	У	
8	17. FATHER'S NAME (First, Middle, Last)								ME (First,	Middle, i	Maiden S	Surnama)		0.1.5
BE	John B. Beal	16						eane						O'Brien
6	190. INFORMANT'S NAME (Type/Print)  Mr. John C. Mc(	Guiro			ADDRESS		d Number	or Rural	Route Nui	nber, City	or Town	, State, Zij	p Code)	
-	20s. METHOD DF DISPOSITION	durre		_	as #									- Superior
	1 🗆 Buriel 2 💢 Cremation 3 🗆 f	Ramoval from Stata	cemetery, cren		ther plecel			7 /	DA					own, Stata
	4 Donation 8 Other (Specify)	E LICENSEE Paul	L. Hartson	1. 2.		HILL			2/9:	_		wson		21214
	23. PART I. Enter the diseases, ahock, or heert fallu IMMEDIATE CAUSE (Final	or complications the ure. List only one	f coused the dec	eth. Do i	not enter t	the mode	e of dvi	na. suc	h ne ce	rdlac or	reenle	atory ac		1
	disease or condition resulting in death)	a. Due to	nult	ام ا	e.	D	30	1	e	idiac of	төөрш		reat,	Approxime Interval Ba Onset and
ERTIFICATION	disease or condition	b	(OR AS A CONSEDI	UENCE O	e _ f):	D	) (	M	*	orac or	reapir		Toat,	Interval Bat
MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	(OR AS A CONSEDI	UENCE O	e _ fi: fi:	D	) c	M	بغر	24a. V		AUTOPSY MED?		Interval Bat
MEDICAL CE	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infliated events resulting in death) LAST  PART II. Other significant conditions.	b	(OR AS A CONSEDI	UENCE O	e _ fi: fi:	D-derlyIng	ceuse	Under In	بغر	24a. V P P 1 □	MAS AN A	AUTOPSY MED?		Interval Bei Onset and Onset and  . WERE AUTOPSY FIN AMILABLE PRIOR TI COMPLETION OF CA OF DEATH?
MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	(OR AS A CONSEDI	UENCE O	P:	Defiying of	Ceuse (	given in	Part I.	24a. ¥ p 1 □	MAS AN A	AUTOPSY MED?		Interval Bei Onset and Onset and  . WERE AUTOPSY FIN AMILABLE PRIOR TI COMPLETION OF CA OF DEATH?
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ETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions and immediate cause. Examiner?  1	b	(OR AS A CONSEDITION OF INJURY — At home etc. (Specify)	DOA 28b. TIN. 4 : 4 ne, farm,	OTHER 4   Nursi te OF   1   1   1   1   1   1   1   1   1	26. PLA: ing Homa 28c. INJUIF WORI 1  YE	Ceuse (	EATH (Chaldence	Part I.  B Ott  28d. Di  DRI  28f. Lo  Cit  8 9	24a. VP P 1 1 C P P P P P P P P P P P P P P P	MAS AN A PERFORM YES 3  HOW IN (Street at A, State) MC	MUTOPSY MED? NO  JURY OC  J AU  nd Numbe  ORAV	CCURED JTO or or Rural /IA sted.	Interval Be Onset and Onse
E COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions and immediate cause. Examiner?  1	b	(OR AS A CONSEDITION OF INJURY — At home etc. (Specify)	DOA 28b. TIN. 4 : 4 ne, farm,	OTHER 4   Nursi te OF   1   1   1   1   1   1   1   1   1	26. PLAN: ing Homa 28c. INJUS WORI 1  YE iry, office	Ceuse (	EATH (Chaidence	Part I.  B Coth  28d. Di  DRI  28f. LO  10 to the c  time, da	24a. VP P 1 1 C P P P P P P P P P P P P P P P	MAS AN A PERFORM YES 3  HOW IN (Street at A, State) MC	NUTOPSY MED? NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	CCURED JTO or or Rural /IA sted.	Interval Be Onset and Onse
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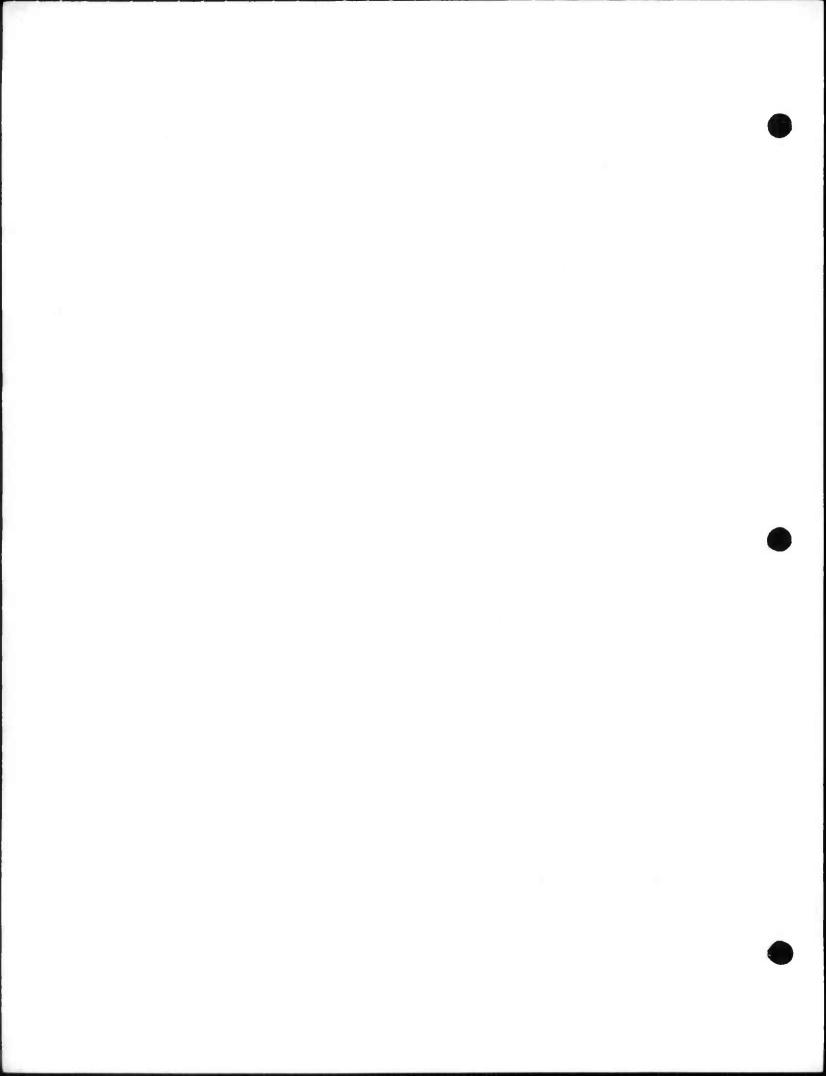


		1 - STATE REGISTRAR		STATE OF I	MARYLA	CERT	RTMEN FICAT	T OF I	DEA	AND	MENT/	REG. NO		, J	13101
A AGE (Figs. 1 as a bornelly and bornelly an		1. DECEDENT'S NAME (First, Mid	ddle, Last)	SARAH :	BLUME	BERG					MON	TH D		YEAR	
Secretary name (if not institution, per similar and number)  FRANCES SCOTT KEY HOSPITAL  BALTIMORE  10-COUNTY OF DEATH  BALTIMORE  10-COUNTY OF DEATH  SECONATION OF DEATH  SECON					6. AGE (In		ANCHITHE.		_		7. DATI	E OF BIRTH	8	BIRTHPL	
TRANSPORT SOCRET KEY HOSPITAL  SECURITY OF DESCRIPTION  SECURITY						85 YRS						NE 23,		MAR:	
STREET NO HUMBER  5 GREEN MOUNTAIN CT, APT. C  11. LAWATEL STATUS  11. LAWATEL STATUS  11. LAWATEL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  17. Never Merried 2   Married  3 W 1500-000  18. RACE — Annacias Indian, 18. RACE	OR	FRANCES SCO	TT KEY	HOSPI'	<u>ral</u>										in .
STREET AND NUMBERS  5 GREEN MOUNTAIN CT, APT. C  11. MARTIAL STRUE  11. MARTIAL STRUE  12. WAS DECERBET BY IN NU.S., AMMED  13. WAS DECERBED TO HISPANIC CRUINTRY  USA  14. NAME FROM MARKET  15. WAS DECERBED TO HISPANIC CRUINTRY  USA  16. WAS DECERBED TO HISPANIC CRUINTRY  USA  16. WAS DECERBED TO HISPANIC CRUINTRY  USA  16. WAS DECERBED TO HISPANIC CRUINTRY  USA  16. WAS	REC	10a. STATE 101	b. COUNTY			10c. (								10	d. INSIDE CITY
Secretary   Secr	-		BALTI	MORE:											YES 2 NO
Secretary   Secr	ERA	5 GREEN MOUN	TAIN C	T,APT.	C			10					_		AT COUNTRY?
14. DECERBET'S EDUCATION Elementary/discondary (Part) Elementary/discondar	5	1 Never Married 2 Marr	ried	FORCES? 1	YES	2 NO	NO If yes, specify Cuban, Mexican, Puarto Rican, etc.) B						Black, V	/hita, alc.	
The Normanity Same (flyphosphill)  The Normanity Sa	LETED	(Specify only high	thest grade con	npleted)		(Give kind life. Do NO)	(Give kind of work done during most of working life. Do NOT use retired.)				16	b. KIND OF BUS	SINESS/INOUS	STRY	WIIII
The Normanity Same (flyphosphill)  The Normanity Sa	OM					HO	JSEWI	FF	18. MOTI	HER'S NA	ME (First,				
MR ALBERT SLUMBERG  9915 FOXHILL RD. PERRYS HALL, MD 21128  200-METROO OF DESPOSATION 10 But 2   Ceremeton 3   Removal from State 4   Donation 5   Other (Specify) 21 SIGNATURE OF PUMPHAL SERVICE LICENSE  22 NAME SNO LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, MD 21215  23 PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Setwer Onset and Date (Inc.)  13 SIGNATURE CAUSE (Final Resease)  14 PART II. Other significant conditions, and the state of the cause of the ca	DACOB DIAMOND FANNIE JACKSON  19a INFORMANY'S NAME (RoadFriel)														
1. Deurist 2   Cremetion 5   Other (Speciety)		MR ALBERT SLUMBERG 9915 FOXHILL RD. PERRY HALL, MD 21128													
SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, MD 21215  23. PART I. Enter the diseasea, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between the shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or conditions)  In any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that limitated events)  PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY FERFORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANCHA OF OCATH  28. DATE OF MUJURY  29. SCHARLES TOWN MUJURY OCCURED  29. SCHARLES TOWN MUJURY OCCURED  29. SCHARLES TOWN MUJ	1 2 Burlal 2 Cremetton 3 Ramoval from State 4 Donation 5 Other (Specify)														
INMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentielly list conditions, frame, feeding to immediate cause. Enter UNDERLYING AUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONS		21. SIGNATURE OF FUNERAL SE	ERVICE LICENS	1/	w.	20~	22	6010	OL L	EVIN STER	SON STOW	& BROS	.,INC	MORE,	MD 21215
PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24a. VAS AN AUTOPSY PRION AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1   YES 2   NO		iMMEDIATE CAUSE (Final disease or condition	feliure. List	Only one ceu	Ole	dual	e) (1	Ver	0.47	<u> </u>		ulec or respi	natory arres		interval Betwee
PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part i.  24a. WAS AN AUTOPSY PRIDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF GEATH  28a. DATE OF INJURY  28b. TIME OF INJURY AT WORK?  28c. INJURY AT WORK?  3   Suicide  4   Homicide  28a. DATE OF INJURY — At home, farm, streel, factory, office  28a. PLACE OF INJURY — At home, farm, streel, factory, office  28a. PLACE OF INJURY — At home, farm, streel, factory, office  28a. PLACE OF INJURY — At home, farm, streel, factory, office  28a. PLACE OF INJURY — At home, farm, streel, factory, office  28a. PLACE OF INJURY — At home, farm, streel, factory, office  28a. PLACE OF INJURY — At home, farm, streel, factory, office  28a. PLACE OF INJURY — At home, farm, streel, factory, office  28a. PLACE OF INJURY — At home, farm, streel, factory, office  28a. PLACE OF INJURY — At home, farm, streel, factory, office  28a. PLACE OF INJURY — At home, farm, streel, factory, office  28a. PLACE OF INJURY — At home, farm, streel, factory, office  28a. PLACE OF INJURY — At home, farm, streel, factory, office  28b. USCATION (Street and Number or Rural Route Number, City or Rown, State)  28c. CERTIFIER  (Check only one)  28b. WERE AUTOPSY FINDENT AMAILABLE PRIOR TO COMPLETION OF CAUSE OF COMPLETION OF CAUSE OF COMPLETION OF CAUSE OF CAUS	ERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events													
COMPLETION OF CAUSE OF DEATH?    YES 2 NO		PART II. Other aignificent c	conditions co	ontributing to	death bu	t not resultin	) in the underlying ceuse given in Pr				Part i.				
1   Accident   2   Accident   3   Sulcide   4   Homicide   4   H	MED											1 🗆 YES 2	□ NO	OF	MPLETION OF CAUSE DEATH?
The Neutral   State   Pending   Investigation   No.   1   YES 2   No.	CIAN			OPRITAL					ACE OF D	EATH (Ch	eck only a	ne)			
The natural   State   Pending   Investigation   State   Pending   Investigation   State   Pending   Investigation   State   Pending   Investigation   State   Pending   Pendin	14XSI	1 YES 2 NO		Inpatient 2			4 🗆 Nu	rsing Hom		esidence					
3 Sulcide 4 Homicide 5 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, streel, factory, office 29e. CERTIFIER (Check only MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the ilme, data and place, and due to the cause(a) and manner as stated.  29e. CERTIFIER (Check only MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the ilme, data and place, and due to the cause(a) and manner as stated.  29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)		1 Netural 5 Pend				200.	NJURY	WO	RK7	NO NO	28d. DE	SCRIBE HOW II	NJURY OCCUI	REO	
299. CERTIFYING PHYSICIAN: To the best of my knowledga, death occurred at the lime, date and place, and due to the cause(a) and manner as stated.    MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the lime, data and place, and due to the cause(a) and manner as stated.    MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the lime, data and place, and due to the cause(a) and manner as stated.    299. SECURITY AND TIME OF CERTIFIER   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   36 July 93		Coun		28a. PLACE O building,	F INJURY - etc. (Specify	— At home, fern	, street, fac	tory, offici	•		281. LOG	CATION (Street a or Yown, State)	and Number or	Rural Rout	a Number,
296. LICENSE NUMBER 29d. DATE SIGNED (Morith, Day, Year) 29d. DATE SIGNED (Morith, Day, Year) 29d. DATE SIGNED (Morith, Day, Year)	OMPL	(Check only													d menner as steted.
	ш	299 SIGNATURE AND TULE OF	CERTIFIER	1					29c. LICE	NSE NUN	ABER C. /			-	A
	- 11	30. NAME AND ADDRESS OF PER	RSON WHÓ CO	OMPLETED CAUS	E OF DEAT	TH (ITEM 27) (TA	oe, Print)		3)	216	460		- 30	JU	N 73
	2	31. DATE FILED (Month, Day, 1601)  JUL 0 2 1993	ful	32. DEDIŞTRA	R'S SIGNAT	TUBE YOUR	_								***



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



	FOR											-	20	101	0 =
	1 - FOR STATE REGISTRAR	STATE OF M	MARYLAND / Ce	DEPAR ERTIF	TMENT ICATE	OF H	EALTH DEAT	AND I	MENTA	L HYGII			33	191	85
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH				3. TIME OF DEA	
	Kermitt W.	Byro	a						6		28	19	53	12:15	рм
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE	OF BIRTH		1.0	BIRTHE	PLACE (State or E	inmian
	215-22-2431	1 M 2 F	66	YRS.	MONTHS	DAYS	HOURS	MIN.		27 1	926		Ba.	ltimore	, Md.
DIRECTOR	99. FACILITY NAME (If not institution, give str 223 S. Vincent St						more		EATH			N/A	OF DE	ATH	
2	10e. STATE 10b. COUNTY			I too CIT	Y, TOWN O	D LOCAT	ION								
	Md.	N/A			ltim		ION							10d. INSIDE CIT LIMITS? 12 YES 2	
FUNERAL	100. STREET AND NUMBER 223 S. Vincent St.						ZIP CODE				1 -	CITIZE	OF W	HAT COUNTRY?	
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. 1			F HISPAI	NIC ORIGI	N? (Specify	Yee or No	14	BACE	- American Ind	len
B	1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 N			f yes, spe	clfy Cubar 2 NO	Specify	n, Puerto	Ricen, etc.)	TOO OF NO	"	Black, Specify	White, etc.	
	15. DECEDENT'S EDUC	ATION	18e. DE	CEDENT'S	USUAL OC	CCUPATIO	N		161	. KIND OF	BUSINES	S/INDUS	TRY		
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +	)	Do NOT us			st of working	9		14.	ıtom	437	40		
₹	7		AU	ito M	GOUR	TITO				A	u com	TOT	8		
BE CO	17. FATHER'S NAME (First, Middle, Last)  Elmer W. B	yron							ME (First,	Middle, Mald	len Surnei	ne)			
10 8	Wesley R. Byron		191	MAILING	ADDRESS 2nd	Street of	Way	or Rural J	Route Num	Pa.	1726	8 <sup>Zip Co</sup>	de)		
	20a, METHOD OF DISPOSITION 1 Buriel 2 Crematical Remove	val from State	20b. PLACE A cometery, cre Crown	AND DATE O	of DISPOS	ITION (Na	me of	200	7/2		LOCATIO				bra
	4 Donation 5 Other (Books)	wee /	Crown	18 AT 1					1				TTE	, Maryl	amu
	· /aus /	usch		-						mera rid <i>e</i> e			nd :	21227	
	23. PART I. Enter the diseases, or co	emplications that	caused the de	ath. Dp n										Approxim	ate
	ahock, or heart fallura. L. IMMEDIATE CAUSE (Final	lst only one cau	se on each lina										•	Interval B	etween
	disease or condition resulting in death)	C.	U. P.	D.										(3655.55.55.	
		DUE TO	(OR AS A CONSEC	DUENCE OF	ን:								-		
CERTIFICATION	Sequantially list conditions, if any, laading to immediate	DUE TO	(OR AS A CONSEC	OUENCE OF	·):										
IFIC	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	DUE TO	OR AS A CONSEC	DUENCE OF	ŋ:										
F	resulting in death) LAST														
- 1	PART II. Other significant conditions	contributing to	death but not re	esulting i	n tha un	derlying	cause g	lven in	Part I.	24a. WAS		PSY	24b.	WERE AUTOPSY F	INDINGS
ਨੂ	ANEMIA									10700	ORMED?			AVAILABLE PRIOR	
	DIABET	ES M	FILL	THE					_	1 TYES	2 100	0		OF DEATH?	
PHYSICIAN: MEDICAL	13(1,130)	-5	C 2- 1	1 03					_				·	1   YE\$ 2	NO
₹	25. WAS CASE REFERRED TO MEDICAL			_		26. PL	ACE OF DE	ATH (Ch	ack only or	ne)			_		
잃		HOSPITAL:	ED/Outputies 2	_ no.	OTHER	t:									
¥ I	27. MANNER OF DEATH	28e. DATE OF		28b. TIM		28c. INJU	5 Not	idence	-			0000110			
	1 Netural 5 Pending	(Month, De			URY	WOI	RK?		280. DE	SCRIBE HO	Y INJURY	OCCUR	ED		
B	2 Accident Investigation						ES 2	NO							
COMPLETED	3 Suicide 8 Could not be determined	building,	F INJURY — At horetc. (Specify)	me, ferm, s	treet, facto	ory, office			28t, LOC City	or Town, Sta	et and Nu te)	mber or I	Rurel Ro	oute Number,	
<u>-</u>	29a. CERTIFIER			:		_									
MP	(Check only 1 CERTIFYING PHYSIC														
ō I	2 MEDICAL EXAMINER	On the basis of ex	amination end/or i	nvestigatio	n, in my o	pinion, de	ath occure	d at the	time, date	end place,	end due	to the co	ouse(s)	end manner as s	tated.
	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE	NSE NUM	ABER	-	29d.	DATE SI	GNED (	Monte, Day, Year)	
BE	10. SIGNATURE AND TITLE OF CERTIFIER  29C. LICENSE NUMBER  29d. DATE SIGNED (Monte), Day, Year)  10. NAME AND ADDRESS OF RESSON WING COMPLETED CAUSE OF DEATH (YEAR OF STATE O														

14

31. DATE FILED (Month, Day, Year)

Deepak

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

Deepak Seth 5411 Old Frederick Rd. Suite 15

Baltimore, Maryland 21229

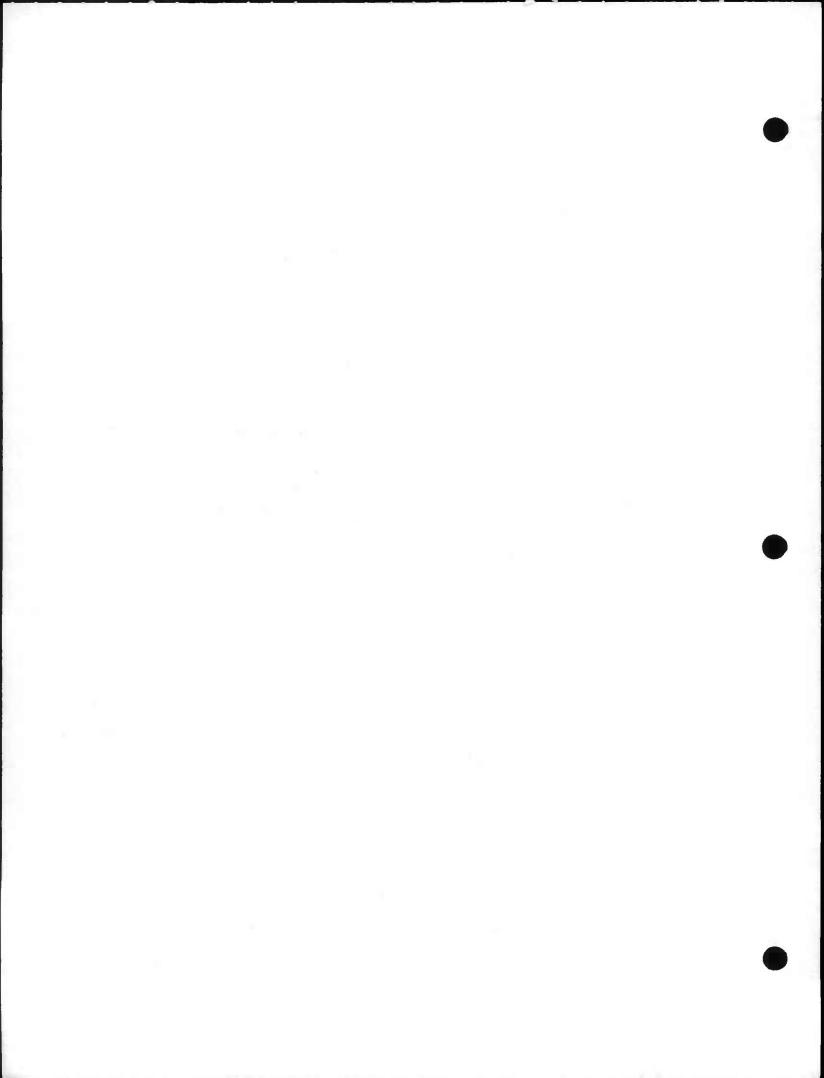
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
F VITAL RECORDS, P.O. BOX 6876	
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH DAY DAY 1. DECEDENT'S NAME (First, Middle, Last) Bundebury

Rege (In yrs. lest birthdey) 3. TIME OF DEATH B. 93 330 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 89 YRS. 1 M 2 F 056-38-8884 New York 91 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Northwest Hospital Center Randallstown Baltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Carroll County Sykesville 1 YES 2 X NO permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? n by the funeral director, page 5 should be detached for use as the burial-transit removal. U.S.A. 7200 Third Avenue 21784 within 24 hours after death. Page 6 may be retained by the hospital or attending physician, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.) BY 3 Widowed 4 Divorced 1 TYES 2 NO Specify: White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 4 Teacher Education once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Ħ BE Michael Callaghan Mary Jane Barr notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2013 Preston Avenue Los Angeles, CA 90026 Mr. Stanford Brandebury pe 20s. METHOD OF DISPOSITION
1X Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State OATE must 4 ☐ Donation 5 ☐ Other (Specify) Rock Creek Cemetery 7/2 Washington, DC examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Drian HAIGHT FUNERAL HOME (P.O. Box 195) Sykesville, MD 21784 (410)-795-1400 event, the medical filled in by t 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart fellure. List only one ceuse on each line. Interval Between **IMMEDIATE CAUSE (Finei** Onset and Death this certificate has been signed by the attending physician and completely fille with the State Dept. of Health and Mental Hyglene prior to burial, cremation, diseese or condition resulting in death) hypoxemia and hypotension hours OUE TO (OR AS A CONSEQUENCE OF) Severe COPD long traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate Standing death certificate be cause. Enter UNDERLYING CAUSE (Diseese or Injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 6 PART ii. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMEO? AVAILABLE PRIOR TO amy COMPLETION OF CAUSE 1 TYES 2 NO shows a 1 TES 2 NO PHYSICIAN: MP 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? The Hem 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | EROutpatient 3 | DOA OTHER: 1 YES 2 NO PHYSICIAN: me 5 - Residence 8 - Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural DIRECTOR: After the hours after death w 1 YES 2 NO BY 2 Accident OR ATTENDING 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 8 Could not be COMPLETED 4 🔲 Homicide 28 Hem CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as atsted. FUNERAL I HGSPITAL = 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated TO THE HGSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: I 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE P. MM MD D34406 6/30/93 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Richmond MD 1645 Liberty Rd. Eldersburg MD Allan 4 32. REGISTRAR'S SIGNATURE



BALTIMORE, MARYLAND 21203-3

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within accounts after death. Page 6 may be retained by the hospital or the true of the third of the true of true of the true o

	1 - STATE REGISTRAR		CERTIF	FICATE (	OF DEATH	REG.	NO.		
) }	1. DECEDENT'S NAME (First, Middle, Lest)	IRGINIA L	UPO CARROLL		han hand	June 28	B, 04 1993	3 VEAR	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER 220-54-7988	5. SEX 1  M 2 X F	8. AGE (In yrs. lest birthday) 87 YRS.		AR IF UNDER 24 HRS. AYS HOURE MIN.	7. DATE OF BIRTH	<b>7,</b> 190!	a. BIRT	HPLACE (State or Foreign W Jersey
FOR	90. FACILITY NAME (If not institution, give since the second seco		reet		wn or Location of D imore City		100	NTY OF I	DEATH
DIRECTOR	10a. STATE 10b. COUNT Maryland	Υ		TY, TOWN OR L					10d, INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 700 West 40th Str	reet			101. ZIP CODE 21211		-	J.S.	WHAT COUNTRY?
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 X Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. ABMEO YES 2 X NO WAR OR DATES	If ye	DECENDENT OF HISPA is, specify Cuban, Maxico YES 2 NO Specif	en, Puerto Rican, etc		14. RAC Blee Spec	E — American Indian, ck, Whita, etc. city: White
COMPLETED	15. DECEDENT'S EDI. (Specify only highest grade Elementary/Secondary (0-12) 12 years	PCATION o completed) College (1-4 or 5	+) 18e. DECEDENT' (Give kind of life. Do NOT HOMEMA	f work done durii usa retired.)	PATION ng most of working	Own	F BUSINESS/INI Home	DUSTRY	
	17. FATHER'S NAME (First, Middle, Last) Angelo Ernesto	Luno			18. MOTHER'S NA Ann R	AME (First, Middle, Mi	alden Surname)		
D BE	19a. INFORMANT'S NAME (Type/Print)				treet and Number or Rural	Route Number, City of			27.27.0
10	Elizabeth Hollyd		20b. PLACE CF OISPI	OSITION (Name	lrose Aven	20	c. LOCATION —	City or 1	Town, State
	1 Buriel 2 A Cremation 3 Hen 4 Donation 5 Other (Specify)	centre D	Greenmoun						Maryland
	Thomas Josep	epl Day	4		tchell-wie				21212
	23. PART I. Enter the diseases, prehock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. ASH	use on each line.	hear	f Le d		reapiratory ar	reat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· He	O (OR AS A CONSEQUENCE	ane	me				4 years
DICAL C	PART II. Other eignificent condition	ne contributing to	deeth but not resulting	g in the unde	riying cauae given ir	PE	AS AN AUTOPSY REFORMED?	24	Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME						_   '	ES 2 🗍 NO		OF DEATH?  1 YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF OEATH (C				
PHYSICIAN:	1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE O	ER/Outpetient 3 DOA FINJURY Day, Year)	IME OF 26	g Home 5 Residence  C. INJURY AT WORK?  1 YES 2 NO	8 Other (Specification of the Sectio		CCURED	
red BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — Al home, farm, etc. (Specify)			28f. LOCATION (S City or Town,	Street and Number State)	er or Rure	il Route Number,
COMPLET	(Greek only		of my knowledge, death occu						e(a) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIC	Vels	m m		DIZY	UMBER			ED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON W E. Hunter Wilson				kway Suite	e 4, Balt	imore,	MD	21218
	31. DATE FILED (Month, Day, Year)	32. REGISTR	Ar's SIGNATURE While Davidson-A						

Pages 1, 2, 3 should

once.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by t	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dest. of Health and Mental Holiene order to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
e ret	50	not
ay be	page	be
6 E	ctor	Page
Page	dire	ner
eath.	unera	cami
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P 10	Billed	9
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d wit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after nearth with the State Deor, of Health and Mental Hydiene orlor to burial, cremation or removal.	even
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BE 2 SIGNATURE AND TITLE OF CERTIFIES

Sedada St. DATE FILED (Movim. Day, Year

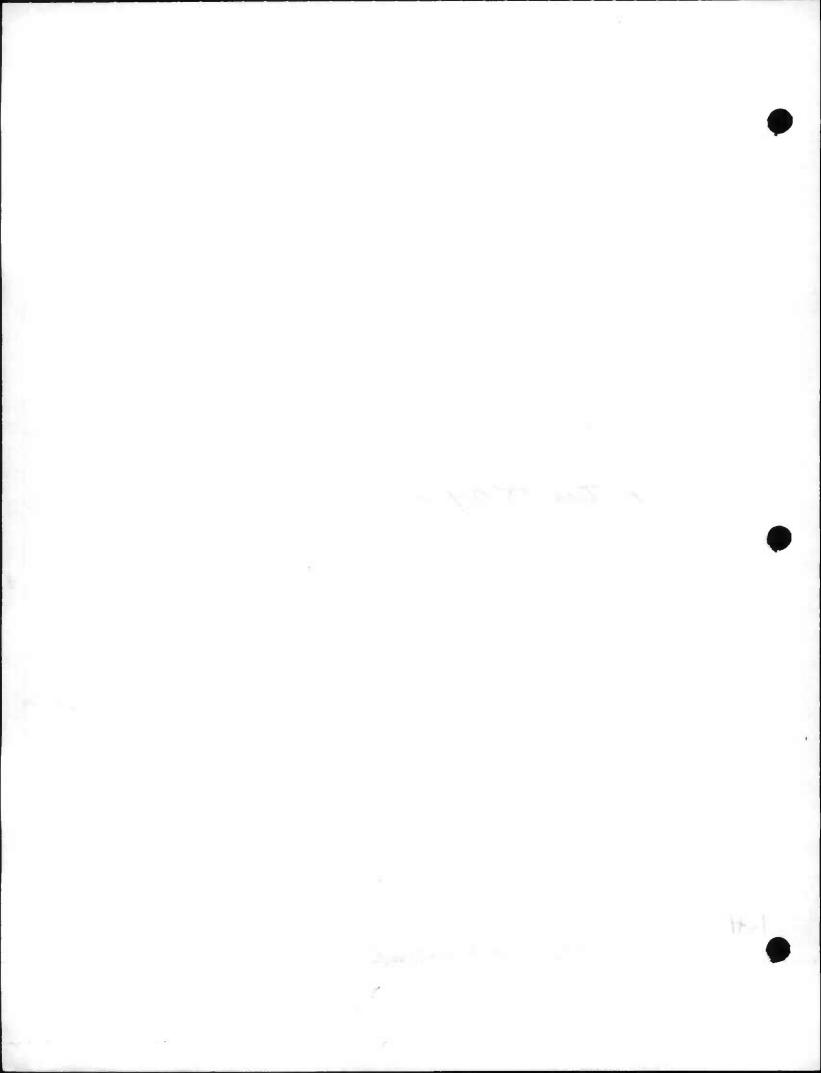
2 1993

93 19188 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH FRANCIS 6 PATRICK JOHN CONNOLLY 28 93 8:00 P. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year B. BIRTHPLACE (State or Foreign Country) DAYS HOURS 1 X M 2 F YRS. 10/14/17 215-01-8452 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 8608 Pleasant Plains Road DIRECTOR Towson Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO Maryland
104. STREET AND NUMBER Ratlimore Towson FUNERAL 101. ZIP CODE 8608 Pleasant Plains Road 22 286

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No... 14. BACE — American Indian, Black, White, etc. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS if yes, specify Cuben, Mexican, Puerto Rica 1 Never Married 2 Merried BY Specify: 3 Widowed 4 Divorced WWII White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Courthouse 8th Grade Assessor State of Maryland 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Thomas Connolly Blanche Phillips 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Carolyn Connolly 8608 Pleasant Plains Road Towson. 21286 MD 20a. METHOD OF DISPOSITION
1 Suriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State Moreland Mem Parks of FACILITY 193 Hillendale, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Johnson Funeral Home 8521 Loch Raven Blvd. Baltimore, MD 21286 23. PART I. Enter the diseases, or complications that could the state. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on sech line Interval Between IMMEDIATE CAUSE (Final **Onset and Death** CONGESTIVE HEART FAILURE disease or condition resulting in death) RS DUE TO (OR AS A CONSEQUENCE OF): INFARCTIONS CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury NTERIOSCIENOTIC HEART DISEASE DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

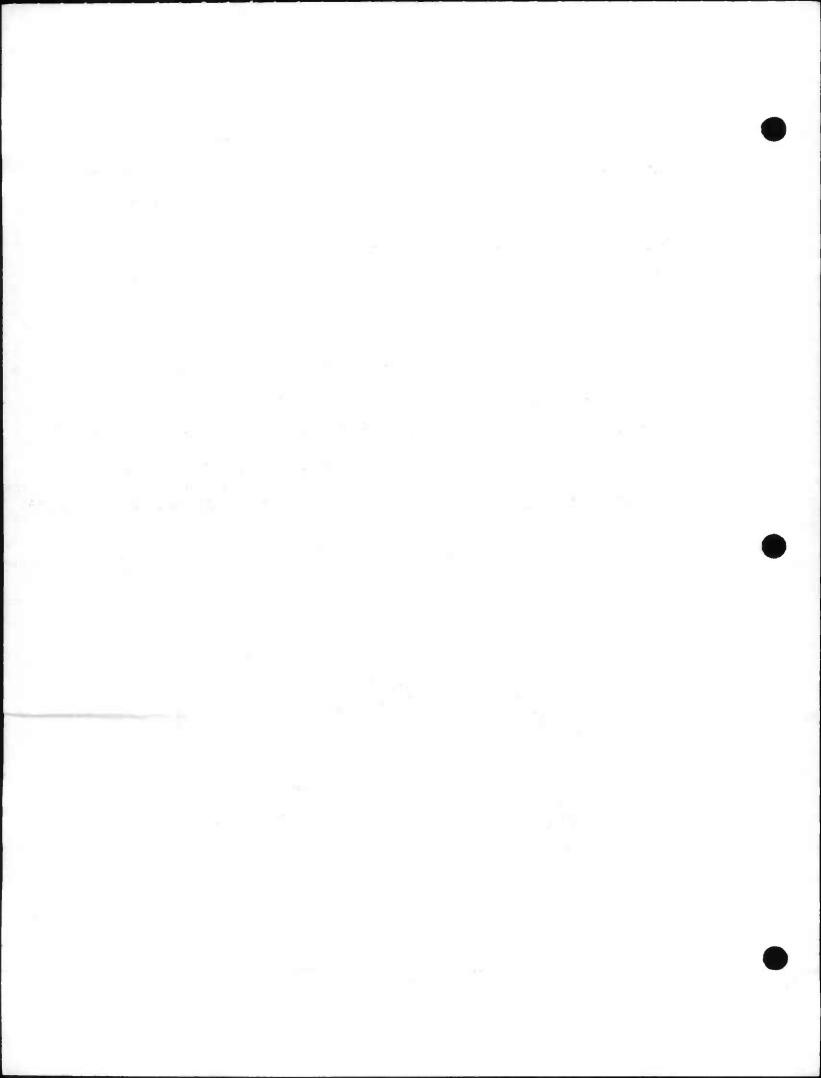
CHRODIC ATRIAL PIBRILLATION, CHRONICE MEDICAL OBSTRUCTIVE PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL HOS 1 TYES 2 NO 27. MANNER OF DEATH 21 1 Unatural 5 Pending BY 2 Accident 26 3 Suicide COMPLETED 6 Could not be 4 Homicide 290. CERTIFIER 1 CERTIFYING PHYSICIAN: To 2 MEDICAL EXAMINER: On the

PULMAN.	ATION RAY	CHADNIC	PERFORM 1 YES 2 É	NO COMPLETION OF CAUSE OF DEATH?	
	1701			1 TYES 2 NO	
PITAL:		26. PLACE OF DEATH (I NER: Nursing Home 5 Presidence			_
e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1  YES 2 NO	28d. DESCRIBE HOW INJ	URY OCCURED	
e. PLACE OF INJURY — At building, etc. (Specify)	home, ferm, street,	fectory, office	281. LOCATION (Street and City or Town, State)	d Number or Rural Route Number,	
		ne time, date and place, end do ny opinion, death occured at ti		or ee stated. due to the cause(e) and manner ae stated.	
DUM M	)	29c. LICENSE N	12633	29d. DATE SIGNED (Month, Day, Year)  \$\int G = 29 - 4.3\$	
	7505 Osl	er Dr. Suite	e 308		
Julia Devida		İ			
0	, marice			DHMH-16 Rev	1/6



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

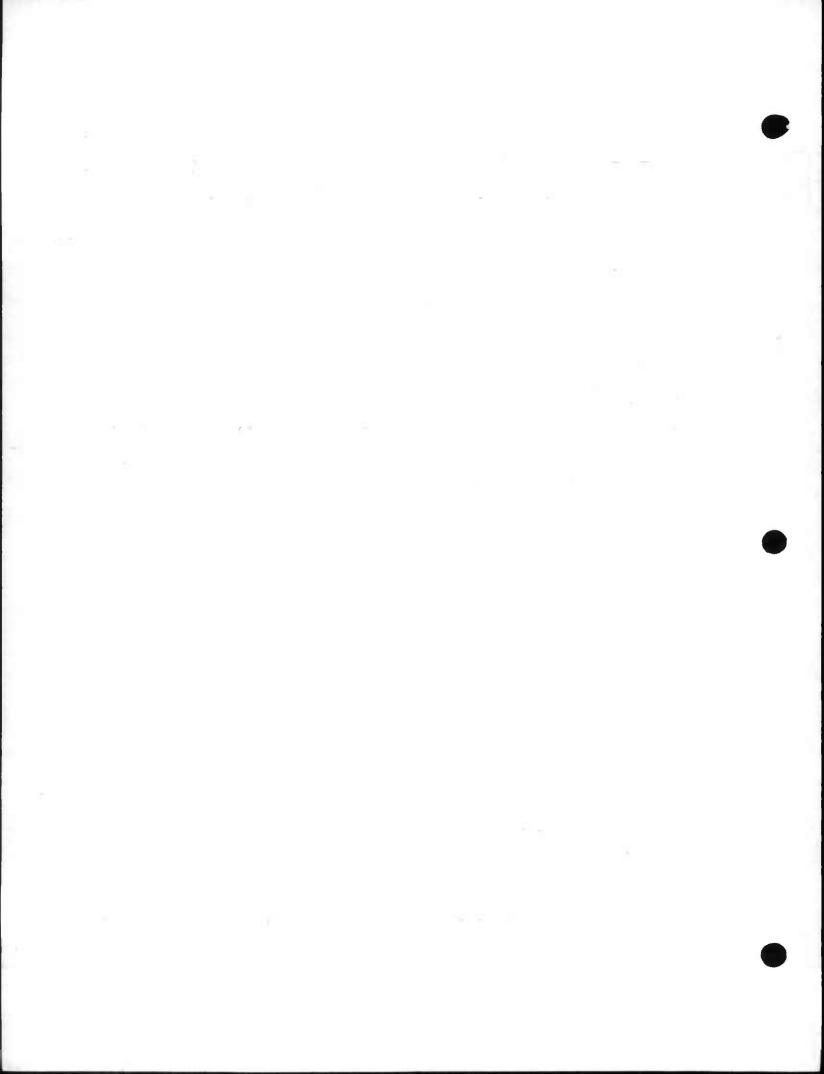
	1 - STATE REGISTRAR	SIAIE OF W				OF DEA		MENTAL HYGIEI REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH	DAY	3. TIME OF DEATH	
	HELENE	CARTER						6/25/93	MY	2.15 AM M	
	4. SOCIAL SECURITY NUMBER	5. 9EX	6. AGE (In yrs. las		IF UNDER 1 Y	EAR IF UND	ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)	
	255-26-2700  9a. FACILITY NAME (If not institution, give	1 D M 2 XX	79	YRS.				May 20, 1		Georgia	
œ						WN OR LOCA	TION OF DI	EATH		UNTY OF DEATH	
6	PRINCE GEORGES HO	DSP.CIR.			CHEVE	RLY			PRII	NCE GEORGE	
DIRECTOR	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR	OCATION				10d, INSIDE CITY LIMITS?	
		nce Georg	;e	Bo	wie					1 YES 2 NO	
FUNERAL	106. STREET AND NUMBER					10f. ZIP CO			10g. CI	TIZEN OF WHAT COUNTRY?	
NE.	2207 Alstead Lane	12. WAS DECEDENT	FEVER IN IT & AR	WEO	T 40 1100	2071				JSA	
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 X		It ye		en, Maxica	NIC ORIGIN? (Specify Yen, Puerto Rican, atc.)  7:	a or No—	14. RACE — American Indian, Black, White, atc. Specify: White	
	15. DECEDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL OCCL	PATION		16b. KIND OF BU	SINESS/II		
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 +	lide.	live kind of a Do NOT u	work done duri se retired.)	ng most of work	ding				
MPI	1 1	5+,	Re	gist	ered N	urse		Nurs	ing		
	17. FATHER'S NAME (First, Middle, Last) Oreste P. Schwitz	1						ME (First, Middle, Maider	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)	eriet						McKinney			
2	Albert Pollock							Route Number, City or Tow North Myrt		Seach, S.C. 29582	
	20e. METNOD OF DISPOSITION  1 💢 Buriel 2 🗆 Cremation 3 🗆 Ren  4 🗆 Donation 5 🗀 Other (Specify)	noval from State	cemetery, cre	matory or o			1			- City or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	INALIO	naı		al Par ME AND ADDR				Church, Va.	
	· Pety J 4	hatelle	1		Hom	e, Inc	,171	W. Maple A	ve.,	King Funeral Vienna, Va. 22180	
	23. PART I. Enter the diseases, or ahock, or heert fellure.	complications that	ceused the de	eth. Do r	not enter the	mode of d	ylng, auc	h aa cardiec or reap	Iratory e		
	IMMEDIATE CAUSE (Finel	(00	NIAC	$\Gamma$	11-0	100	- 0	oct not	244	Interval Between Onset end Death	
- }	disease or condition resulting in death)  a. ARDIAC HILDURE - POST OPENING MAGNETY TO COR AS A CONSEQUENCE OF THE POST OPENING MAGNETY.										
	_	COAHLA	OR AS A COMBE	T C	inla	o ct	N .	1- (2)CA	AR G	cerve of	
<u>o</u>	Sequentially list conditions, if any, leading to immediate	b. (DUE TO (	OR AS A CONCE	QUENCE OF	Pi COVI	16 30	SVVB	RG.	14410	MA	
CAT	ceuse. Enter UNDERLYING CAUSE (Disease or Injury	· Bilai	teroul	Pr	elle	ingu	Q	CORD	14	Lite hatel	
E	that initiated events resulting in death) LAST	DUE TO (	OR AS A CONSEC	DUENCE O	Plo 4	7		do	per	donly.	
CERTIFICATION		· Holy	elle	10	ull	( )	CA	D;	0	0	
CAL	PART II. Other significent condition	na contributing to				lying cause	given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
	premy	1 7	101.	1/00	Q ,	050		1 □ YES 2		COMPLETION OF CAUSE OF DEATH!	
M	war start	M > X	None	16	MON	BKR.		_ (		I C YES SIC MO	
AN	25. WAS CASE REFERRED TO MEDICAL	000	)							MI	
S	EXAMINER?	HOSPITAL:	500		OTHER:	6. PLACE OF				_	
PHYSICIAN: MED	27. MANNER OF DEATH	28a. DATE OF		285, TIM	E OF 28	. INJURY AT	lasidenca	6 Other (Specify)  26d, DESCRIBE NOW I	NJURY O	CCUREO	
ВУР	1 Matural 5 Pending Investigation	/ (Month, De	ly, Year)	INJ	M 1	WORK?	no 🖺				
	3 Suictde 6 Could not be	28a. PLACE OF	INJURY — At ho	me, ferm, s	street, factory,	office		281. LOCATION (Street City or Town, State)	and Numbe	er or Rural Route Number,	
	4 Homicide Ro determined	2.						City of Town, Signer			
COMPLETED								to the cause(a) and ma		ated. the cause(s) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE		0		n, at my opin	-				1	
TO BE	SJana	rallar	v ACO	W		D.	-34	1525	29d. DA	TE SIGNED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WE	HEUVI	E OF DEATH (ITE	M 27) (Type,	Print)	#91	Æ,	BOWL	(- )	MD-20716	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF	R'S SIGNATURE	V	1	11 00	1 +			4	
	996 2 1002	Globa A.	, 6	-	4						
	~ 1333	grobe David	son-Aand	102						DHMH-16 Rev 1/89	



3. TIME OF DEATH

2. DATE OF DEATH
MONTH
June
3

	Sister Mary C	onstanza	Doring	3				June	30	19	93 6:30 P M	
	4. SOCIAL SECURITY NUMBER 218-54-3674	1 M 2 💢 🛣	NGE (In yrs. last bi		F UNDER 1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF	Day, Year)		BIRTHPLACE (State or Foreign Country) Penna	
TOR	94. FACILITY NAME (If not institution, give Villa Assumpta		Charle		t. Be		ON OF DE		1.	9c. COUNT	v of DEATH timore	
DIRECTOR	10a. STATE 10b. COUNT	timore	1	10c. CITY, TOWN OR LOCATION Baltimore						10d, INSIDE CITY LIMITS? 1 YES 25 (NO		
FUNERAL	6401 N. Charl	es St.			101	. zip cod 2121	2				N OF WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Driver Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I	YES 2 NO	D	If yes, sp	ecify Cubi	of HISPAN In, Mexican Specify	n, Puerto Ric	(Specify Yes can, etc.)	or No- 14	I. RACE — American Indian, Black, White, etc. SpecifyWhite	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	18a. DECEI (Give ille. De	DENT'S US kind of wo	SUAL OCCUPATION OF CONTROL OCCUPATION OF CONTROL OCCUPATION OCCUPA	ON st of worldi	ng .	16b. F	UND OF BUS	INESS/INDUS	ЗТЯУ	
MP I	11	5+	Tea	ache	r			E	ducat	ion		
8	17. FATHER'S NAME (First, Middle, Last)								ddle, Maiden			
H	John Doring  19a. INFORMANT'S NAME (Type/Print)								lerte			
5	S.Louis Marie	Koesters		HO1	N. Cha	irle	s St	B:	ltin	nore,	Md.21212	
	20e. METHOD OF DISPOSITION  Office Committee C	11 1	20b. PLACE AND complety, cremated 11118	tory or other	DISPOSITION (Na er place) ria Ce	emet	ery	7/2	Gle	n Ar	y or Town, State m, Maryland	
	Dennis Stephen	Jenatr	M006	- 540	22. NAME AF	ork R	ss of FA	itchel:	l-Wiede re Mary	feld Ho land 21	me 1212	
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (DR	AS A CONSEQUE	ENCE OF):		Stro,	is U	Wsul	in De	Less	Your	
MEDICAL C	PART II. Other eignificent condition	ns contributing to dea	nth but not rese	ulting in	the underlying	ceuse (	given in i		PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NQ	
AN:												
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES XD(NO	HOSPITAL:			THED.			ck only one)				
BY PHYSICIAN	27. MANNER OF DEATH    Netural 5   Pending     Accident   Investigation	28s. DATE OF INJU	JRY 2	Bb. TIME	RY WO					JURY OCCUI	RED	
ETED 8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN. building, etc.	JURY — At home, (Specify)	, ferm, str	eet, factory, offic			28f. LOCAT City or	ION (Street e Yown, State)	nd Number or	Rural Route Number,	
COMPLI		ICIAN: To the best of my i									cause(e) and manner as stated.	
TO BE	295, SIGNATURE AND TITLE OF CERTIFIE	moogu	>			29c. LICI	S8	7 /		29d. DATE S	HIGNED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WI Dr. Lawrence	Boas, M.D	• 54 S	n (Type, P	t Adan	n Ro	ad,	Cocl	ceysv	ille	,Md.21030	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE		*							
	JUL 2 1993	Juna ve	idon-fan	4.00							DHMH-16 Rev 1/89	



BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.  IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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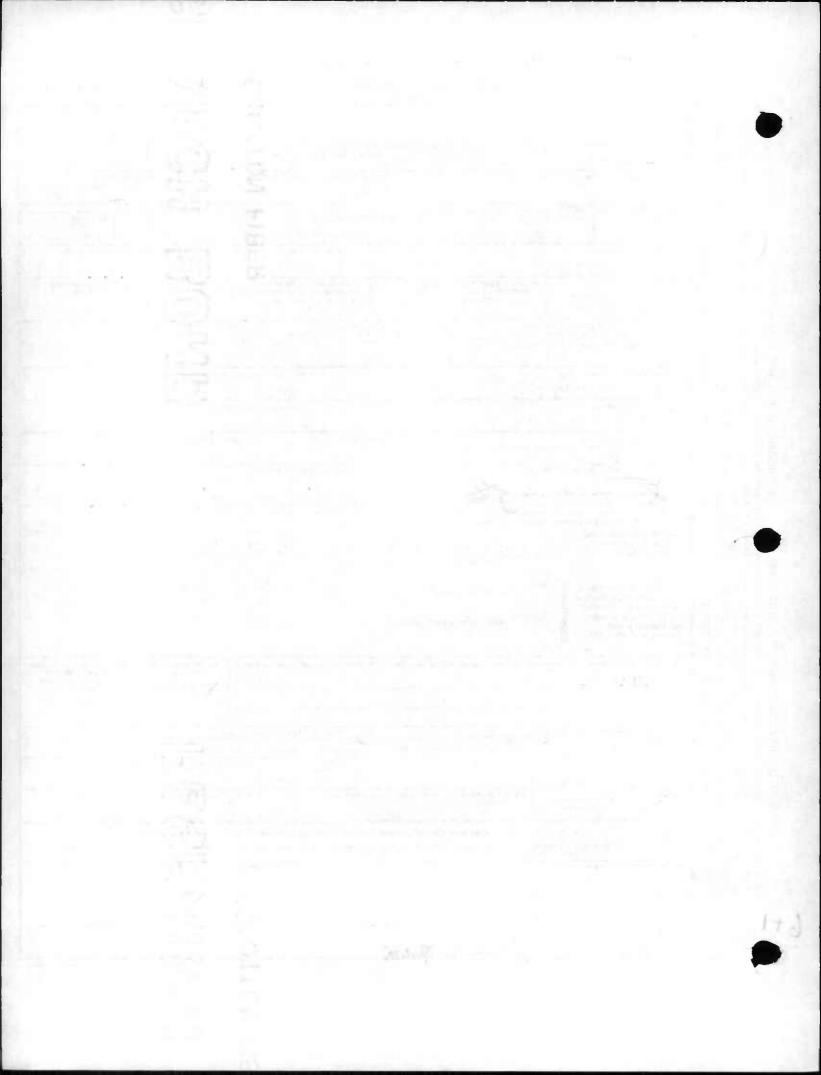
	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM			MENTAL HYGIEN					
	1. DECEDENT'S NAME (Fig. Middle Cass)	PHINE	W.DI	EMS	KE	2. DATE OF DEATH MONTH D	3093	3. TIME OF DEATH 1730 M			
	000 24 5417	419 1 M 2 F 82 YRS. MONTHS DAYS HOURS MAIN. (Morth, Day, Year) O3 07 11 NE									
TOR	96. FACILITY NAME (If not institution, give street and number)  PAIRFIELD NURSING CENTER  CROWNSVILLE  ANNE ARUN RESIDENCE OF DECEDENT										
DIRECTOR	MARYLAND AN	NE ARUNDEL	10c. CITY, T	GLEN	BURNIE			10d. INSIDE CITY LIMITS? 1  YES 2 NO			
FUNERAL	100. STREET AND NUMBER 504 NORMAN AVE	NUE		10f.	21060			S.A.			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 TYES IF YES, GIVE WAR OR DATE	2 NO	If yes, spe	ENDENT OF HISPAN celfy Cuben, Mexica 2 NO Specifi	B Si	ACE — American Indian, lack, White, etc. pecify: WHITE				
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	6e. DECEDENT'S USI (Give kind of work iffe. Do NOT use re	done during mos tired.)	it of working		SINESS/INDUSTR	Y			
MO	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden					
BE C	JOSEPH WILLIAM	KONTNIK				IA MARIE		ERSKA			
10 B	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow					
F	EDWARD J. DEMS		510 W	HITE (	DAK DRI	VE-OXFOR	D,OHIO	45056			
	20a. METHOD OF DISPOSITION   DATE   20c. LOCATION - City or Town, State   1   Burtal 2   Cremation   3   Removal from State   4   Donation 5   Other Associty   DATE   CATONSVILLE, MD.										
	22. NAME AND ADDRESS OF FACILITY RAYMOND C. Fink Funeral Home 21061 426 CRAIN HWY.S.W.GLEN BURNIE, MD.										
	23. PART I. Enter the diseases, of crahock, or heert felidate. L IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ist only one ceuse on eecl	h line.	ful	de of dying, suc	h aa cerdlec or resp	iratory arreet,	Approximate Interval Between Onset and Daath			
ATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	H	1300	1			ylan			
CERTIFICATION	CAUSE. (Disease or Injury that initiated events resulting in death) LAST  d.  d.										
A	PART II. Other significant conditions	Part I, 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
PHYSICIAN: MEDIC		Wn					/	1 WES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL			00 PM	405 05 BEATH (0)			N/A			
Sic	EXAMINER?	HOSPITAL:	00	THER:	ACE OF DEATH (Ch						
HX	27. MANNER OF DEATH	26a, DATE OF INJURY	28b. TIME O	F 28c. INJ	JRY AT	8 Other (Specify) 28d. OESCRIBE HOW I	NJURY OCCURED				
M 1 VES 2 NO											
0	2 Accident investigation 3 Suicide 6 Could not be determined determined 28e. PLACE OF INJURY — Al home, ferm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — Al home, ferm, street, factory, office City or Town, State)										
COMPLET	anal .	IAN: To the best of my knowled : On the beele of examination e						se(e) end menner ee stated.			
BE	2964 PONATURE AND TITLE OF CERTIFIER	Red	no		29c, LICENSE NUI			(Month Day, Year)			
10	30 NAME AND ADDRESS OF PERSON WITO	COMPLETED CAUSE OF DEATH	H (ITEM 27) (Type, Pri	Ridge	RAES	#120 AV	NAPOL	Mdzirai			
1.	31. DATE PILED (Month, Day, Year)	32. RECONSTRAR'S SIGNATION	URE ME		1						

CONTRACTOR OF THE PARTY OF THE •

S, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	4: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train formula and completely filled in by the funeral director, page 5 should be detached for use as the burial-train formula and completely filled in by the funeral director, page 5 should be detached for use as the burial-train formula and completely filled in by the funeral director, page 5 should be detached for use as the burial-train formula and completely filled in by the funeral director, page 5 should be detached for use as the burial-train formula and completely filled in by the funeral director, page 5 should be detached for use as the burial-train formula and completely filled in by the funeral director.	dental rygiere prior to buria, cremative, or terroval,
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be execut	JNERAL DIRECTOR: After this certificate has been signed by the attending physician and c	ITMIN 72 NOUNS after dealth with the State Dept. Of negatiful and mental hygiene prior to burial, cremating, or removal.

MPORTANT: If item  D BE COMPLE	AT HOME  29a. CERTIFIER (Check only one)  2 X XEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										nd menner as sta	
E 0	2 Accident Investigation 3 Suicide 6 Could not be detarmined	26a. PLACE C	- 1993 OF INJURY — At hon , atc. (Specify)	ne, ferm, :			YES 2 NO	City o	TION (Street and Town, State)		Rural Rout	
PHY	27. MANNER OF DEATH  1 Netural 5 Pending	27. MANNER OF DEATH 25a. DATE OF INJURY (Month, Day, Year)						26d. DE\$	CRIBE HOW IN			INICHO
SIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  5. YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	<b>1</b> :	ACE OF DEATH (C					
23 s AN:	OF WAS CASE REFERRED TO MEDICAL								/\		1	YES 2 N
MEDICAL C	DADT II Other clauditions conditions contain the death but a second to the second to t								IED?	CC	ERE AUTOPSY FI BILABLE PRIOR OMPLETION OF C F DEATH?	
三品	5											
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	OR AS A CONSEO	UENCE O	f):							
CATION	Sequentially list conditions, if any, leading to immediate	bDUE TO	OR AS A CONSEC	UENCE O	F):					-		
event,	resulting in death)	s. QUA	O (OR AS A CONSEO			Of	- BEA	3)	Cong	ACT		
the medical	shock, or heart failure.  iMMEDIATE CAUSE (Fine) disease or condition	List only one ce	at only one ceusa on each lina.									Approximation interval Bell Onset and
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest,											
ехашіпет	21. SIGNATURE OF FUNERAL SERVICE DICENSEE  22. NAME AND ADDRESS OF FACILITY  LEROY M. & RUSSELL C. WITZKE FUNERAL HON											
g panet p	20e. METHOD OF DISPOSITION 1 Description 3 Regretation 3 R	noval from State	20b. PLACEA cemetery, cren	netory or o	ther plece)		me of	DATE	20c. LOCA	ATION — CI	y or Town	State
TO BE	196. INFORMANT'S NAME (Type/Print)  JANICE FRANKLIN (WIFE)  199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  10491 ROUTE 108 COLUMBIA, MARYLAND 21044											044
TH   05	JOHN JAMES FRANKLIN OPHELIA FLUETLEN											
COMPL	17. FATHER'S NAME (First, Middle, Last)	6	EN	GINE	EER		18. MOTHER'S N		EFENSE			
1	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		(Gh	e kind of	WORK done of se retired.)		N st of working	16b.	KIND OF BUSI	NESS/INDUS	STRY	
ED BY	3 Widowed 4 Divorced		W II				ZXNO Speci				Specify: BLAC	K
	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDER	NT EVER IN U.S. ARM	MED		f yes, spe	ENDENT OF HISPA	an, Puarto R		or No- 1	RACE - Black, V	American India /hita, atc.
FUNERAL	100. STREET AND NUMBER 10491 ROUTE 108					101.	21044			10g. CITIZE	II.S.	T COUNTRY?
100		HOWARD			COI	UMB:				-/	_	LIMITS?
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT			10c. CIT	Y, TOWN O			111			10	d, INSIDE CITY
NO.	99. FACILITY NAME (If not institution, give UNIVERSITY S.						R LOCATION OF D			9c. COUNT		гн
	172-22-4905	1 → M 2 □ F	64	YRS.	MONTHS	DAYS	HOURS MIN.	AUG.	23, 192			ORGIA
	BENJAMIN  4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. last	birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE (	2.9 DE BIRTH		93 BIRTHPL	9:47 ACE (State or Fo
	DENITARY				-			MONTH	OF DEATH DAY	1	YEAR	TIME OF DEAT

DHMH-16 Rev 1/89



3. TIME OF DEATH 1:15 PM M

2. DATE OF DEATH
JUNE 28,1993

FOR STATE REGISTRAR

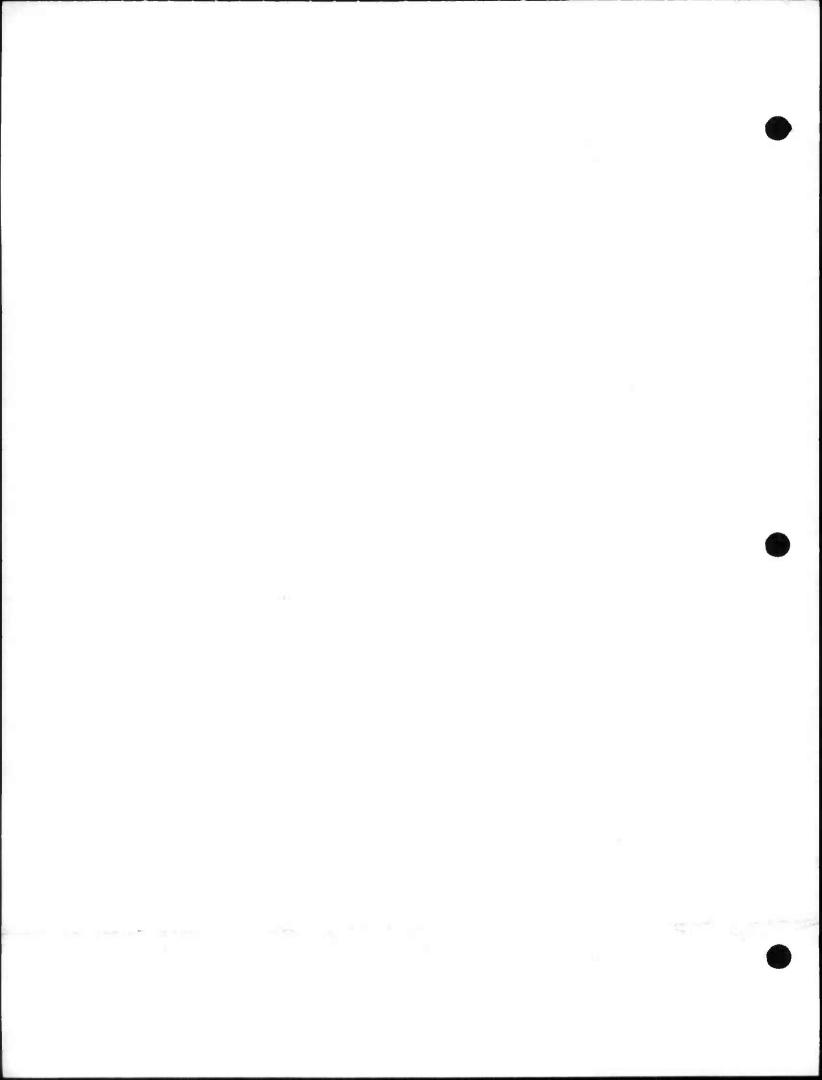
1. DECEDENT'S NAME (First, Middle, Last)

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CTOR	90. FACILITY NAME (If not in: MILFORD MA	NOR N		ME			LTIM	OR LOCATI	ON OF DE	EATH		9c. COUNT	Y OF DEAT	
DIREC							c. CITY, TOWN OR LOCATION BALTIMORE							od. INSIDE CITY LIMITS?  YES 2 XNO
ERAL	100. STREET AND NUMBER 6944 MILBROOK PARK DRIVE 101. ZIP CODE 21215 USA													
BY FUN	11. MARITAL STATUS 1 Never Merried 2 2 2 Wildowed 4 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	S. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Cuben, Mexicon, Puerto Ricen, at						or No — 1	. RACE -	American Indian, /hite, stc.	
ETED	15. DECI (Specify only Elementary/Secondary (0	EDENT'S EDU	JCATION e completed) College (1-4 or 5		Give kind of life. Do NOT u	USUAL work don	OCCUPAT e during m	TION nost of working	ng	16-	b. KIND OF BU	SINESS/INDUS	STRY	WHITE
COMPL	17. FATHER'S NAME (First, MI	2 Iddle, Lest)			HOUS	EWI	FE	16. MOTI	HER'S NA	ME (First	Middle, Maiden	AT HOM	E	
BE	JOSEPH MOR				405 3140 016	40000	00.10	MA	RY		MENTI	D		
٩	DR JEROME	SCHWA	ARTZMAN		902 V	EST	GLE	NDALE	AVE	PHO	DENTX	n, State, Zip Ci	021	
	20e. METHOD OF DISPOSITI	n 3 🗆 Rem (Specify)		cametery	CE AND DATE  Commetory or C  NSHE F	MUN	e) AH)A	TTZ_C	HATM	16-3		CATION — CH	200 150-	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  ANSHE EMUNAH) ATTZ CHATM 6-30-493 BALTIMOR  22. NAME AND ADDRESS OF FACILITY  SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMOR													
. CERTIFICATION	iMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list condition if sny, leading to immediates. Enter UNDERLYII CAUSE (Disease or injuit that initiated evental resulting in death) LAST	ona, flate	a	(OR AS A CON	NSEQUENCE O	F1:	y r	Fa	h	2_				Approximate interval Between Onset and Deat
	Pershed Variable distant									CO OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO			
SICIAN:	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO	MEDICAL	HOSPITAL:	ER/Outpatien	rt 3 🗆 DOA	OTHE	N.	PLACE OF D						
BY PHYS		Pending nvestigation	28e. DATE OF (Month, D	INJURY	26b. TIM		28c. IN W	JURY AT ORK?			SCRIBE HOW I	NJURY OCCUI	RED	
ETED I	3 Suicide 6 0	Could not be letermined	28a. PLACE O building,	F INJURY — A atc. (Specify)	t home, ferm,	street, fa	ctory, offi	ca		26f. LOC City	CATION (Street of Town, State)	and Number or	Rural Route	e Number,
OMPL			ICIAN: To the bast of ER: On the basis of s											nd manner se stated.
O BE C	29b. SIGNATURE AND TITLE	2	Inkon	•					NSE NUM			29d. DATE S	IGNED (MO	onth, Day, Year)
	30. NAME AND ADDRESS OF	inkon	_	ME			ut	Res	kente	~~,	مر	211156		
6	JUL 0 2 199		helia Davidso	n-Handa	<u></u>									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

IRENE FRIEDMAN



08:15 a

21229

Approximate

Onset and Death

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DIVISION OF VITAL RECORDS, P.	

31. DATE FILED (Month, Day, Year)

JUI 0 2 1993

FOR STATE REGISTRAR 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF OFATH YEAR 07 A. GUZMAN GLORIA 01 93 4. SOCIAL SECURITY NUMBER 5. SEX B. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 521-32-4947 1 M 2 F VRS 64 Aug 19 1928 Colorado permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OFATH DIRECTOR Greater Baltimore Medical Center Towson Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Woodlawn 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. 7IP CODE 10g. CITIZEN OF WHAT COUNTRY? the funeral director, page 5 should be detached for use as the burial-transit 6505 Lehnert Street 21207 U.S.A. efter death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE - American Indian, Black, White, atc. 1 Never Married 2 Married 1 YES 2 XNO Specify: 84 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 2Years EEO Specialist U.S. Government once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Mike Almendarez notified at Cirila Avila BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Pat Guzman 6505 Lehnert Street, Woodlawn, MD pe 20s. METHOD OF DISPOSITION

1 Disposition 3 Removal from State
4 Donation 5 Hother (Specify) Entombment 206. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, Stats must Skyview MEmorial Lawn 7/6 Vallejo, California examiner 21. SIGNATURE OF FUHERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC. Cotena 4107 Wilkens Ave, Baltimore, MD or removal. medical DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by vincus after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or remo 23. PART I. Enter the disease or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine) event, the within 24 disease or condition resulting in death) holangiocarcinoma Sensis -6
DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING 8 CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 50 PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL any 1 TYES 2 NO OF DEATH? shows a 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 | YES 2 | NO e 5 🗆 Residence 6 🗆 Other (Specify) 4 D Nun 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 20 Natural 5 Pending 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, Isrm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 6 Could not be COMPLETED 28 4 Homicide tem HOSPITAL DR 29e. CERTIFIER

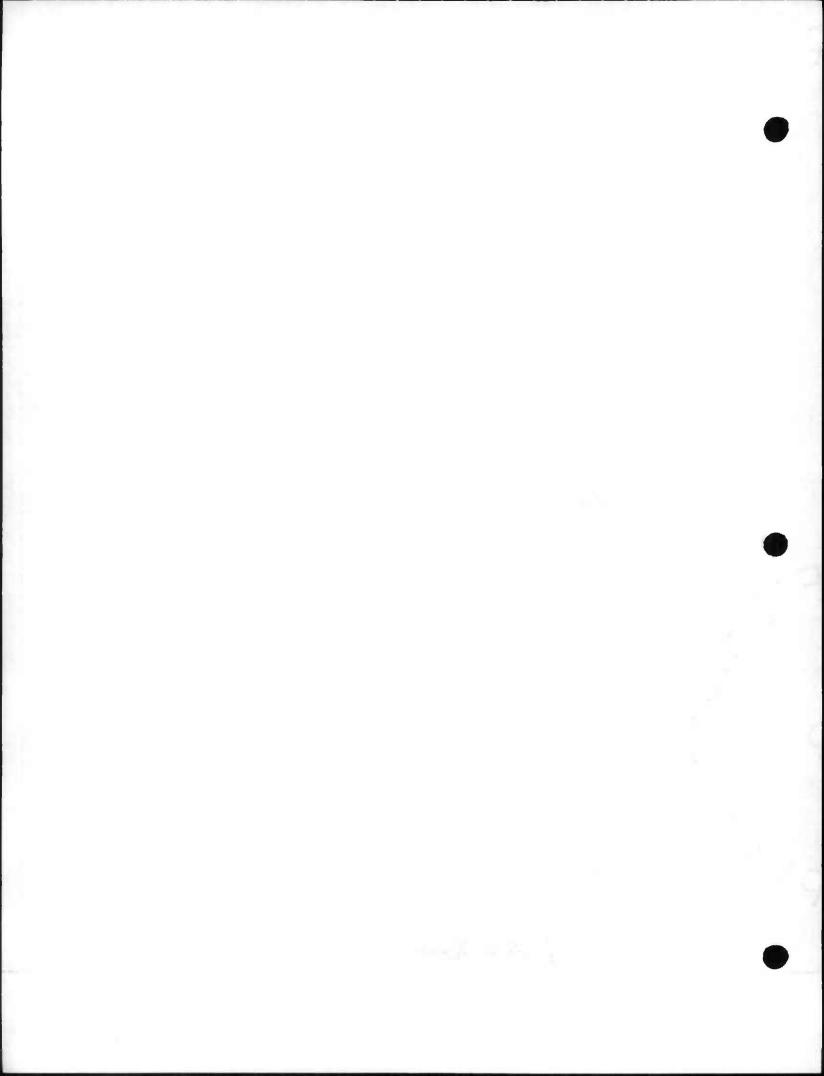
(Check ant)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the ilms, dats and place, and due to the cause(s) and manner as stated, TO THE HOSPITAL OF TO THE FUNERAL D Be filed within 72 ho 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and dus to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 1041287 Colen mi Sonne 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 9

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



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	REGISTRAR		C	ERTIF	CATE C	F DEATH	F	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	MYRT	LE M.		GA'	/HARDT	2. DATE OF MONTH JUNE	29,1993	YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	5	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF (Month, D	BIRTH	8. BIRT	HPLACE (State or Foreign		
DIRECTOR	212-74-7519 90. FACILITY NAME (If not institution, give s	1 M 2 F	95	YRS.	Oh CITY TOW	N OR LOCATION OF		26,1897		RYLAND		
	BEL AIR CONVELESCENT HOME  RESIDENCE OF DECEDENT  96. CITY, TOWN OR LOCATION OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH											
1 m	10a. STATE 10b. COUNT	r		10c. CITY,	TOWN OR LO	CATION				10d, INSIDE CITY LIMITS?		
		FORD		BE	L AIR					1 TES NO		
VERAL	100. STREET AND NUMBER  518 WOODBURY WAY					21014			10g. CITIZEN OF WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 7	NO If yes, specify Cuban, Mex			can, Puerto Rica	Specify Yes or No— n, etc.)	Spec	E — American Indian, k, White, etc.		
TED	15. DECEOENT'S EDU (Specify only highest grade	CATION completed)	(G	ive kind of wo	SUAL OCCUP	ATION most of working	16b. Kil	ND OF BUSINESS/IN	IDUSTRY			
PLET	Elementary/Secondary (0-12)	College (1-4 or 5+		. Do NOT use	retired.)	•		2000 00000				
COMPL	17. FATHER'S NAME (First, Middle, Lest)			HOME	IAKER	18. MOTHER'S N	AME (First, Midd	OWN HOMP le, Maiden Surname)				
BE C	DELLA DEAN							WITZER				
TO	190. INFORMANT'S NAME (Type/Print)					et and Number or Rura	Route Number,	City or Town, State, 2	(ip Code)			
	RAYMOND KLINGMEY	ER (NEPH			ODBURY DISPOSITION	WAY, BEL			210			
	1 Donation 5 Other (Specify)	oval from State	cometery, cre	TNE	ARK CI	METERY 7	/1/93	20c. LOCATION -				
TO BE COM	21. SIGNATURE OF FUNERAL-SERVICE CONTROL CONTR											
	LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE CATONSVILLE MD 21228											
	23. PART I. Enter the diseases, or complications that caused the death. DD not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Acute Muyounded Infanticum  oue TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions.											
CERTIFICATION	Sequantially list conditions, if arry, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	y, leading to immediate e. Enter UNDERLYING SE (Disease or Injury Initiated events  DUE TO (OR AS ACONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other significant condition	a contributing to	faath but not r	asulting in	the undarly	ing cause given is	Part I 24	. WAS AN AUTOPSY	246	WERE AUTOPSY FINDINGS		
AN: MEDICAL CI								PERFORMED?	240	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITA				PLACE OF OEATH (C	heck only one)					
YSI	1 TES 2 NO	HOSPITAL:		□ DOA		ome 5 🗆 Residence	6 Other (Sp	necify)				
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF I (Month, Day		26b. TIME INJUI	RY	NJURY AT WORK? YES 2 NO	28d. DESCRI	BE HOW INJURY O	CUREO			
TEO	3 Suicide 6 Could not be 4 Homicide determined	Could not be  28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify)  28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town State)								Route Number,		
SE COMPLETED		CIAN: To the best of n								e) end manner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	wales	ml.	ins		29c. LICENSE NU	1MBER 09(1)	M 29d. DA D ▶ Z	TE SIGNED	(Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO ANDREW Nom	HOLD WI		M 27) (Type, F	Print)	TNIM	AIN S	T. BER	MI	1, madoly		
	JUL 2 1993		S SIGNATURE	LAL.						·		

8. BIRTHPLACE (State or Country)

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

1 YES 2 M NO

Approximate

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 - YES 2 1 NO

6/28/93

Interval Between

Onset and Death

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BEATH 30

2. DATE OF DEATH MONTH

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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 224 09.0580 10 MAGE 9 completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should rial, cremation, or removal. 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 10c, CITY, TOWN OR LOCATION BALT 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? BRETON 21208 HILL executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify, Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced BE COMPLETED 15. OECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) SALESLADI 12 JEWELR notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) HARLES 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 8226 Streamwood Drive Baltimore, MD 21208 be 20e METHOD OF DISPOSITION DATE, 20b. PLACE AND OATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must cemetery, cremetory or other piece)

ANSHE EMUNAH - AITZ CHAIM 6/289 4 ☐ Donation 5 ☐ Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY SOI Levinson & Bros., Inc. 6010 Reisterstown Rd. Baltimore, MD 21215 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final Culm Comer the disesse or condition Lethotagiz resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) certificate has been signed by the attending physician and con the State Dept. of Health and Mental Hygiene prior to burial, CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): certificate be other 1 DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST Injury, or PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY that shows any 1 - YES 2 - WE Item 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: OR ATTENDING PHYSICIAN: 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 10 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? After this ce death with t 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation M 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide TO THE HOSPITAL OR ATTENDIT TO THE FUNERAL DIRECTOR: AN De filed within 72 hours after de IMPORTANT; If Item 28 is in 28 is 6 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29s. CERTIFIER (Chack only 1 CERTIFYING PHYSICIAN: To like best of my knowledge, death occurred at the lime, data and place, and due to the cause(e) and menner as stated. 2 \_\_\_ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNED (Month, Day, Year) Charles Kim 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Oslar Dr. 7505 TOWSON 21204 MD

32. REGISTRAR'S SIGNATURE

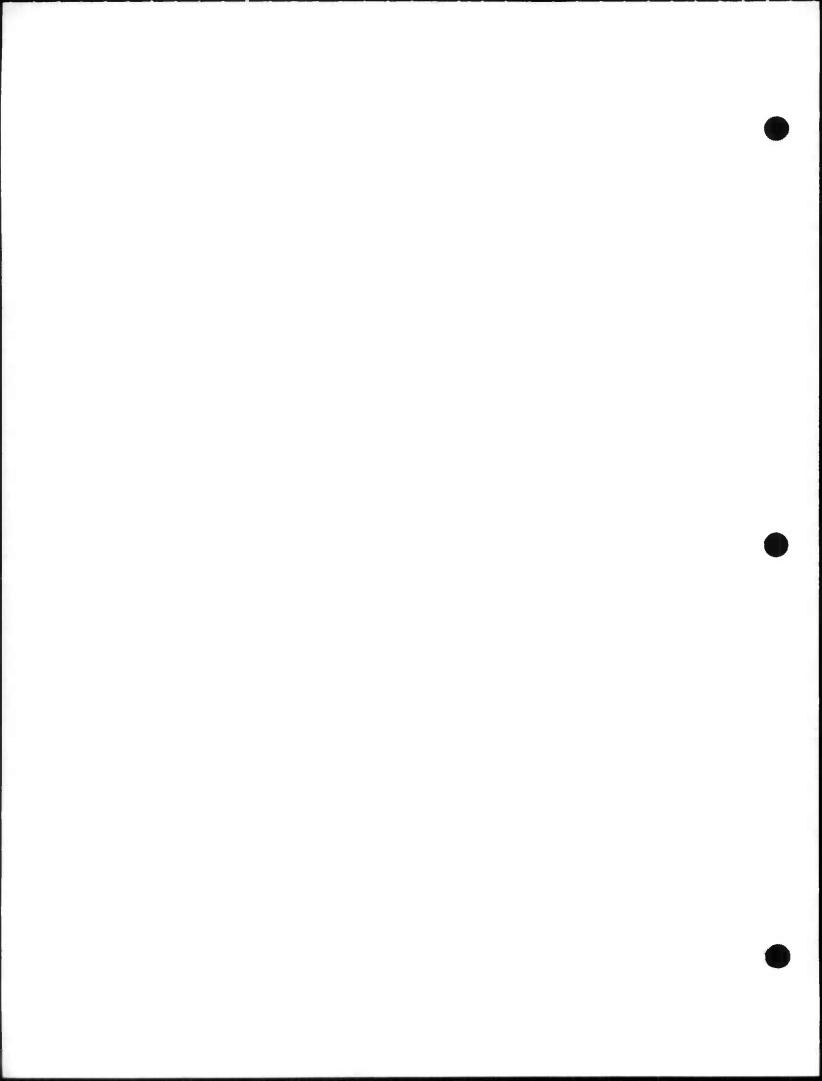
31, DATE FILED (Month, Day, Year)

2 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

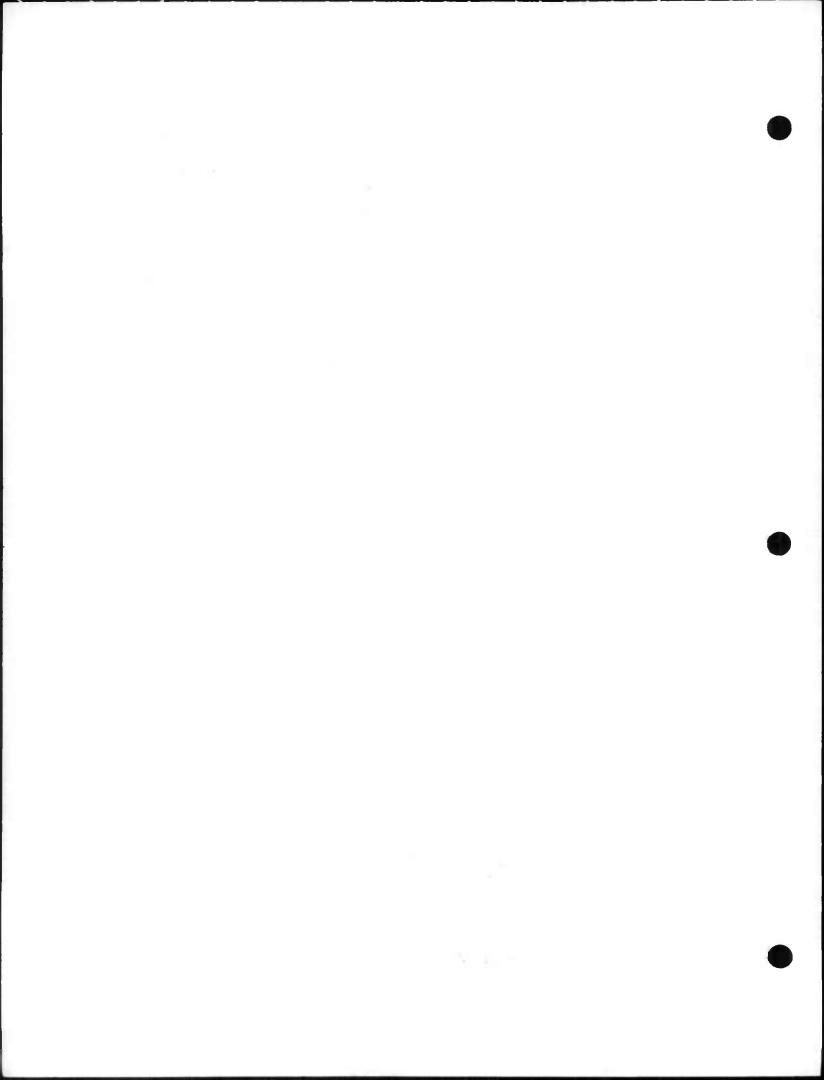
(Ida Garner)





TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyghene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be neitfilled at once.	
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	FOR STATE REGISTRAR	STATE OF MARYLAND	) / DEPAR	TMENT	OF H	EALTH	AND N	IENTAL HYGIENI REG. NO.	E	10101
DIRECTOR	1. DECEDENT'S NAME (First, Middle, Lest) RACHEL							2. DATE OF DEATH 3. TIME OF		3. TIME OF DEATH 6:30 AM M
	4. SOCIAL SECURITY NUMBER 218-36-5245	5. SEX 6. AGE (In yrs. 1		IF UNDER	1 YEAR DAYS	IF UNDER HOURS	24 HRS. MIN.	7. DATE OF BURTH (Month, Cay, Year) SEPT. 24	, 1912 a. BIRT	HPLACE (State or Foreign POLAND
	9a. FACILITY NAME (If not institution, give street and number)  MILFORD MANOR NURSING HOME  RESIDENCE OF DECEMENT				BALTIMORE			ATH .	9c. COUNTY OF DEATH BALTIMORE	
	MARYLAND I BALTIMORE			TY, TOWN OR LOCATION BALTIMORE				10d, INSIDE CITY LIMITS? 1 YES 2 Y NO		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER 2702 WOODCOURT RD.			10f. ZIP CODE 21209					10g. CITIZEN OF WHAT COUNTRY? USA	
TO BE COMPLETED BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ YES 1 ☐ YES 1 ☐ YES, GIVE WAR OR DATES			f yes, spe		n, Mexicen	C ORIGIN? (Specify Yea , Puerlo Rican, etc.)		
	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	15. DECEDENT'S EDUCATION eacity only highest grade completed) indary (0-12)  College (1-4 or 5+)  16a. DECEDENT'S USL (Give kind of work life. Do NOT use ret			during mos			16b. KIND OF BUSINESS/INDUSTRY  CLOTHES		
	17. FATHER'B NAME (First, Middle, Last) UNKNOWN DURCHFORT					18. MOTHER'S NAME (First, Middle, Melden Surname) SARAH HOFSTATTER				
	190. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)  2702 WOODCOURT RD. BALTIMORE, MD 21209								09	
	20e. METHOD OF DISPOSITION 1   Muriel 2   Cremation 3   Removal from State 4   Donation 5   Other (Specify)									
	21. SIGN URE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  SOL LEVINSON & BROS., INC.  6010 REISTERSTOWN RD. BALTTMORE, MD. 21215									
PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, hosk, or haert failure. List only one cause on aech line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due To (or as a conscouence of):  Sequentielly list conditions,  Out to (or as a conscouence of):									
	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.									
	PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  SIP HYDRIAIN PHAREMY XV NM MENTING DEPLIES 1 VES 2 NO  246. WERE AUTOPSY FINDINGS ABILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  1 YES 2 NO									
SICIA	25. WAS CASE REFERREO TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
ву РНҮ	27. MANNER OF DEATH  1 Notural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	3   DOA   4 (*** Mursing Home 5   Residence 8   Other (Specify)   28b. TIME OF   28c. INJURY AT   WORK?   M   1   YES 2   NO   NO   NO   NO   NO   NO   NO							
	3 Suicide 6 Could not be datermined	home, term, s	, term, street, tactory, office			28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated.									
TO BE (	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)									
	30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  JOSEPH DECKELIBAUM, H.D. 3635 OLD COURT RD. BALTO. MB. Z1208									
4	31BATE-FILEO (Month, Day, Year) 1111 0 2 1993 4	32. REGISTRAR'S SIGNATURE	ML.							



4. SOCIAL SECURITY NUMBER

223-14-5312

RESIDENCE OF DECEDENT

9e. FACILITY NAME (If not institution, give street end number)

CHURCH HOSPITAL

5. SEX

**5** M 2 ☐ F

10c. CITY, TOWN OR LOCATION

IF UNDER 1 YEAR | IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

6. AGE (In yrs. last birthday)

80

YRS.

2. DATE OF DEATH

3. TIME OF DEATH

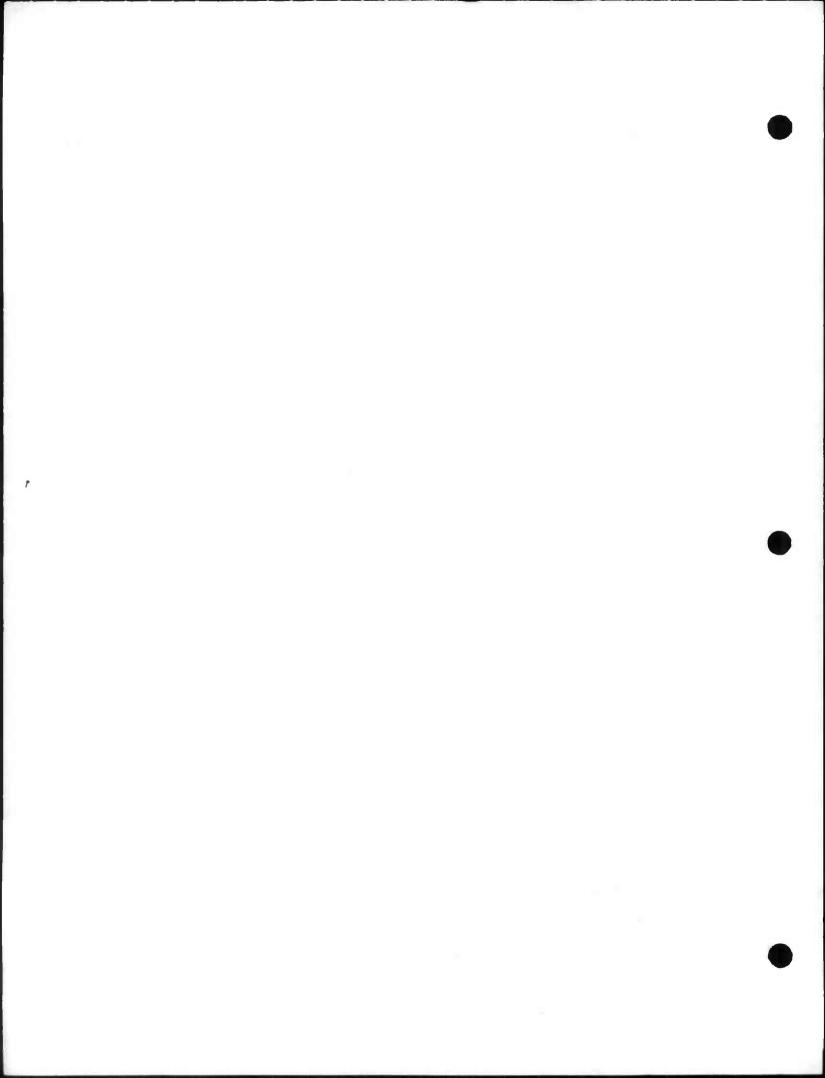
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FUNERAL DIRECTOR BALTIMORE BALTIMORE CITY 10a. STREET AND NUMBER 10f. ZIP CODE 404 N. AISQUITH STREET 21202 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 V YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, stc.) BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married 1 TES 2X XNO Specify BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 6th grade CONSTRUCTION notified at once. 17. FATHER'S NAME (First, Middle, Last) ROBERT HAYES EDMONIA ? BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 DORCAS HAYES 404 N. AISQUITH STREET 3 20a. METHOD OF DISPOSITION

1 Suriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of must CHESTER GROVE BAPT, CHURCH 7/4/93 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Jeres medical 23. PART i. Enter the diseases, or complications that caused tha deeth. Do not anter tha mode of dying, such as cardiec or respiratory arrest, shock, or heart feliure. List only one cause on each line IMMEDIATE CAUSE (Final disease or condition 静 netabolic resulting in death) 0 event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, if sny, leading to immediate cause. Entar UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events other resulting in death) LAST 6 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL amy duside 510 PHYSICIAN: non 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (C) Item EXAMINER? OTHER: 1 TYES 2 NO patient 2 C ER/Outpatient 3 C DOA 5 27. MAINER OF DEATH 28s. DATE OF INJURY 26b. TIME OF INJURY 28s. INJURY AT WORK? marked, 5 Pending Investiga 1 TYES BY 3 Accident 28e. PLACE OF INJURY --- At home, ferm, street, factory, office building, etc. (Specify) 3 | Suicide 60 COMPLETED 6 Could not be 4 [] Homicide DR ATTE 28 DIRECTO hours aft Hem 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. HOSPITAL FUNERAL within 72 h PORTANT: If 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 표보 36974 2 2 3 X 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DAVID O. WYRNJEM M 100 M BILOTOWAY 32 REGISTRAR'S SIGNATURE

6 29 93 1108p M 8. BIRTHPLACE (State or Foreign 7. DATE OF BIFTIN 12/28/12 VIRGINIA 9c. COUNTY OF DEATH BALTIMORE CITY 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. BLACK 16b. KIND OF BUSINESS/INDUSTRY 18. MOTHER'S NAME (First, Middle, Maiden Surname) BALTO., MD 21202 20c. LOCATION — City or Town, State CHESTER GROVE. MARCH FUN. HOME EAST 1101 E. NORTH Approximata intervai Between Onset and Death 24s. WAS AN AUTOPSY PERFORMED? 246. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF GAUSE 1 TES 2 NO OF DEATH? 1 THE 2 NO 28d. DESCRIBE HOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number City or Reen, State) 29d. DATE SIGNED (Month, Day, Year) 6/20193 BATTIMERE 21231 mus



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	NG P	fter th	eath y
	TEND	TOR: A	after d
	OR AT	DIREC	STHOU
	IOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	with 72 hours after death with the State Deot, of Health and Mental Hygiene prior to burial, cremation, or remo

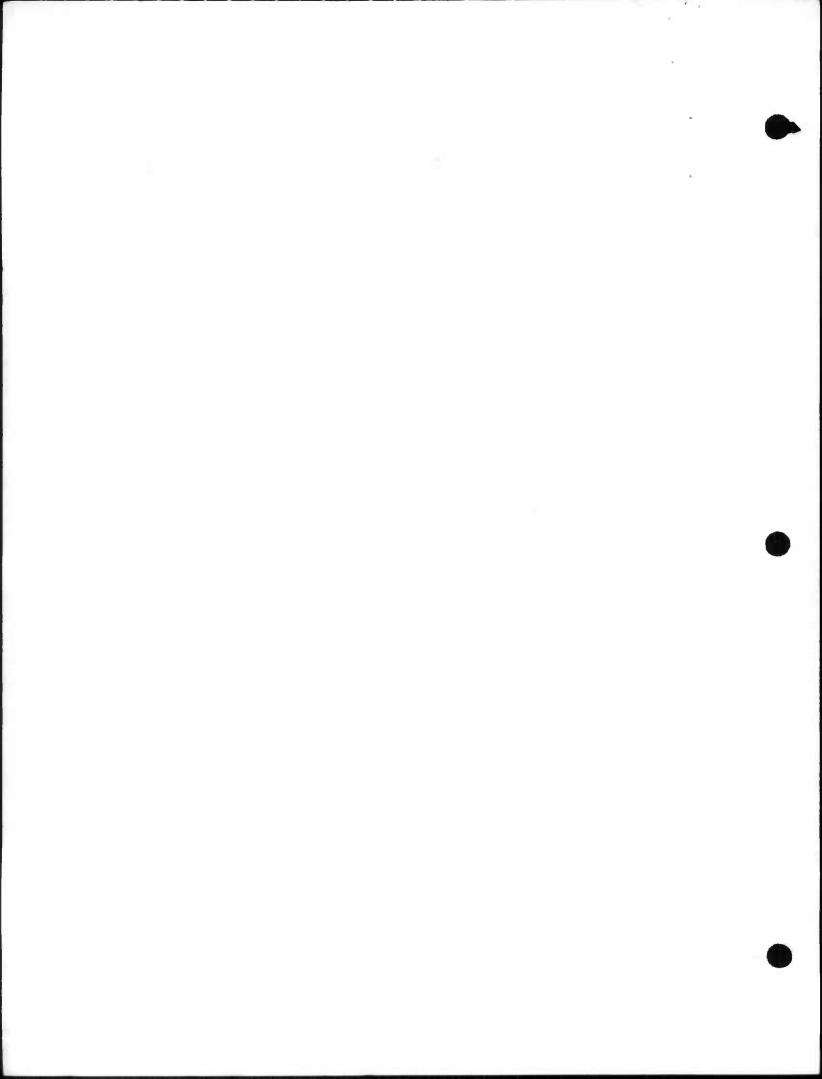
REGISTE	AR			C	ERTIFI	CATE	OF	DEATH		REG. NO.		
1. OECEDENT'S	NAME (First, Mid	die, Last) DET	MA M. I	HOLDEN					2. DATE OF MONTH	DEATH DAY	YEAR	3. TIME OF DEATH
1.1=1	. Fr. A	- FOR	7-40-1-1						G	29		1:45 Pm
	JRITY NUMBER 03 1268	5. \$	EX 6	. AGE (In yrs. let 89		IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF (Month, D 4/5		6. BIF	ATHPLACE (State or Foreign intry) MD
	AME (If not institut ESWICK	ion, give street s	nd number)					more Cit			9c. COUNTY OF	DEATH
RESIDENCE	OF DECED				40. 0174	TOUR! O	D I COLT	1011				10d. INSIDE CITY
MD		ob. County 10c. City, Town of B a				alti	more				1 M YES 2 NO	
700 TOO	W. 40th	St.					10f.	21211	L		U.	S. A.
	ATUS ried 2 Mar 4 Olivorced	ried	WAS DECEDENT I FORCES? 1 [ IF YES, GIVE WAR	/ES 24			f yes, spe	ENDENT OF HISPAN activ Cuben, Mexica 2 NO Specify	n, Puarto Rici		100	NCE — American Indian, ack, Whits, atc. pech; Nnite
Elementary/	15. DECEDE (Specify only hig Secondary (0-12)		N leted) llege (1-4 or 5+)	16a. Di	ECEDENT'S L Give kind of w b. Do NOT use T	ork done of retired.)	during mo	ON st of working	16b. KI		y Schoo	
17, FATHER'S N	Malcol	m C. H	olden					16. MOTHER'S NA	ME (First, Mide	dle, Maiden St Learle	urname)	
	T'S NAME (Type/		r	11	nb. MAILING 781	ADDRESS	S (Street a	nd Number or Rural I Road I	Route Number,	City or Town,	State, Zip Code)	21204
1XXBuriel 2	F DISPOSITION		from State					metery, crematory or Mem. Gai	rdens		MONium	
21. SIGNATURE	tuneral si thomas	CE LICE IS	week	1 20	Turrey	22. M	ittci	O ADDRESS OF FA	SEFELD	HOME	, INC.	
if any, leading cause. Enter CAUSE (Discount that initiated	list conditions g to immediat UNDERLYING	0	OUE TO (C	OR AS A CONSE	EOUENCE OF	·):		ofic ca	Cles	Lane	in our	Yrs.
PART II. Oth	3223	d	entributing to d	leath but not	resulting i	n the u	nderiyin	g ceuse given in		4a. WAS AN A PERFORM	AED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE EXAMINEF 1 YES 27. MANNER O	REFERRED TO M	EDICAL					26 8	LACE OF DEATH (C)	neak anti anni			
EXAMINER 1   YES	?	H	OSPITAL:	EB/Outnotient	2 □ 004	OTHE	Berna	ne 5 🗆 Residence		Canais.		
27. MANNER O	PDEATH  5 Per	ding	26s. DATE OF II (Month, De)	NJURY	26b. TIM		26c. JN. WC	JURY AT ORK? YES 2 NO			JURY OCCURE	0
2 Accide 3 Suicide 4 Homic	6 Cox	stigation aid not bs armined	28e. PLACE OF building, e	INJURY — At I tc. (Specify)	nome, farm, s	street, fac			26t. LOCAT City or	ION (Street an Town, State)	nd Number or Ru	ral Route Number,
29a. CERTIFIE (Check onlone)	, 1 CENTIFY							s and place, and du				se(s) and manner as stated.
29b. SIGNATUR	E AND TITLE OF	CERTIFIER	Quego	h MD				29c. LICENSE NU			29d. DATE SIGN	NED (Month, Day, Year)
30. NAME AND			MPLETED CAUSI				06	4016 Si	-BAL	71701	RE, H	221211
	(Month, Day, Yes		"32. REGISTRAR									. ,
	7110	4 (1)	0		May Sport	46						DHMH-16 Rev 1/6

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN	TAL HYGIEN
CERTIFICATE OF DEATH	REG. NO.

93 49200

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND ME DEATH	NTAL HYGIEN		3 49200
	1. OECEDENT'S NAME (First, Middle, Last)				2	DATE OF DEATH		3. TIME OF DEATH
	LARRY			HINES		06 25	1993	
	4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)	IF UNDER T YEAR	IF UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign
	217-54-1640		410 YAS.	LONING CARE	HOOKS MIN.	10-17-	1952	BALTO, MD.
oc	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN C	R LOCATION OF DEAT	1	9c. COUNTY	OF DEATH
DIRECTOR	1218 SHELLBANK RESIDENCE OF DECEDENT 100. STATE 100. COUNTY			TO SHIP WAS A	IMORE			
	MARYLAND 106. COUNTY			LTIMOR				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
<b>E</b>	1218 SHELLBA	NKS RD.			21225		USA	
5	11, MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED		ENDENT OF HISPANIC		or No- 14	. RACE — American Indian, Black, White, etc.
B	3 Widowed 4 Divorced	IF YES, OIVE WAR OR DA	ATES X	1 TYES		ueno rican, atc.)		Specify: BLACK
	18. DECEDENT'S EDUC	ATION	18a. DECEDENT'S U	SUAL OCCUPATION	21	16b, KIND OF BUS		
E	(Specify only highest grade ( Elementary/Secondary (0-12)	Completed) College (1-4 or 5 +)	(Give kind of wo	ork done durina mo.	st of working	100, KIND OF BUS	SINESS/INDUS	TRY
립	12 GRADE	Outege (1-4 of 3-4)	SALES	MAN		SALE	S	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME	(First, Middle, Maiden	Surname)	
BE (	LYNN HINES				GLORI	A COOPE	R	
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	DDRESS (Street a	nd Number or Rural Rout	Number, City or Tow	n, State, Zip Co	ode)
-	RICKY HINES		2426	SEABL	JRY RD.	APT. B.	BALT	O,MD 21225
	20a. METHOD OF DISPOSITION 1 D Burlal 2 Cremation 3 Ramo		PLACE AND DATE OF	DISPOSITION (Na				or Town, State
	4 Donation 5 Other (Specify)		KING ME	MORIAL			anda1	lstown
	21. SIGNATURE OF FUNERAL SERVICE LICE	7111116	1/	22. NAME AN	D ADDRESS OF FACILI	10	8 W.	NORTH AVE.
	· yesethy	Made	win.	UNITY	FUNERAL	HOMEBA	LTO, M	ID 21201
	23. PARTI. Enter the diseases, or contained the second sec	. ACOUIRED	_TMMUNE	DEFIC			ratory arrest	Approximete interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):	:				
AL C	PART II. Other significant conditions	contributing to deeth be	ut not resulting in	the underlying	ceuse given in Per	t i. 24a. WAS AN	ALITOREY	24b. WERE AUTOPSY FINDINGS
5					given in real	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC						1 TYES 2	₩ NO	DF DEATH?
2								1 TYES 2 NO
₹ I	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Check	only one)		
Sic		HOSPITAL: 1   Inpatient 2   ER/Output		OTHER:	5)(I)(flasidence 8 [	Other (Specify)		
훒	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJU	JRY AT 28	d. DESCRIBE HOW II	JURY OCCUR	ED
BY	1 Natural 5 Pending 2 Accident Investigation	(inclus, buy, loar)	INJU		ES 2 NO			
- 1	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Speci	— At home, term, atr	eet, factory, office	28	I. LOCATION (Street a City or Town, State)	nd Number or F	Rural Route Number,
	4 Homicide determined					ony or lown, state)		
COMPLETED		IAN: To the best of my knowle						
ō l	2 MEDICAL EXAMINER	On the basis of examination	and/or investigation,	in my opinion, de	eth occured at the time	, dete and place, an	d due to the ca	suse(a) and manner as stated.
BE	280. SIGNATURE AND TITLE OF CERTIFIER	1000			29c. LICENSE NUMBER		29d. DATE SI	GNED (Month, Day, Year)
P P	July &	HOUSE A	del		O.C.M.	E.	▶ 06	5/26/1993
	30. MAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	7.					
	MARIO GOLLE M. D 31. DATE FILED (Month, Dey, Year)	. I 22 0500701 20 0		n Stre	et, Balt	imore,	Maryl	land 21201
2	1111 0 2 1993 4	22. REGISTRAR'S SIGNA	moett.					





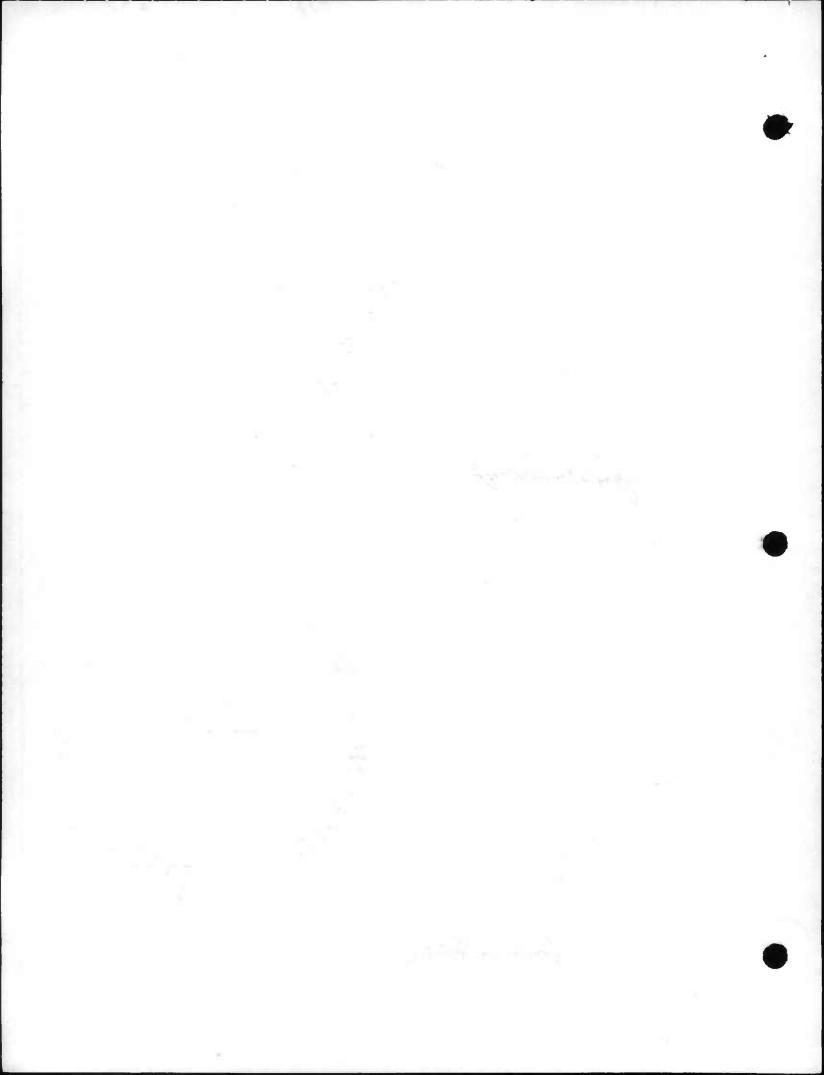
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1	The
2	PHYSICIAN:
DIVISION OF VILAL RECORDS, P.O. BOX 88780,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours
5	8
	SPITAL

	1. DECEDENT'S NAME (First, Mic	Iddia I nat)		OLITINI 10	ATE OF DE		REG. NO	D												
		Hawks					2. DATE OF DEATH		EAR 3	1135										
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In y			IDER 24 HRS.	7. DATE OF BIRTH		BIRTHPL	ACE (State or For										
	216-54-073	1 Dam 2	□ F 4 <b>1</b>	O YRS.	NTHS DAYS HOUR	RS MINI.	(Month, Day, Year)	952	BaL!	TO. MD										
-	9a. FACILITY NAME (If not institu				CITY, TOWN OR LOC	ATION OF DEAT	ТН	9c. COUNT												
CTOR	FRANSIS SC	OTT KEY I	HOSPITA	L	BALTIMO	ORE, M	1D.	BAI	TO	CITY										
EC		DENTY		10c. CITY, TO	OWN OR LOCATION				10	od. INSIDE CITY										
DIRE	MARYLAND			BAL	TIMORE				1	LIMITS?										
RAL	10e, STREET AND NUMBER				101. ZIP C	ODE		10g. CITIZE	N OF WH	AT COUNTRY?										
Ä	4401 CHALL					1206		USA												
FUNE	11. MARITAL STATUS  1 Never Married 2 Mai	FORCES	CEDENT EVER IN U. 57 1 YES	2 NO	If yes, specify C	uban, Mexican,	ORIGIN? (Specify Vi Puerto Rican, etc.)	es or No- 14	Black, V	- American India White, etc.										
ВУ	3 Widowed 4 Divorced	I IF YES	GIVE WAR OR DATE	s A	1 🗆 YES 2 📉	NO Specify:			Specify:	BLACK										
60	15. DECEDE	ENT'S EDUCATION ghest grade completed)	16	Sa. DECEDENT'S USU	JAL OCCUPATION done during most of we	addan.	16b. KIND OF BI	USINESS/INDUS	TRY											
LET	Elementary/Secondary (0-12)		4 or 5 +)	Ilfe. Do NOT use re	tired.)	orking														
MPL	12 grade			UNIV.	OF MD CI	ISTODI	AN IA	NITOR	TAL											
S	17. FATHER'S NAME (First, Middle				18. M	IOTHER'S NAME	E (First, Middle, Maide	n Surneme)												
BE	LLOYD C. I			Table MAILING AD	000000000000000000000000000000000000000		CALDWE													
2	LINDA HAWKS				DRESS (Street and Num															
	20a. METHOD OF DISPOSITION		20b. PL	1 209 S LACEAND DATE OF D	LOUDON ISPOSITION (Name of	AVE.	BAI.TO	MD 21 OCATION - CH		. State										
	Mariei 2 ☐ Cremation 4 ☐ Donation 5 € Other (Sp.			FSTERN	STAR CEN	۸.	7-1-93	CATION	CVI	TTD MD										
	21. SIGNATURE OF FUNERAL S	FRY CELICENSEE JU	regul	COLDRN -	22. NAME AND ADD	PRESS OF FACIL	JTY 1	0 Q ++	MO	DITT AT										
	- 0		0		UNITY F	UNERA	L HOME	BALTO	, MD	21201										
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		ne cause on each	h Ilne.	enter the mode of	dylng, such	as cardlec or res	piratory arrea	t,	Approxima Interval Be Onset and										
TIFICATION	disease or condition	De Syn	ne cause on each	onsequence of):  Wasting Onsequence bry:		dying, such	as cardlec or res	piratory arrea	t,	Interval Be										
CERTIFICATION	disease or condition resulting in death)  Sequentially list condition if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	De Syn	e Ly Loca t Sue it (or as a co	onsequence of):  Wasting Onsequence bry:		dying, such	as cardlec or res	piratory arrea	t,	Interval Be										
AL CERTI	Sequentially list condition resulting in death)  Sequentially list condition if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent.	a. Do	DUE TO JOR AS A CO	ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):	AIDS		ert i. 24s. WAS A	N AUTOPSY PRMED?	24b. W	Interval Be										
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: MEDICAL CERTI	Sequentially list condition resulting in death)  Sequentially list condition if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent Dissemin.	a. Do Sylvante de Conditions contribute de Con	DUE TO (OR AS A CO	ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):	ATI) he underlying caus 26. PLACE O	se given in Pa	ert i. 24a, WAS A PERFC 1 1 YES	N AUTOPSY PRMED?	24b. W	Interval Be Onset and One was a series of the control of the contr										
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ETED BY PHYSICIAN: MEDICAL CERTI	Sequentially list condition resulting in death)  Sequentially list condition if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significent Dissembly 1	a. Do Do Do Do Do Do Do Do Do Do Do Do Do	DUE TO (OR AS A CO  JULE TO (O	onsequence of:  ONSEQUENCE OF:	28. PLACE O THER:  Nursing Home 5  F 28c. INJURY AT WORK?  I	F DEATH (Checi	art i. 24a. WAS A PERFC  1  YES  t only one)  Other (Specify)  18d. DESCRIBE HOW  18f. LOCATION (Street City or Town, State	N AUTOPSY PRIMED? 2 NO 1NJURY OCCUI t and Number or e)	24b. W M C C O 1	Interval Be Onset and One was and One was and One was also as a second of the completion of the comple										
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COMPLETED BY PHYSICIAN: MEDICAL CERTI	Sequentially list condition resulting in death)  Sequentially list condition if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initieted events resulting in death) LAST  PART II. Other significent Dissembly 1.  25. WAS CASE REFERRED TO MEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  2 Accident Suicide Condition of the condition of	a. Do Do Do Do Do Do Do Do Do Do Do Do Do	DUE TO (OR AS A CO  DUE TO	onsequence of:  Onsequence of:	28. PLACE O THER: Nursing Home 5   WORK? M 1   YES At, fectory, office	F DEATH (Checi	art i. 24s. WAS A PERFC  1 YES  Conly one)  Other (Specify)  186. DESCRIBE HOW  City or Town, Sten  the cause(a) and m  me, date and place, a	INJURY OCCUI	24b. W  M  CO  O  1  RED  RED  RUYUL ROU  GIGNED (M	Interval Be Onset and One was a state of the waste of the										
BE COMPLETED BY PHYSICIAN: MEDICAL CERTI	Sequentially list condition resulting in death)  Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significent of the cause of the ca	a. Do Do Do Do Do Do Do Do Do Do Do Do Do	DUE TO (OR AS A CO DUE TO (OR AS	onsequence of:  Onsequence of:	28. PLACE O THER: Nursing Home 5   WORK? M 1   YES At, fectory, office	F DEATH (Checi	art I. 24s. WAS A PERFC  1 YES  t only one)  Other (Specify)  18d. DESCRIBE HOW  18f. LOCATION (Street City or Yown, State the cause(a) and m. me, date and place, s	INJURY OCCUI	24b. W  M  CO  O  1  RED  RED  RUYUL ROU  GIGNED (M	Interval Be Onset and One was and One was also onset and One was also onset and One was also onset and ons										



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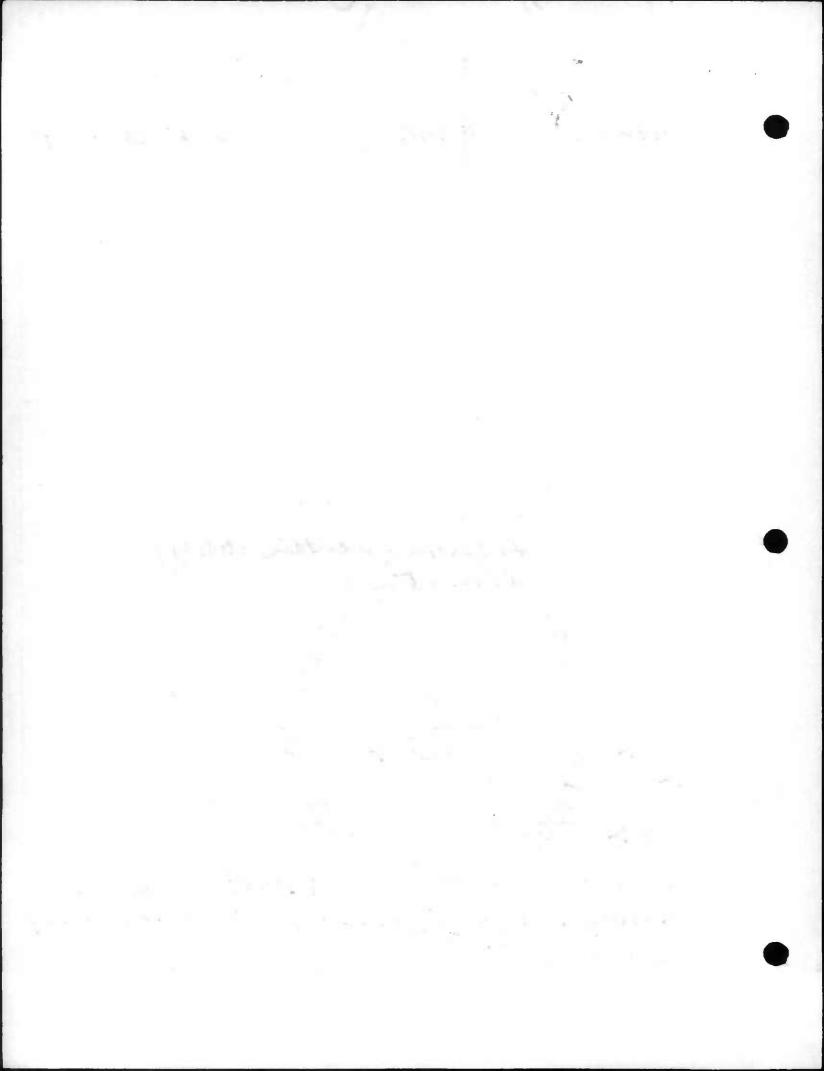
DHMH-16 Rev 1/89

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-yours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in hours after death with the State Dept, or Health and Mental Hygiene prior to burial, cremation, or removal.	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
IL OR ATTENDING PHYSICIAN:	II, DIRECTOR: After this certifical hours after death with the Sta	I Item 28 is marked, or it

FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AN	D MENTA	L HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle,			Hill	2. DATE MONTI	OF DEATH 6/29/93	ar 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER  213-07-534  99. FACILITY NAME (If not institution,	5. SEX 6. AGE (	7 YRS.	F UNDER 1 YEAR IF UNDER 24 HE ONTHS DAYS HOURS MIT b. CITY, TOWN OR LOCATION O	. (Mont)	OF BIRTH  S. ()  OF BIRTH  S. ()  OF BIRTH  S. ()  OF BIRTH  S. ()	BIRTHPLACE (State or Foreign Country) VICGIAIC
Meridian I	tamilton		Baltimore		SC. COUNTY	OF DEATH
10e. STATE 10b. Co	UNTY	10c. CITY,	Baltimore			10d. INSIDE CITY LIMITS? 1 YES 2 NO
2027 No. W	olfe Street	et	101. ZIP CODE	13	U	OF WHAT COUNTRY?
11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1   YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cyben, Me 1 YES 2 X NO S	xican, Puerto		RACE — American Indian, Black, White, stc. Specify: BLACK
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 5th grade	EDUCATION grade completed) College (1-4 or 5+)	18e. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during most of working	16b	. KIND OF BUSINESS/INDUST	RY
17. FATHER'S NAME (First, Middle, La.	"Jackson		16. MOTNER	ilhe	Middle, Maiden Surname)	
NINE PATTERS			VINCENT LAN		ber, City or Town, State, Zip Coo LTO., MD	21215
20a. METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 C 4 Donation 5 Other (Specify,	Removal from State 20	cemetary crematory of	of DISPOSITION (Name Of DISPOSITION (Name OF DISPOSITION (Name	. 7/6/	E 20c. LOCATION — City 93 ARBUTUS,	
21. SIGNATURE OF FUNERAL SERVI	tte ) Orr	200	22. NAME AND ADDRESS O		1101 E. N	ORTH AVE
23. PART I. Enter the diseases shock, or heert fel iMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. PNEU	d the desth. Do not seek line.  (MONI & A CONSEQUENCE OF):	t enter the mode of dying,	such as cen	diec or respiratory arrest	, Approximate interval Between Onset and Deat
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR AS A	A CONSEQUENCE OF):				
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):				
PART II. Other significent con	ditions contributing to deeth I	but not resulting in	the underlying ceuse give	n in Part i.	24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIN EXAMINER?  1 YES 2 DATO  27. MANNER OF DEATH	HOSPITAL:		26. PLACE OF DEATH			
1   YES 2   DATO	1 ☐ Inpatient 2 ☐ ER/Out	28b. TIME	OF 28c. INJURY AT		or (Specify) SCRIBE HOW INJURY OCCUP	RED
2 Accident Investig	28e. PLACE OF INJUR		M 1 YES 2 NO	28f. LO	CATION (Street and Number or	Rural Route Number,
4 Homicide determine	ned .				or Town, State)	
CONSCA ONLY	PHYSICIAN: To the best of my know AMINER: On the besie of examination					euse(e) end manner as stated.
296. SIGNATURE AND TITLE OF CE	rice acres	UD	29c, LICENSE	NUMBER	29d. DATE S	IGNED (Month, Day, Year) W 29, 1993
30. NAME AND ADDRESS OF PERSO	ON WHO COMPLETED CAUSE OF DE	947 ST	PAUC ST-	BAL	T. MD. 2	12-18
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG					

Fryse ... Ver en en A service a regarder of

1	1. DECEDENT'S NAME (First, Middle, Last)  ABBIE  Hahr		2. DATE OF DEATH MONTH, DAY	YEAR 2/5
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birth	day) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12–28–19	BIRTHPLACE (State or Foreign Country)  MD
OR	9a. FACILITY NAME (If not institution, give street end number) Johns Hopkins Geriatric Center	96. CITY, TOWN OR LOCATION OF DE Baltimore		OUNTY OF DEATH
DIRECTOR		. CITY, TOWN OR LOCATION Baltimore		16d. INSIDE CITY LIMITS? 1 YES 2   N
FUNERAL	100. STREET AND NUMBER 5011 E. Federal St.	101. ZIP CODE	21205	USA
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES.	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxics 1 YES 2 NO Specif	NIC ORIGIN? (Specify Yes or No- an, Puerto Rican, etc.)	14. RACE — American Indian Black, White, etc. Specify: White
PLETED	(Specify only highest grade completed) (Give kin	NT'S USUAL OCCUPATION of of work done during most of working of use retired.) HOMEMAKEY	16b. KIND OF BUSINESS/	INDUSTRY
COMPLET	17. FATHER'S NAME (First, Middle, Lest) Thomas Cox	16. MOTHER'S NA	AME (First, Middle, Malden Surname	*
TO BE	196. INFORMANT'S NAME (Type/Print) 196. MAI Paul I. halm 50	Oll E. Federal St.	Route Number, City or Town, State,	Zip Code)
	20a. METHOD OF DISPOSITION 20b PLACE AND D	ATE OF DISPOSITION (Name of	DATE 20c. LOCATION	-City or Town, State
	21. SIGNATURE ON FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FA		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLY/ING CAUSE (Disease or injury that initiated events resulting in death) LAST			
MEDICAL CE	PART II. Other algnificent conditions contributing to deeth but not result	ing in the underlying cause given in	Part I. 24s. WAS AN AUTOPS PERFORMED?  1 □ YES 2 1140	AMAILABLE PRIOR COMPLETION OF C OF DEATH?
SICIAN: M	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (C)	heck only one)	1 [] YES 2 [] N
IYSIC	EXAMINER?  1   YES 2   NO			
ВУ РНУ	1 Netural 5 Pending (Month, Day, Year)	TIME OF 28c. INJURY AT WORK?  M 1 YES 2 NO	26d. DEŞCRIBE HOW INJURY (	OCCURED
ETED	3 Suicide 6 Could not be datermined 28e, PLACE OF INJURY — At home, to building, etc. (Specify)	rm, street, factory, office	281. LOCATION (Street and Num City or Town, State)	ber or Rural Route Number,
COMPL	29s. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation.			
BE	290. GENATURE AND TITLE OF CERTIFIER  SWOONDEWWAYS	29c. LICENSE NU D 2 35	100 PMBER 29d. 0	ATE SIGNED (Month, Day, Year)
OT TO	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)  SDENMAN MD 5505 H  31. DATE FILED (Mortly, Day, Year)  32. REGISTRAR'S SAMTURE  SURVEY WHEN MAN MAN MAN MAN MAN MAN MAN MAN MAN MA	TYPE PRINT) TYPICIAS BAYVIS	ew Grele	Bulland 21



YEAR

3. TIME OF DEATH

REG. NO.

DAY

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

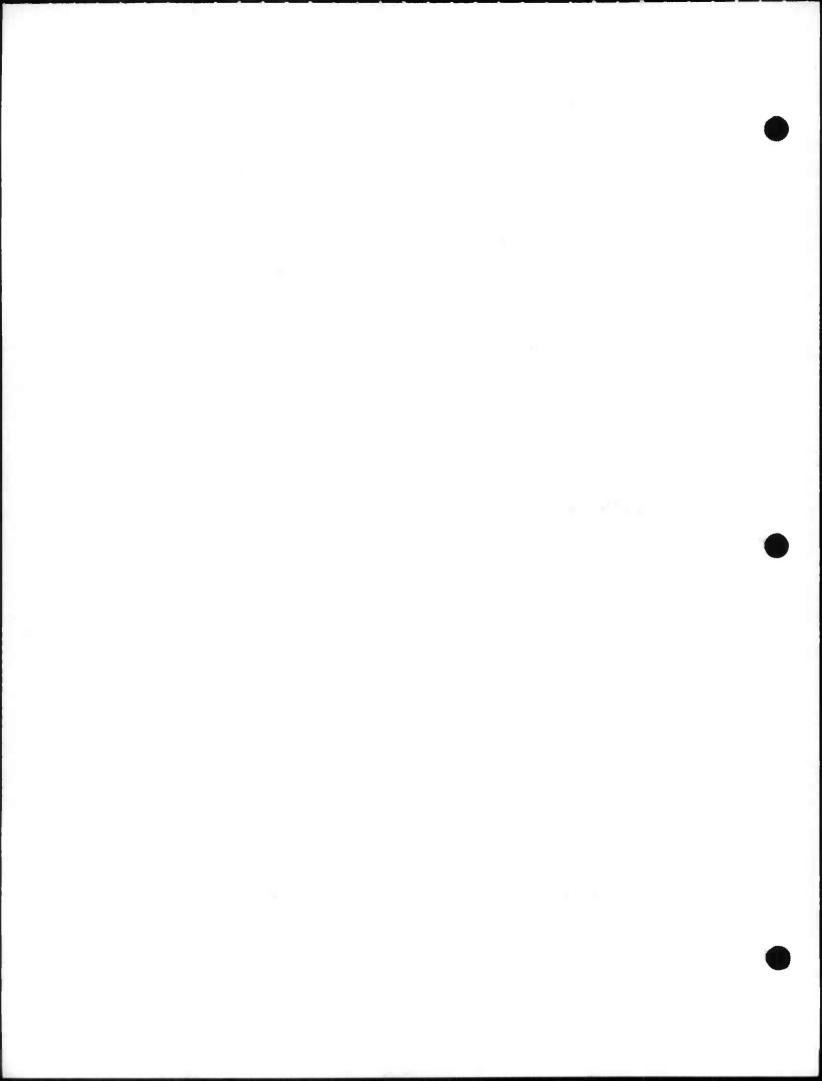
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE DO ATTENDING DUVOICIANT The last mentions that death conditions he made to the conditions of the last of the l
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Gussie Kaplan 10:01 PM 6 26 93 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) Sept. 9,1911 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 | M 2 | F MONTHS DAYS HOURS New York 81 060-10-8391 use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 8011-B Woodgate Ct. Baltimore Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Baltimore 1 TES 2 X NO FUNERAL 10a. STREET AND NUMBER 101. ZIP CODE 21207 10g. CITIZEN OF WHAT COUNTRY? 8011-B Woodgate Court nours after death. Page 6 may be retained by the hospital or attending physician, 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 YED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yes, specify Cuban, Mexican, Puerto Rican, stc.)
1 YES 2 X O Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ò Elementary/Secondary (0-12) College (1-4 or 5+) n by the funeral director, page 5 should be detached removal. Housewife At Home ONCB. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)
Rose Unknown Hyman Adler Ħ BE notified 19a. INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Susan Bloom 8 Romney Court Owings Mills, MD 21117 e 20a. METHOD OF DISPOSITION
1 [XBurtal 2 ] Cremation 3 ] Removal from State 6-28-93 Baltimore, MD 20b. PLACE AND DATE OF DISPOSITION (Name of must Hebrew Young Mens 4 ☐ Donation 5 ☐ Other (Specify) examiner 21. SIGNATURE OF TUNERAL SERVICE LIGHNSEE 22. NAME AND ADDRESS OF FACILITY Sol Levinson & Bros., Inc. 6010 Reisterstown Rd Baltimore, MD medicai filled in by t 23. PARTO Enfer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory errest, **Approximate** shock, or heart fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel **Onset and Death** has been signed by the attending physician and completely fille Dept, of Health and Mental Hygiene prior to burial, cremation, 鲁 disease or condition\_\_\_ MINUES resulting in death) traumatic event, Years CERTIFICATION Sequentially list conditions, DUE TO (DR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 23 shows any injury, PART ii. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 1 10 1 YES 2 ND PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? this certificate his with the State [ tem 26. PLACE DF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TYES 2 NO ma 5 Rasidenca 6 C Other (Specify) 0 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 26c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 ND After ti BY 2 Accident 26a. PLACE DF INJURY — At home, tarm, street, tectory, office building, stc. (Specify) 3 Sulcide TO THE HOSPITAL OR ATTENDIT TO THE FUNERAL DIRECTOR: All be filed within 72 hours after de IMPORTANT: If Item 28 Is 28 is ETED 6 Could not be determined 26t, LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29e. CERTIFIER

1 DEERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 6/27/93 101 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JUL 0 2 1993 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-16 Rev 1/89



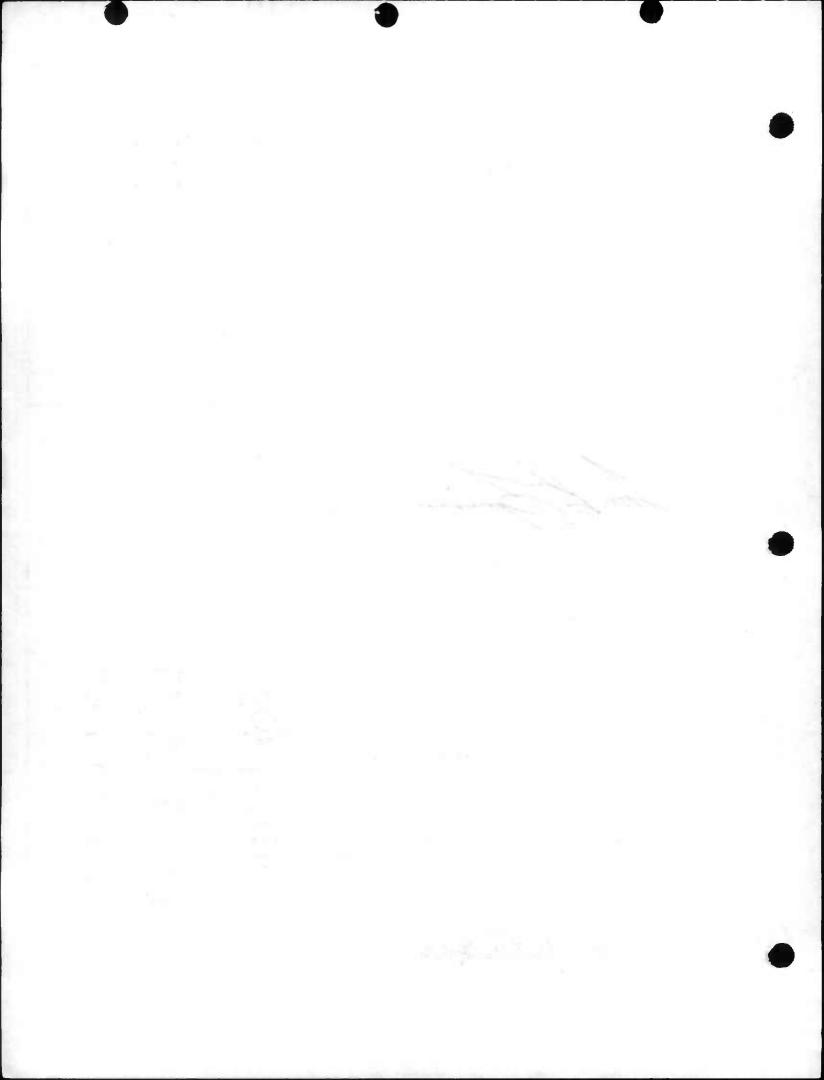
FOR STATE REGISTRAR

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	1. DECEDENT'S NAME (Fir	KA	KAHAN			2. DATE OF DEATH MOUTH DAY YEAR 4:15			3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 216-05-3750		5. SEX	6. AGE (In yrs. la 82		F UNDER 1 YE	AR IF UND	ER 24 HRS.	7. DATE O			8. BIRTHE	PLACE (State or Foreign
	So. FACILITY NAME (If not			02		9b. CITY, TOWN OR LOCATION OF DEATH				. 291	9c. COUN	NTY OF DE	EATH
TOR	HOMEWOOD RETTREMENT CENTER FREDERICK RESIDENCE OF DECEMENT									RICK			
DIRECTOR	10a. STATE MARYLAND	10b, COUN	FREDEI	RICK		REDE							10d. INSIDE CITY LIMITS? 1 YES 2 N
	100. STREET AND NUMBE 4719 BRIGG		CT.				10f. ZIP CO		11.		10g. CITI		HAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Merried  3 Never Married 4 Divorced  12. WAS DECEDENT EVER IN U. FORCES? 1 YES SIF YES, GIVE WAR OR DATE				NO	If yo	DECENDENT s, specify Cu YES 2N	OF HISPAN	n, Puerto Ri			14. RACE	— American Indian , While, atc. ly: WHTTE
COMPLETED		CEDENT'S ED nly highest grad (0-12)			Give kind of wor to. Do NOT use i	k done durir etired.)	PATION og most of wor	king		RETAI		USTRY	VIII II
	17. FATHER'S NAME (First, LOUIS	Middle, Last) RAPPA	-01			18. MC			iddle, Meiden				
TO BE	190. INFORMANT'S NAME DR SH	(Type/Print) ERMAN	KAHAN	96. MAILING AI 4719 E									
	20e. METHOD OF DISPOS 1 X Youriel 2 ☐ Cremat	tion 🚛 Re	moval from State	E AND DATE O				DATE		CATION —	,	•	
	1 XX 9 uriel 2 Cremation Removes from State 4 Donellon 5 Other state 4 Donellon 5 Other state  Of cemetary crematory or other place)  FORBAND - 6-30-93 ROSEDALE, MD  22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC.										)		
	· Inn	L	1									TMOR	E,MD 21:
ERTIFICATION	disease or condition resulting in death)  a. CONGESTUE HEARY FAILURE  Due TO (OR AS A CONSEQUENCE OF):  COROWARY ARRY DISEASE  DUE TO (OR AS A CONSEQUENCE OF):  C. OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):												
E	that initieted events reculting in deeth) LA	7):											
<b>E</b>		PART II. Other significent conditions contributing to deeth but not result											
MEDICAL C	PART II. Other signifi	cent conditi	ons contributing t	o deeth but not	resulting in	the unde	rlying caus	e given in	Part I.	24a. WAS AN PERFOI 1 YES 2	RMED?	24b.	AVAILABLE PRIOR COMPLETION OF
MEDICAL C	25. WAS CASE REFERRED			o deeth but not	t resulting in		riying caus		5)	PERFOI 1 YES 2	RMED?	24b.	AVAILABLE PRIOR COMPLETION OF
MEDICAL C	25. WAS CASE REFERRED EXAMINER? 1 □ YES 2 📜 NO		HOSPITAL:	<del>Деноправы</del> м	3 🗆 DOA 🖁	OTHER:	28. PLACE Of	DEATH (C)	eck only one	PERFOI  1 YES 2	RMED?		AVAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?
PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED EXAMINER? 1 YES 2 KNO 27. MANNER OF DEATH 1 KN Netural S		HOSPITAL: 1   Inpatient 2: 28a. DATE 0 (Month,	<del>Деноправы</del> м		OTHER: Nursing OF 28	28. PLACE OF	DEATH (C)	eck only one	PERFOI	RMED?		AVAILABLE PRIOR T COMPLETION OF CO OF DEATH?
ED BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED EXAMINER?  1 YES 2 KNO  27. MANNER OF DEATH  1 Netural 5 [	TO MEDICAL	HOSPITAL: 1   Inpatient 2: 28e. DATE 0 (Month,	E ENOUPERSM	3 DOA 4	OTHER: Nursing OF 28 NY	28. PLACE OF S GROWN STATE OF S GROWN	DEATH (C)	8 Other 28d. DES	PERFOI  1 YES 2  (Specify)  CRIBE HOW I	RMED?	CURED	WERE AUTOPSY FINANALABLE PRIOR TO COMPLETION OF CU OF DEATH?  1 YES 2 N
MPLETED BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Netural   S   2   Accident   3   Sufcide   8   4   Homicide   29e. CERTIFIER   1   KCE	Pending investigation Could not be determined	HOSPITAL: 1   Inpatient 2: 28e. DATE 0 (Month,	OF INJURY — All, etc. (Specify)	3 DOA 4 28b. TIME INJUI	OTHER: Nursing OF 28 RY M	28. PLACE OI  J Home 5   C. INJURY  T WORK?  I YES 2  Office	F DEATH (C) Residence	8 Other 28d. DESt 28f. LOC/City o	PERFOI  1 YES 2  (Specify)  (Specify)  CRIBE HOW I  ATION (Street or Town, State)	RMED?	CURED or Rural F	AMALABLE PRIOR T COMPLETION OF CI OF DEATH?  1 YES 2 N
BE COMPLETED BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Netural   S   2   Accident   3   Sufcide   8   4   Homicide   29e. CERTIFIER   1   KCE	Pending investigation Could not be determined ERTIFYING PHY	HOSPITAL: 1   inpatient 2* 28e. DATE 0 (Month, 29e. PLACE building /SICIAN: To the best of	OF INJURY — All, etc. (Specify)	3 DOA 4 28b. TIME INJUI	OTHER: Nursing OF 28 RY M	28. PLACE OF THE P	E DEATH (C) Residence NO Residence	8 Other 28d. DES	PERFOI  1 YES 2  (Specify)  (Specify)  CRIBE HOW I  ATION (Street or Town, State)	and Number	r or Aural F	AMALABLE PRIOR TOOMPLETION OF COMPLETION OF
E COMPLETED BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 [ 2 Accident 3 Suicide 8 [ 4 Homicide 8 [ Check only one) 2 MM	Pending investigation Could not be determined Entifying PHY EDICAL EXAMI	HOSPITAL: 1   Inpatient 2: 28e. DATE 0 (Month, 28e. PLACE building (SICIAN: To the best of	OF INJURY — AI  OF INJURY — AI  of my knowledge,  examination and/of	3 DOA 4 28b. TIME INJUI home, farm, str death occurred or investigation,	OTHER: Nursing OF 28 RY M eet, factory at the time	28. PLACE OF THE P	E DEATH (C) Residence I NO	8 Other 28d. DES	PERFOI  1 YES 2  (Specify)  (Specify)  CRIBE HOW I  ATION (Street or Town, State)	and Number	consecutive or Aural F	AMALABLE PRIOR TOOMPLETION OF COMPLETION OF
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



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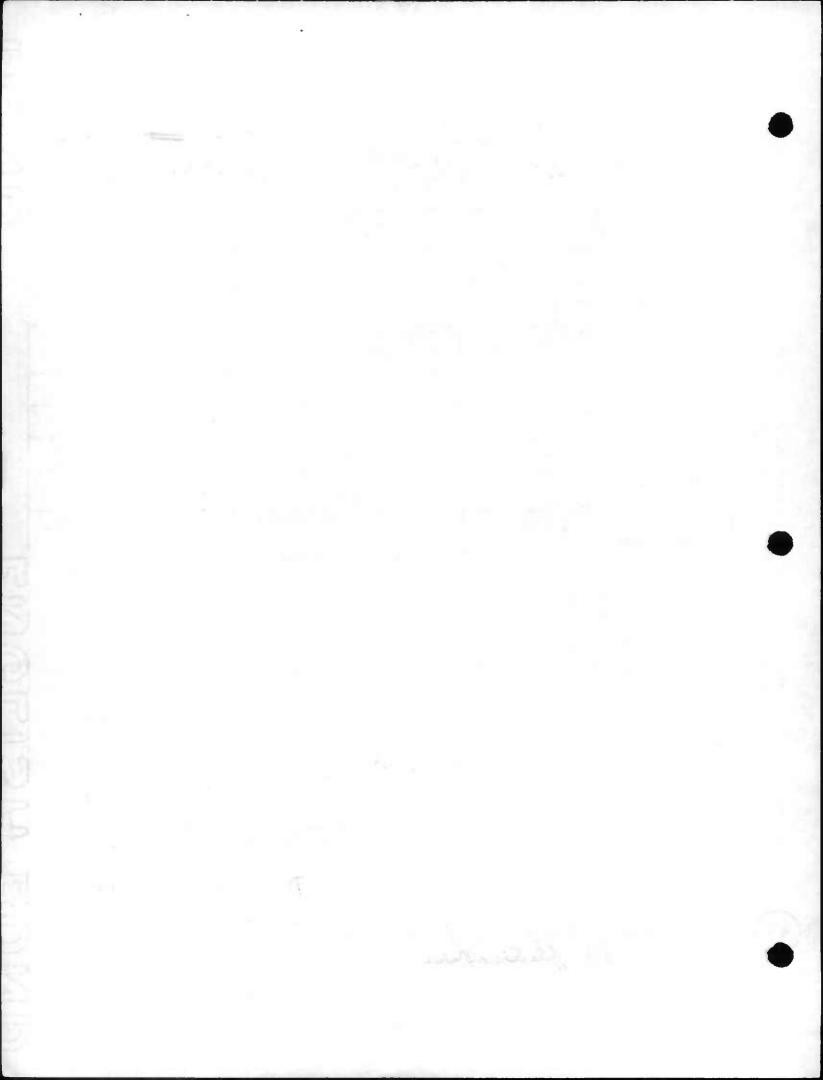
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Item: 2 per

the funeral filled in by completely executed within and signed by the attending physician in Health and Mental Hygiene prior to requires that the death certificate be t. of H has be Dept. DR ATTENDING PHYSICIAN: The law After this certificate death with the State DIRECTOR: hours after THE HOSPITAL ( THE FUNERAL C filed within 72 h TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II HOSPITAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last, 3. TIME OF DEATH (LOUIS KOSTIN) 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. YORK 2. DAYS HOURS 1 9 M 2 | F 9e. FACILITY NAME (If not institut 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE LEVINDALE DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY
X LIMITS?
1 X YES 2 NO BALTIMORE MARYLAND FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21215 USA 6101 PARK HEIGHTS AVE, APT. T-2 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) RACE — American Indien, Black, White, etc. FORCES? 1 YES 2 NO city Cube 1 Never Merried 2 Merried 1 TES 2 NO Specify: BY 3 X Widowed 4 Divorced WHITE 6 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade come (Give kind of work done life. Do NOT use retired.) COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) LIQUOR 12 SALESMAN 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) MOLLIE UNKNOWN MORRIS KOSTIN to BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 3601 FORDS LANE, APT. 811 BALTIMORE, MD 21215 MR OSCAR SCHWARTZ 3 20a. METHOD OF DISPOSITION 20b. PLACE ANO DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State 6-29-93 RANDALLSTOWN, MD must 及XBuriel 2 □ Cremation 3 □ Ramoval from State 4 □ Donation 5 □ Other (Specify) "BETH" EL" MEMORTAL PARK examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO. MD medical 23. PART I. Enter the dissesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximats shock, or heart failure. List only one cause on interval Betw IMMEDIATE CAUSE (Finei Onset and Death the disesse or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING other CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 injury, WERE AUTOPSY FINDINGS PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL amy COMPLETION OF CAUSE 1 YES 2 NO OF OFATH? 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) Hem OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) HOSPITAL: 1 YES 2 NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA marked, or 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME O 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending investiga 1 YES 2 NO BY 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 60 8 Could not be COMPLETED 4 Homicide 28 The The 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. (Check only one) MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death 296. SIGNATURE TITLE OF CERTIFIER BE 2 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 10 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIG 2 1993





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, MARYLAND 21203-3146	seath. Page 6 may be retained by the hospital or attending physicial
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ALTIMORE,	Pane 6
ALT.	leath.

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

BOX 13146, P.0. RECORDS, DIVISION OF VITAL

executed within

the death certificate be

requires that

MP

THELMA KIRKENDALL 6-30-93 :15 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 91 HOURS 1 - M 2 - F YRS. 217-40-1179 July 24,1901 Wisconsin permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN DR LOCATION OF DEATH Baltimore Essex Riverview Nursing Home DIRECTOR RESIDENCE OF DECEDENT 10e STATE 10h COUNTY 10c, CITY, TOWN DR LOCATION 10d. INSIDE CITY Baltimore. Essex Md. 1 YES TO NO 10s. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21221 USA 1118 Tace Drive burial-transit 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, Whita, etc. 1 Never Married 2 Marri 1 TYES 2 NO Specify: Specify: B 3 Widowed 4 Divorced page 5 should be detached for use as the White ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) COMPL Store Clerk 12th 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Anna Crippen James Herreman BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 612 Carvel Grove Road Baltimore Md. 21221 Leon Kirkendall must be 20a. METHOD OF DISPOSITION
1 St Burlal 2 Cremation 3 F 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 1 Strial 2 Cremation 3 1 4 Donation 5 Other (Specify) director, BelAir Memorial 7/2/93 Baltimore Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral Connelly Funeral Home 300MaceAve. 21221 filled in by the fur on, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on sech line. Approximate interval Betwe IMMEDIATE CAUSE (Final Onset and Death completely filled rial, cremation, o the disease or condition resulting in death) GENERALIZED traumatic event, DUE TO (OR AS A CONSEQUENCE OF): and com 0 6 mis CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 if any, leading to immediate cause. Enter UNDERLYING physician CEREBRAL ARTERIOSCLENOGE prior 10 W CAUSE (Disease or injury that initiated events resulting in death) LAST attending phy ental Hygiene DUE TO (OR AS A CONSEQUENCE OF). 6 signed by the atter Health and Mental Inlury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO amy 1 TYES 2 NO Shows 1 TYES 2 ND PHYSICIAN: certificate has be 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Item HOSPITAL: HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) L DRECTOR: After this certificate bours after death with the Stat 1 TYES 2 TONO 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO B 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide -6 Could not be COMPLETED 4 Homicide 28 Hem 29a. CERTIFIER 1 Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL D
TO THE FUNERAL D
De filed within 72 ho
IMPORTANT: If IN 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Elemen his MD - D09019 30/ 83 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MD-3803 EDMONDSON EIMAN ORMAN 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

hie Deviden Bondalle

9 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

93 19207

3. TIME OF DEATH

DHMN-16 Rev 1/89

REG. NO.

2. DATE OF DEATH DAY

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1. DECEDENT'S NAME (First, Middle, Last) THELMA	B	=RS		3 5	TIME OF DEATH	Ан			
215056969	1 🗆 M 2 🎾 F 💢		HITHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day 02-22-	( Year)	a. BIRTHPLA Country) Mary	ce (State or For land	reign
9a. FACILITY NAME (If not institution, give Good Samaritan H	,	96	Balti	MOTE	EATH	9c. CO	UNTY OF DEAT	Н	
10a. STATE 10b. COUNT	Y	10c. CITY, T	OWN OR LOCAT	TION			100	I. INSIDE CITY	,
Maryland		Balt	imore	City			1 (	YES 2	NO
3403 The Alameda			101	2121	8	10g. CI	U.S.A		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 7 NO	If yes, sp	ENDENT OF HISPA ecity Cuban, Mexico 2 NO Special	an, Puerto Rican,	ecify Yes or No— , etc.)	14. RACE — Black, W Specify:	American India	eri,
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e. DECEDENT'S US (Give kind of work life. Do NOT use n	UAL OCCUPATION Of the done during mo	ON ist of worlding	18b. KIND	OF BUSINESS/II			
12 years	College (1-4 or 5+)	Homema						-	
17. FATHER'S NAME (First, Middle, Last)  Leroy Brown						, Maiden Sumame) Quarn			
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	and Number or Rural	Route Number, Ci	ity or Town, State, 2	Cip Code)	_	
Jacquelyn Fiore		41 Sil	ver For	k Court	Cockey	sville.	Marv1	and 21(	030
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ran	oval from State	PLACE AND DATE OF D	ISPOSITION (NE	ame of	DATE	20c. LOCATION -	- City or Town,	Stata	750
4 Donation 5(1) Other (Specify) £1	itombment Du	Taney Val	Tey Men	norial G	rdns.	7-2 Ti	monium	Mary	land
21. SIGNATURE OF FUNERAL SERVICE LI Servey Ce George J. Fe	uane			ND ADDRESS OF FA			Rd. Bal	lto. MI 2121	12
23. PART I. Enter the diseases, or	complications that caused	the death. Do not	entar the mo	nell-Wied	ch se cardiac	HOME or respiratory a	rrest.	Approxima	ata
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. RUPTUR DUE TO (OR AS A		PK A	NEURY	PM?			Interval Be Onset and 36 A	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	с	CONSEQUENCE OF):							
PART II. Other significant condition	s contributing to death b	ut not resulting in t	ha underlying	g cause given in	Part I. 24a.	WAS AN AUTOPSY		RE AUTOPSY FIR	
HYPERTER	NG12 V		PERFO				ORMED? AMAILABL		CAUSE
25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (CA	neck only one)	-			
EXAMINER?	HOSPITAL: 1 V Inpatient 2 □ ER/Outp		THER:	e 5 🗆 Residence	6 Other (Spe	ncify)			
27. MANNER OF DEATH  1 M Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	/ WO	URY AT PRK?	28d. DEŞCRIB	E HOW INJURY O	CCURED		
3 Suicide 6 Could not ba 4 Homicide detarmined	28s. PLACE OF INJURY building, etc. (Spec	— At home, farm, streetfy)	et, factory, offic	•	281. LOCATION City or Tox	N (Street and Numb vn, State)	er or Rural Route	Number,	
	ICIAN: To the best of my know							d manner as st	tated.
29b. SIGNATURE AND TITLE OF CHILIFIE	Ri OVE M	O		29c. LICENSE NU			TE SIONED (Mo		
30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DE			1. HOSE	o of M	ARY: A	4.18		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN.		174	11 1100		ハハイレー	NI)		
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<del>3 1993</del>	Justice Beridson	-fande 10						DHMH-16	8 Rev t/89

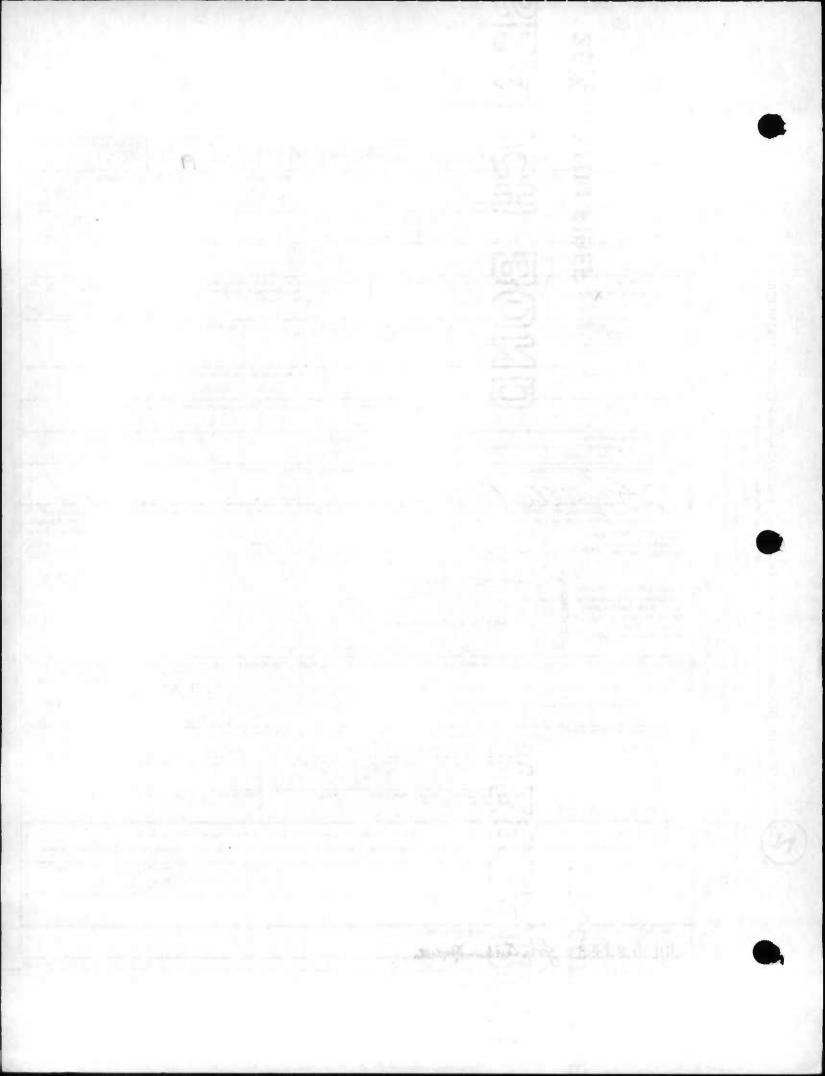
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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1	TO THE HIGH WILL OR ATTENDING PHYSICIAN. The Law requires that the dearn certificate be executed within mours after death, Page 6 may be retained by the hospital or attending pit	TO THE PLACEMENT CHECITION After this centrician has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by	be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last) Herb	ert		iller	2. DATE OF OEATH	DAY YE	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER  218-03-8017  9a. FACILITY NAME (if not institution, give a	5. SEX 6. AG	<b>9</b> M	BHRTHPLACE (State or Foreign Country) ARYLAND						
TOR	3909 Elmor				OR LOCATION OF E		9c. COUNTY	BALTIMORE		
DIRECTOR	MD. BALT	IMORE		Y, TOWN OR LOC	11000			10d. INSIDE CITY LIMITS? 1 A YES 2 NO		
FUNERAL	3909 ELMORA AVE				01. ZIP CODE 2121			USA		
BY	11. MARITAL STATUS 1 Never Merried Y Merried 3 Nidowed 4 Divorced	FORCES? 1 YE	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES			NIC ORIGIN? (Specify ) an, Puerlo Rican, etc.) ify:		RACE — American Indian, Black, White, etc. Specify: BLACK		
COMPLETED	15. DECECENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 8th grade	CATION completed) College (1-4 or 5+)	16e. DECEDENT'S (Give kind of v life. Do NOT us	vork done during r		16b. KIND OF B	USINESS/INOUST			
BE CON	17. FATHER'S NAME (First, Middle, Last) SALLIS MILLER				ET	AME (First, Middle, Maide HEL DUCK	ETT			
5		LER	19b. MAILING			N PARK A		de)		
	20e. METHOD OF DISPOSITION 1 IX Burlei 2 Cremetion 3 Rem 4 Donation 6 Other (Specify)	ovel from State	POB. PLACE AND DATE ( semetery, crematory or o ARRISON FOR	ST VETER	AN 7/6/9	3 01	LOCATION — CHY			
	21. SIGNATURE OF FUNERAL SERVICE LIC	TO K.C	Times		AND ADDRESS OF F		01 5	North Ave.		
	23. PART I. Enfer the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on	ed the death. Do not seek line.  Pumo  s a consequence of	not sater the m	oda of dying, su	ch as cardiac or res	piratory arrest,	Approximeta Interval Batween Onset and Desth MINUITS		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significant condition	e contributing to deeth	but not resulting	in the underlyi	ng ceuse given li		AN AUTOPSY ORMED? 2 1 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C					
	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	1 Inpetient 2 ER/O 26e. DATE OF INJUR (Month, Day, Year	Y 26b. TIM	URY	me 5 ll Residence	6 Other (Specify) 28d. OESCRIBE HOW	V INJURY OCCUR	ED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, stc. (S	RY — At home, farm, pecify)	street, tectory, of	Ice	261, LOCATION (Street City or Town, Ste	et and Number or F	Rural Route Number,		
COMPLET	anai	CIAN: To the best of my kn						ouse(e) and manner se stated.		
TO BE	296, SIGNATURE AND TITLE OF CERTIFIE	gluss	MO		29c. LICENSE NU	IMBER )   \$	29d. DATE SH	GNED (Month, Day, Year)		
50	30. NAME AND ADDRESS OF PERSON WITH COLUMN (COLUMN COLUMN EGISTRAR'S SI	BA	TIMOR	E, MD	2128	) !	TOWER			
1	111 0 2 1993	her Eviden	finds 12				100	DHMH-16 Rev 1/89		

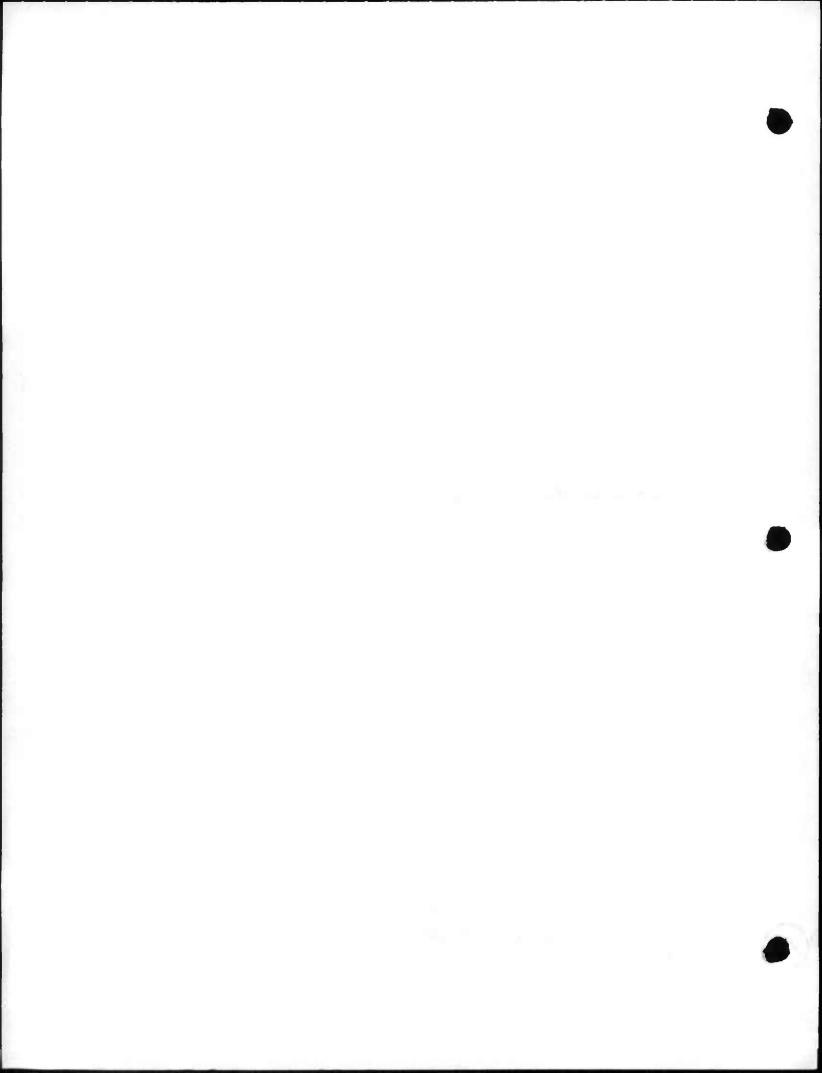


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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICATE C	F DEATH	REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEAT			3. TIME OF OEATH	
	JAME	s (nmi	)	M	ACGIL	L	06-27-	-1993	YEAR	2120 M	
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest	-	IF UNDER 1 YE		7 DATE OF BIRTH	-	8. BIRTI	HPLACE (State or Foreign	
	212-09-1002	1 M 2 F	80	YRS.	MONTHS DA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Month, Day, Yes	1912	Counti	yland	
R	9a. FACILITY NAME (If not institution, give street and number)  18349 New Cut Road  9b. CITY, TOWN OR LOCATION OF DEATH HOWA										
5	RESIDENCE OF DECEDENT										
DIRECTOR										10d. INSIDE CITY LIMITS?	
7	Maryland How:	ard Count	<u>y</u>		Mt. A	1 C V 101. ZIP CODE		10a, CI	TIZEN OF Y	1 ☐ YES 2 → NO WHAT COUNTRY?	
FUNERAL	18349 New Cu	and the same of th				2177	71		USA		
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 N	NED D	If yes	DECENDENT OF HISPA , specify Cuban, Maxic YES 2 NO Specify	an, Puerto Rican, etc	y Yes or No—	14. RACE Black Speci	E — American Indian, k, White, etc.	
	15. DECEOENT'S EDU	CATION	10.00							White	
ETE	(Specify only highest grade Elementary/Secondary (0-12)	completed)	16a. DEC	EDENT'S a kind of v Do NOT us	WORL OCCUP work done during retired.)	ATION most of working		BUSINESS/IN		_	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+			/Juri			uit C rd Co			
00	17. FATHER'S NAME (First, Middle, Last)	brill Mag	ord 1.1			16. MOTHER'S N	AME (First, Middle, Ma				
BE	Richard Gam	DIIII Mac	_			Rac				arkee	
6	Ms. Sally K. C	raig				ood Ave.				21401	
	20a. METHOD OF DISPOSITION  1	oval from Stata	20b. PLACE AT	nd DATE (	OF DISPOSITION	(Name of Cremato	DATE 200	LOCATION -		own, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	/		22. NAM	E AND ADDRESS OF F	ACILITY				
	· Cpolina well		L.		E	lack Fur 11icott	City, N	fary1	and	21043	
	23. PART/I. Enter the diseases, or of shock, or hasrt fellure.	complications that cau	sed the daa	th. Do n	not anter the	mode of dying, suc	ch ss cardlec or r	espiratory e	rrest,	Approximate	
	IMMEDIATE CAUSE (Final disease or condition									Interval Between Onset and Death	
	resulting In death)  a.   CYC 7-3/47										
N N	Sequentially list conditions, 6.										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING										
임	CAUSE (Disease or Injury that initiated events	DUE TO (OR A	S A CONSEC	JENCE OF	F):	<u> </u>					
F	resulting in death) LAST	d									
ᅙ	PART II. Other significant condition	s contributing to deet	h but not re	eultina i	In the under	ulas seuse sivea la	Bord L. Ac., VIII.	S AN AUTOPSY			
EDICAL				auting i	in the onder	ying cause given in	PER	S 2 NO	240.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Σ							-			1 TYES 2 NO	
NA I	25. WAS CASE REFERRED TO MEDICAL				20	. PLACE OF DEATH (CI	neck only one)				
Sic	1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/C	Outpatient 3	DOA	OTHER:	forme 5 Amesidence					
PHYSICIAN: ME	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJUI (Month, Day, Yes		28b. TIMI INJ	E OF 28c.	INJURY AT WORK?	28d. DESCRIBE HO		CCURED		
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJU	URY — At hom	e, ferm, a		YES 2 NO	281. LOCATION (St	reet and Numbe	er or Rural F	Poute Number	
ETE	4 Homicide determined	building, etc. (	Specify)				City or Town, S	itate)		,	
COMPLETED		CIAN: To the best of my ki								a) and manner as stated.	
ы С	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NU				(Month, Day, Year)	
0	3.g	Ch				DIYG				9/95	
٩	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF						,		9/	
		A HOLOVIOLE	FRST	78761	ick,	MP,					
0	111 0 2 1993	James STRAP'S	CHECK THE								





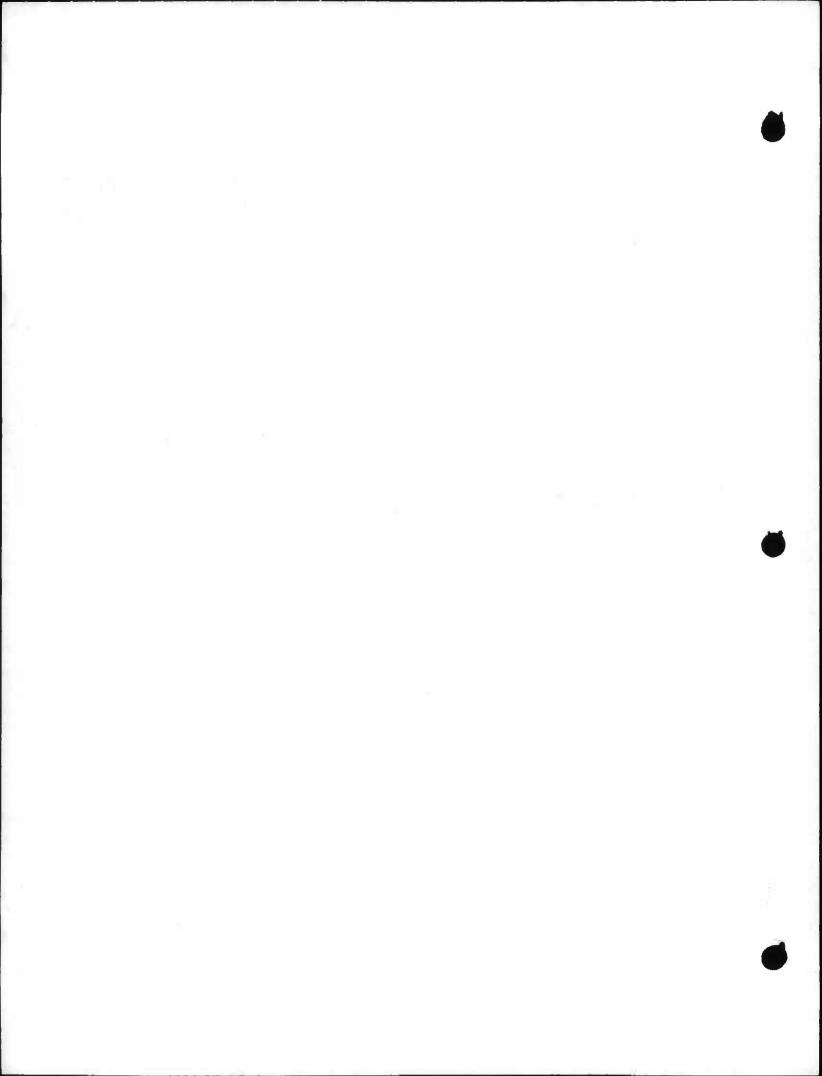
rurs after death. Page 6 may be retained by the hospital or attending physician.	Is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	r removal.	tedical examiner must be notified at once.
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complet	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

- 7										2. DATE OF DEATH 3. TIME				TH
	LAWRENCE		PR	ATT					MONTH	20		93	6:4:	2PM
	4. SOCIAL SECURITY NUME	6. AGE (In yrs. les				UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)			8. BIRTHPLACE (State or Foreign			Foreign		
	212-20-35	37	1 M 2 - F	66	YRS.	MONTHS DAY	HOURS	MIN.		-23-	192	Countr R	ALTO,	MD
	Se. FACILITY NAME (If not in	stitution, give at	reet and number)	9b. CITY, TOW	N OR LOCAT	ION OF DE				NTY OF D		IID.		
DIRECTOR	V.A. MEDICAL CENTER BALTIMORE, MD.													
Ä	10e. STATE	10b. COUNTY			10c. CITY	, TOWN OR LO	CATION						10d. INSIDE CIT	Υ
	MARYLAND		BAL	TIMOR							1 YES 2	] NO		
¥	10e. STREET AND NUMBER						101. ZIP COI	DE			10g. CIT	IZEN OF Y	HAT COUNTRY?	
<u>H</u>	4515 WENT				212	V /			USA	A				
FUNERAL	11. MARITAL STATUS  1 X Never Married 2	Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AF YES 2 1	MED NO	13. WAS I	Specify Cub	OF HISPAN	NIC ORIGIN?	(Specify Yes	s or No—	14, RACE Black	- American Indi	len,
BY	3 Widowed 4 Divo		OCT . 6-	50, SE	PT10	, \$210	ES 2 NO	Specify	<b>y</b> :			Speci	BLACK	
ED	15. DEC	EDENT'S EDUC	CATION	16e. DE	CEDENT'S	USUAL OCCUP	ATION		16b. F	UND OF BU	SINESS/INI	DUSTRY		
<u> </u>	Elementary/Secondary (0		College (1-4 or 5		Do NOT use	ork done during a retired.)	most of work	ang						
E	12 grad	e		PO	STAL	CLER	K		U	.S.	FEDI	ERAL	GOVRN	
COMPLETED	17. FATHER'S NAME (First, M		m						ME (First, Mic		Surname)			
BE	LAWRENCE		T			_			JACO					
2	ALEASE BA					PARS								
	20a. METHOD OF DISPOSIT				_	F DISPOSITION		ST.	DATE		CATION -			
	1 Buriel 2 Crematic		oval from State	cometery, cre GARR		har nlacal		77 A C	1			-		
	21. SIGNATURE OF FUNERA		ENSEE	GAKK	TSUN		E O I			7/-9	100	TI	o,md. NORTH	A 17 T2
- 1	6 Mar	1.0	7/1-1	1A- 1	1									
_	23. PART   Enter the di	N/I	Mal	us,	9K								D.2120	T
NOI	shock, or heart fellure. List only one cause on each line.  Interval Between Onset and Death of the condition resulting in death)  a. All money embolus  DUE TO (OR AS A CONSEQUENCE OF):  b. bedridden seandary to being on Ventilater for pseudomes preuming lank  DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST													
8			l								_		-	
	PART II. Other significa				esulting in	n the underly	ing cause	given in	Part I. 2	4a. WAS AN		24b.	WERE AUTOPSY F	
MEDICAL	gastroin	tostinal	bloodry						_	YES 2			AMAILABLE PRIOR COMPLETION OF OF DEATH?	
핗	coagu												1 YES 2 X	NO
_		' '							_					
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL					PLACE OF	DEATH (Che	eck anly one)					
Sic	1 □ YES 2 X NO		HOSPITAL:	ER/Outpatient 3		OTHER: 4 Nursing H	lome 5 🗆 F	tesidence	6 Other (	Specify)				
ξI	27. MANNER OF DEATH		28s. DATE OF (Month, D	INJURY	28b. TIME		INJURY AT		28d. DESC	RIBE HOW I	NJURY OC	CURED		
BY		Pending Investigation	(more), D	ay, 10ta)	11100		YES 2	□ NO						
	a 🗆 a (4)4	Could not be	28e. PLACE O	F INJURY — At he atc. (Specify)	me, farm, si	treet, factory, o	ffice					or Rural F	loute Number,	
	4 Homicide	determined	banang,	ato: (opecity)					City or	Town, State)				
٦ ا	29a. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my knowledge, de	ath occurre	d at the time, o	ats and plac	e, and dua	to the cause	(s) and mai	nner sa ele	led.		
COMPLETED			R: On the basis of s										) and menner as a	stated.
BE	29b. SIGNATURE AND TITLE						29c, LIC	ENSE NUM	MBER		29d. DAT	E SIGNED	(Month, Day, Year)	
	fon )	K. Poe	elta 1	no M	40536						•	6-20	7-93	
임	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITE	М 27) (Туре,	Print) Univ	arsity		Maryla		ospita			
	Junes Kevi													
1			7 00	) and	J, W	KLM	=//	-CNI	1 1011					
2	31. DATE FILED (Month, Day,	Year)	32. REGISTRA	R'S SIGNATURE		· KFh	/-	-cn/	7 101					
3		993 S	32. REGISTRA			7.4.6	**/	-car						



DIVISION OF VITAL RECORDS, P.O. BOX 68760,



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LTIMORE, MARYLAND 21216-8021

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al company physician.	for up and a formilitransit permit. Pages 1.2.3 sho		
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital of the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached fill	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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FOR STATE REGISTRAR 93 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH arveu ink 0715 AM nec Dle 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, You 8. BIRTHPLACE (State or Foreign 218-14-2568 1 0 M 2 D F DAYS HOURS Country) MARYLAND 9e. FACILITY NAME (If not institution, give street and number, 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Har box Baltimore Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. 1 X YES 2 NO BALTIMORE CITY FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21230

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 □ YES 2 ▼ NO Specify: ili LEADENHALL STREET 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 K Merried BY Specify: 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) LABOREK 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) BE GEORGE PINKNEY SKINNER 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MAE PINKNEY LEADENHALL STREET, BALTIMORE, MD. 20e. METHOD OF DISPOSITION
1 ◯ Burlel 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State 4 Donation 5 Other (Specify) GARRISON FOREST CEMETERY OWINGS MILLS, MD. SHATUME OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE SC. BALTO, MD. 21223 23. PART L inter the diseases, or complicatione that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one ceuse on each line. Approximeta interval Between MMEMATE CAUSE (Final Onset and Death disease or condition resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART, ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO Iron K 990 truster 1 - YES 2 NO 2vcle PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 27. MANNER OF DEATH 200. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF INJURY 28c. INJURY AT WORK? Natural
Accident 5 Pending Investigation 1 YES 2 NO ВУ 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) COMPLETED 3 Suicide 6 Could not be 201. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of exc mination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIE ON WHO COMPLETED CAUSE OF DEATH (ITEM 27), (Type, Print) 30 NAME AND ADDRESS OF PER MP 3001 32. REGISTRAR'S SIGNATURE DHMH-16 Rev 1/89

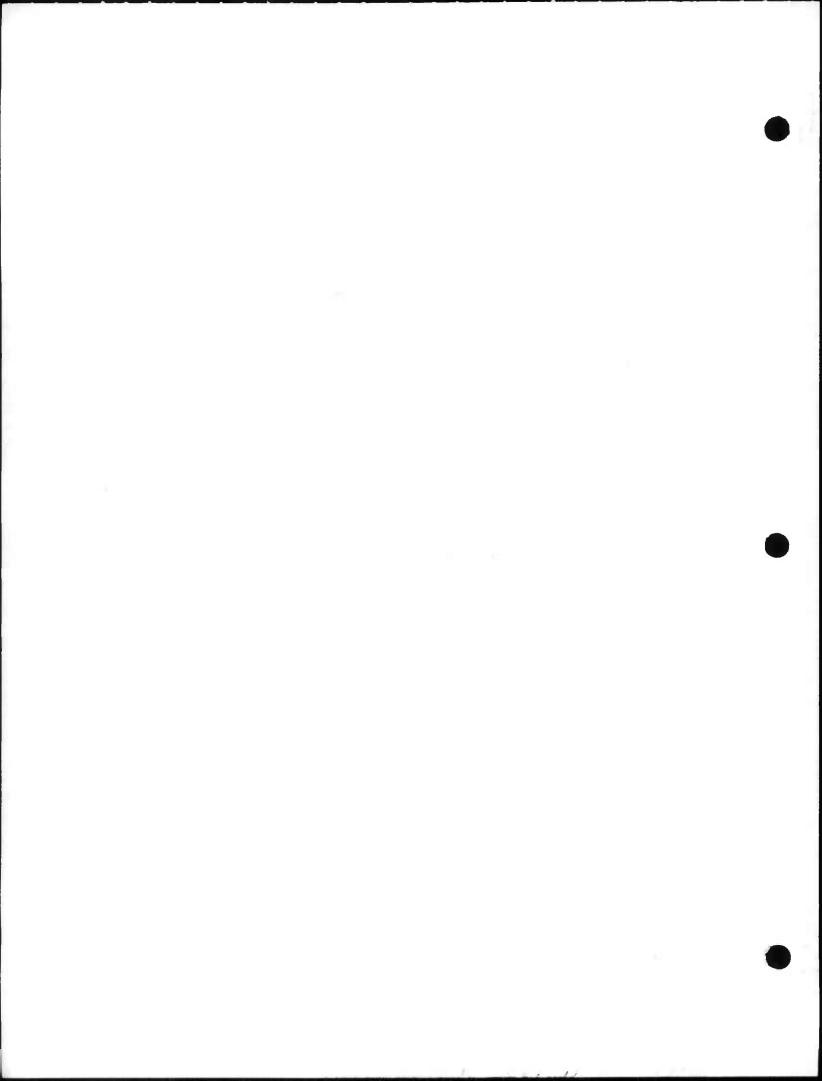
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN			SERTIF	ICALE	DE DEATH	REG. N	0.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATH	
	George	Δ	Doom	ro	Cr		MONTH	DAY	YEAR		
	4. SOCIAL SECURITY NUMBER	A.	Pear		Sr.		June :	<u> 30, 1</u>	993	10:40 PM	
			6. AGE (in yrs.	last birthday)	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year) 8/19/1		6. BIRTHP Country)	LACE (State or Foreign	
	219 36 1951	1 M 2 - F	81	YRS.	MONTHS DA	YS HOURS MIN.	911		aryland		
	9a. FACILITY NAME (If not institution, give s	street and number)			9h CITY TO	MN OR LOCATION OF D			JNTY OF DE		
œ							EATH				
ō	910 Central A	lve.		Sy]	cesville		C	arro	11		
2	RESIDENCE OF DECEDENT										
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d									10d. INSIDE CITY LIMITS?	
0	Md.	Carroll		S	kesv:	lle				1 YES 2 NO	
7	10e. STREET AND NUMBER			101, ZIP CODE			100 017		AT COUNTRY?		
2	IN. AF OOD								IZEN OF WE	IAI COUNTRY?	
FUNERAL	910 Central A					21784		U	SA		
5	11. MARITAL STATUS	12. WAS DECEDEN	EVER IN U.S.	ARMED	13. WAS	DECENDENT OF NISPA	NIC ORIGIN? (Specify	les or No-	14. RACE -	- American Indian, White, atc.	
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	AR OR DATES	-XNO		yes 2 NO Specific					
BY	3 Widowed 4 Divorced				1	rea 2 M HO Specif	у.		Specify:	nite	
ا ۾	15. DECEDENT'S EDU	CATION	140	DECEDENT'S	USUAL OCCU	MITON	Ton our and			1100	
#	(Specify only highest grade	completed)	104.	(Give kind of	work done durin	most of working	16b. KIND OF E	USINESS/IN	DUSTRY		
" "	Elementary/Secondary (0-12)	College (1-4 or 5+	)								
9	H.S.	****		Nui	rse Si	pervise	g Sp	rina:	field	d Hospital	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Maid	on Sumamel			
0	Charles B. Pe	arre. S	r.				len H.		ro		
BE	19a. INFORMANT'S NAME (Type/Print)										
2						eet and Number or Rural					
-	Lalia W. Pearr	re		910	) Cent	ral Ave.	. Syeksv	ille	, Md.	21784	
	20a. METHOD OF DISPOSITION		20b. PLAC	E AND DATE	OF DISPOSITIO	N/Neme of	DATE 20c.	OCATION	Cify or Town	n State	
	1 Surial 2 Cremation 3 Ram	oval from State	cemetery.	cremetory or or	ther place) Ma	m Carde	n 7/1 F	inkal	hura	ма	
	Evergreen Mem. Garden 7/3 Finksburg, M										
	. 47	1/1 1			22. NAM	E AND ADDRESS OF FA		Dane	1	IIO	
	Mann 415	Think					Haight	rune	erai	Home	
	22 PAPEL FOR THE STATE OF THE S	MUUAMI				.O.Box	195 Syk	esvl.	le, N	1d. 21784	
- 1	23. PART I. Enter the diseeses, or enock, or heert failure.	List only one caus	caused the	death. Do r	not entar the	mode of dying, suc	h ee cardiec or res	piretory ar	reet,	Approximate	
	IMMEDIATE CAUSE (Finel		411			,				Interval Between Onset and Death	
	disease or condition	N	pladali	lo cat	a no	cenaire				19	
ı	resulting in death)	a. Due To	OR AS A CONS	CO CO	a ca	undere				man va	
		DOL 10	ON AS A CONS	SECOLINCE OF	r).						
CERTIFICATION	Sequentially list conditions,	b									
Ē	if eny, leading to immediate	DUE 10	OR AS A CONS	SECUENCE OF	F):						
2	CAUSE (Disease or injury	c									
E	that initiated events	DUE TO	OR AS A CONS	SEQUENCE OF	F):						
E	resulting in deeth) LAST	d									
2											
7 1	PART II. Other algnificant condition	a contributing to	daath but no	t resulting i	in the under	ying cauea given in	Part I. 24a. WAS /	N AUTOPSY		VERE AUTOPSY FINDINGS	
EDICAL								DRMED?		WAILABLE PRIOR TO	
							1 🗆 YES	2 NO		OF DEATH?	
								`	1	☐ YES 2 ☐ NO	
PHYSICIAN: M											
≰	25. WAS CASE REFERRED TO MEDICAL				2	. PLACE OF DEATH (Ch	eck only one)				
S 1	EXAMINER?	HOSPITAL: 1   Inpetient 2	ED/Out	2 🗆 🖂	OTHER:						
≚ I	27. MANNER OF DEATN					Ioma 5 Raaldenca					
古	_/	28a. DATE OF (Month, Da		26b. TIM	E OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OC	CURED		
B	1 Natural 5 Pending 2 Accident Investigation				M 1	YES 2 NO					
- 16	3 Suicide 8 Could not be	28a. PLACE OF	INJURY — At	home, tarm, s	treet, tectory,	offica	28t, LOCATION (Street	t and Number	r or Rural Rou	ite Number.	
ŭ	4 Nomicide determined	bullding, a	itc. (Specify)				City or Town, Sta	θ)			
<u> </u>	29a, CERTIFIER										
릴	(Check only	CIAN: To the best of	my knowledge,	death occurre	d at the time,	iste and place, and due	to the cause(a) and m	anner aa ata	ted.		
COMPLETED	one) 2 MEDICAL EXAMINE									and manner as stated.	
	296. SIGNATURE AND TITLE OF CERTIFIES										
B	Patri-11 A	1				29c. LICENSE NUI	MBER	29d. DAT	E SIGNED	fonth, Day, Year)	
2	1 auces N	/WW A	un			11/2080	16		7/1/9	3	
-	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (IT	TEM 27) (Type,	Print)	1 - 0	con.	/			
į	PATRICE A	CIPARTE	nes	14)	5 611	seite Kol	> UNUS	suin	WY)	21)84	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAL	R'S SIONATURE	0.70		7	0,000	7	200	10/	
	nan 0 1002	in warden	or your	1		•		200		′	



TO THE CEPTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the manner of the page 10 should be detached to the state of the page 10 should be detached to the page 11 shours after death with the State Dept. of Health and Mental Hydene prior to build, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITA THE LISPITAL DR ATTENDING PHYSICIAN: The THE FLINERAL DIRECTOR: After this certificate in the winin 72 hours after death with the State D PORTANT: If item 28 is marked, or item?
DIVISION OF THE USE OF THE FLINERAL DIRECTOR: After this fine within 72 hours after death with PORTANT: If item 28 is marked
THE MSPITAL DR ATTER THE FUNERAL DIRECTOR THE FUNERAL DIRECTOR TO WITHIN 72 hours after PORTANT: If item 28
THE FUNERAL THE FUNERAL THE FUNERAL THE FUNERAL PORTANT: II

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND C		RTMENT OF			MENT	TAL HYGIEN		93	19214	
	1. DECEDENT'S NAME (First, Middle, Last)					7. 02/		2. DA	TE OF DEATH	,	3	. TIME OF DEATH	
	MARTHA I	$\Xi$	,	1	RUPERT				NTH D	AY I	YEAR		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		IF UNDER 1 YE	R IF UND	ER 24 HRS.	-	TE OF BIRTH	1		ACE (State or Foreign	
	213-74-6891	1 □ M 2 50 F	87	YRS.	MONTHS DAY			(Mc	onth, Day, Year)	7.005	Country)		
	9e. FACILITY NAME (If not institution, give s		07	-	9b. CITY, TOV	B1 00 1 004	TION 05 0	I N	ov. I,			sylvamia	
Œ	NORTH ARUNDEL HO		CCCCTAM	T 0 1 7				EAIR		96, 600	NTY OF DEA	тн	
18	RESIDENCE OF DECEDENT	OSPITAL A	SSUCTAT	TON	L GLE	N BUR	NIE				A.A.	COUNTY	
DIRECTOR	10e. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LO	CATION					10	Dd. INSIDE CITY	
ā	Maryland Anne	Arundel		G	len Bu	mie					١,	LIMITS?	
A P	10e. STREET AND NUMBER				<u> </u>	10f. ZIP CO	DE				AT COUNTRY?		
FUNERAL	147 Carroll Rd				07.043						7		
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	S ADMED 12 WAS DECEMBENT OF HISPAN				NIC ORI	GIN? (Specify Ye	s or No.	U.S.	American Indian	
	1 Never Married 2 Merried	FORCES?	FORCES? 1 YES 2 NO			rES 2 NO	ben, Mexic	en, Puer	to Rican, atc.)		Black, V	Black, White, etc. Specify:	
BY	3 Wildowed 4 Divorced			1	A. A.	o opoor	.,.	71			White		
E	15. DECEDENT'S EDU (Specify only highest grade	CATION completed	18e. O	ECEDENT'S	USUAL OCCUP	ATION	kina		166. KIND OF BU	SINESS/INC	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5	- 116	. Do NOT u	se retired.)	most or wor	urig						
d A	12 yrs.		F	omem	aker				Own	Home			
COMPLET	17. FATHER'S NAME (First, Middle, Last)					18. MO	THER'S NA	AME (Firs	t, Middle, Malden				
BE	Arthur Kelley						Be	essi	essie Humes				
0	19e. INFORMANT'S NAME (Type/Print)								umber, City or Tow				
-	Mrs. Vivian Woo	<u>d</u>	7	34 T	iconder	oga A	<u>lve</u> .	Sev	erna Pa	rk, M	MD 2	146	
	20e METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem	oval from State	20b, PLACE	AND DATE	OF DISPOSITION	(Name of					City or Town		
	4 Donation 5 Other (Specify)		_ Glen	Have	n Mem.	Park	7	/6/	93   Gle	n Bui	rnie,	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY KIRLEY-Ruddick Funeral Home												
	· Cori	t El	ous									MD 21.061	
	421 Crain Hwy. S.E. Glen Burnie, MD 21061  23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest,   Approximate												
	snock, or heert feliure. List only one cause on eech line.												
	IMMEDIATE CAUSE (Final disease or condition												
	resulting in death)  a. DME TO (OR AS A CONSEQUENCE OF):												
z													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):												
8	ramy, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury												
트	that initiated events	DUE TO	(OR AS A CONSE	QUENCE O	F):								
표	resulting in death) LAST												
ਹ	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
3	TART II. Guier significant condition	e contributing to	death but not	resulting	in the underly	ing ceuse	given in	Pert i.	24a. WAS AN PERFOR	AUTOPSY RMED?	AN	ERE AUTOPSY FINDINGS MILABLE PRIOR TO	
ă						1 TYES 2 NO				OMPLETION OF CAUSE F DEATH?			
Σ											1	☐ YES 2 ☐ NO	
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PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF	OEATH (C)	heck only	one)				
ΙΥS	1 YES 2 NO  27. MANNER OF OEATH	instignations 2			4 - Nursing F	Iome 5 Residence 6 Other (Specify)							
	1 Natural 5 Pending		(Month, Day, Year) 28b. TIME			28c. INJURY AT WORK?			28d. DESCRIBE HOW INJURY OCCUREO				
B	2 Accident Investigation	20 20 40 2	eumani a			YES 2	∐ NO						
	3 Suicide 8 Could not be 4 Homicide determined	building,	F INJURY — At he atc. (Specify)	me, farm,	street, factory, o	ffice			OCATION (Street in ity or Town, Stete)		or Aural Rout	Number,	
COMPLETED	an account												
필	29s. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, end due to the cause(s) end menner as ateted.												
ő	2 MEDICAL EXAMINER: On the basis of examination end/or investigation, is my opinion, death occurred at the time, date end place, end due to the ceuse(s) and menner as started.												
BE 0	29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Que 1940)										onth, gay: 16er)		
	N 818508 1-2-								43				
5	On NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  CHARLES WY, M.D./1600 CRAIN HIGHWAY, SW, #306/GLEN BURNIE, MARYLAND 21061												
D	31. DATE FILED (Month, Day, Your)  32. DEGISTRAR'S SIGNATURE  1111 () 2 1993 Sun Davidson Montal												
1 1	301 0 6 1000												

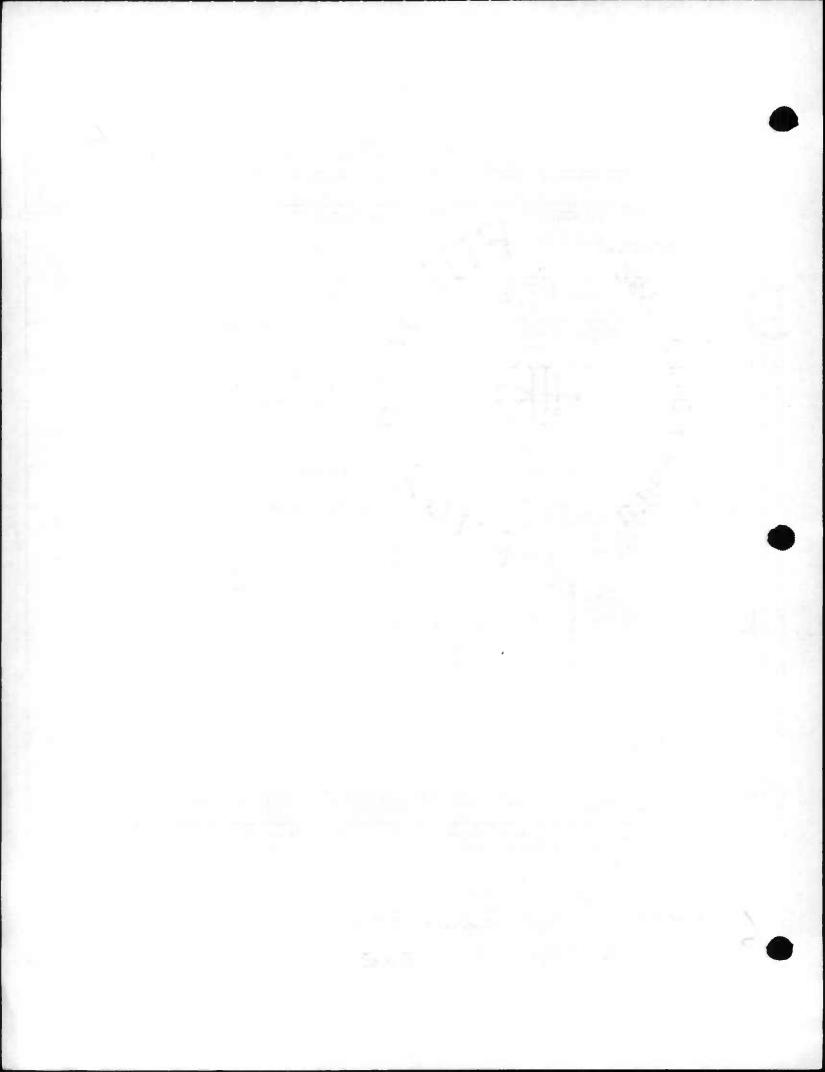
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	if this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for with the attending physician and completely filled in by the funeral director, page 5, should		
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NSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital (material and and and and and and and and and and	100		
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THE HOSPITAL OR ATTENDI	DIREC	Pours :	Hem '
OSPITAL	JNERAL	ithin 72	NAT: If
THE	THE FI	e filed within 72 hours after death	PORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
0		40	-36

1. DECEDENT'S NAME (First, Middle, Last	C		IT OF HEALTH AND E OF DEATH	REG. NO		19215					
	201.		- / . )	2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH					
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In VIS. II	n	(MN)	6 2	9 93	1004					
220-24-5761	1 D M 2 Dd F	MONTHS	ER 1 YEAR   IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cou	ATHPLACE (State or Foreign untry)					
9a. FACILITY NAME (If not institution, give	65		TOWN OR LOCATION OF I	9-03-1927		TIMORE, MD					
96. FACILITY NAME (If not institution, give street end number)  96. CITY, TOWN OR LOCATION OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH											
RESIDENCE OF DECEDENT											
		10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS?					
10e. STREET AND NUMBER			BALTIMORE CI	TY	10g CITIZEN O	1 1 YES 2 □ NO					
1614 WESTWOOD	) AVENUE		21217								
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. A	RMED 13	. WAS DECENDENT OF HISP	ANIC ORIGIN? (Specify Ye	USA .	ACE — American Indian, lack, White, etc.					
1 Never Married 2 Merried  3 N Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	INO	If yes, specify Cuban, Maxis  1 YES 2 NO Specific No.			eck, White, etc.					
15. OECEDENT'S ED	NIGATION I I					LACK					
(Specify only highest grad	de completed)	ECEOENT'S USUAL Give kind of work done le. Do NOT use retired.	e during most of working	16b. KIND OF BU	SINESS/INOUSTRY						
Elementary/Secondary (0-12)	College (1-4 or 5+)	DOMESTIC									
17. FATHER'S NAME (First, Middle, Last)		DOPESTIO		AME (First, Middle, Maiden	Sumame)						
CHARLES H.	THOMAS		SADIE		OLIVE						
19a. INFORMANT'S NAME (Type/Print)	1	96. MAILINO ADDRE	SS (Street and Number or Rura	I Route Number, City or Tow	m, State, Zip Code)						
1 Duriel 2 Cremation 3 Res	20a. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of cometery, crematory or other place)  DATE  20c. LOCATION — City or Town, State										
4 Donation 5 Other (Specify) MT. ZION CEMETERY BALTIMORE, MD.  21. SIGNATURE OF JUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIN DRE ST. BALTO. MD. 21223; P.O. BOX 443											
	- D. IOW		913 W. BALTIMOR	E ST. BALTO.	MD. 21223	; P.O. DOX 44					
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, abook, or heart feliure. List only one cause on each line.											
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  s. Cernical Cancer, Metastatus										
IMMEDIATE CAUSE (Final disease or condition	Connend	Canco	e Motas	tatie		Approximats interval Bstw Onset and Do					
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IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	DUE TO (OR AS A CONSI  C. DUE TO (OR AS A CONSI  d. Dons contributing to deeth but not	EQUENCE OF):  EQUENCE OF):  resulting in the talks of the	Inderlying cause given in 28. PLACE OF DEATH (C	1 Part I. 24a. WAS AN PERFOI 1 YES 2	RMED?	Interval Betw Onset and D. 2 43. R4b. WERE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?					
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IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 8 Pending	DUE TO (OR AS A CONSECTION OF AS	EOUENCE OF):  EOUENCE OF):  resulting in the table of the country	Inderlying cause given in 28. PLACE OF DEATH (C	1 Part I. 24a. WAS AN PERFOI 1 YES 2	NO NO	Interval Betw Onset and D. 2 4 3					
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enart 32. REGISTRAR'S SIGNATURE

OHMH-16 Rev 1/89



	REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)  ELINOR DIGGS SHAFFAR						MONTH DAY YEAR				
	4. SOCIAL SECURITY NUMBER	-			last birthday)			6 2	7 /99	3 10:00	
	216-38-3544	Non cite o	1 M 2 TF	90	YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH	)3 M	BIRTHPLACE (State or Foreign Country)	
CTOR	98. FACILITY NAME (If not Institution, give street and number)  99. COUNTY OF DEATH  90. COUNTY OF DEATH  90. COUNTY OF DEATH  90. COUNTY OF DEATH  90. COUNTY OF DEATH  90. COUNTY OF DEATH  90. COUNTY OF DEATH  90. COUNTY OF DEATH  90. COUNTY OF DEATH  90. COUNTY OF DEATH										
DIRECTOR	MD. M	ONTG	OMERY			TOWN OR LOCALTHERS				10d. INSIDE CITY LIMITS? 1 TO YES 2 NO	
FUNERAL	100. STREET AND NUMBER 201 RUSSELL	AVE	NUE				101. ZIP CODE 208'	77		OF WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Mar 3 Widowed 4 Divorced		12. WAS DECEDENT EV FORCES? 1 I IF YES, GIVE WAR	YES 25	ARMED NO	If yes,		NIC ORIGIN? (Specify an, Puerto Rican, etc.) ly:		RACE — American Indian, Black, White, etc. Specify: WHITE	
LEIEU	15. DECEDE (Specify only hig Elementary/Secondary (0-12)			100		JSUAL OCCUPA ork done during : retired.)			BUSINESS/INDUST	RY	
COMPL	12 17. FATHER'S NAME (First, Middle		4		NURSI	3	18. MOTHER'S NA	AME (First, Middle, Maid	EDICAL len Sumame)		
	HENRY DIGG				195 MAILING	ADDRESS (State	ISA	BEL WRI			
2	WILLARD F. S		'AR		162	6th	AVENUE	BROOKLYN.	NEW YOR	RK 111217	
	20e. METHOD OF DISPOSITION 1 Burlet 2 Cremation : 4 Donation 5 Other (Spe		ovel from State			F DISPOSITION ( TAN CRI	Name of EMATORY	1	LEXANDR		
	21. SHONATURE OF PINERAL SERVICE USENSEE  22. NAME AND ADDRESS OF FACULTY MURIEL H. BARBER FUNERAL HOME 20382 21525 LAYTONSVILLE RD. LAYTONSVILLE, MD.										
	23. PART I. Enter the diseasehock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death)	failure.	a. Pheu	on each II	ne.		node of dying, suc	en as cardiac or re	врижеогу аггевс,	Approximate Interval Betwoonset and De	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. SP.CATION  DUE TO OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  d.										
MEDICAL C	PART II Other significant of		s contributing to dea	70		the underly		PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDIN MARLABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO ME EXAMINER?	DICAL	HOSPITAL:			26.	PLACE OF DEATH (C)	neck only one)			
175	1 YES 2 NO		1 Inpetient 2 ER		3 🗆 DOA	4 Utursing H	ome 5 - Residence		NEG WATER TO SERVICE THE SERVI		
2 2	Natural 5 Penc	ling Higation								NURY OCCURED	
ED	3 Suicide 4 Homicide  8 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Nu City or Town, State)									ural Route Number,	
COMPLE	29e. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated.  MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.										
86	295. SIGNATURE AND TITLE OF	-		1~		1.	29c. LICENSE NU			GNED (Month, Day, Year)	
2	DE HAME AND ADDRESS OF PE	SOH WH	COMPLITED CAUSE O	F DEATH (I	TEM 27) (Type, I	Print)	1 0	10/	1 0	25-73	
	31. DATE FILED (Month, Day, Year)	110	32. REGISTRAR'S	SIGNATURE	201	00	okes v	VC GOLL	horsb.	ng md	
1	1111	1000	1.0. K		<b>S</b>	1					

BALTIMORE, MARYLAND 21215-0

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-18 Rev 1/89

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Aurs after death. Page 6 may be retained by the hospital or attending physician.	in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sho	redical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND / DE		TMENT ICATE				MENTA	L HYGIEI	VL.	3	9217
	1. DECEDENT'S NAME (First, Middle, Last)								MONT	OF DEATH	DAY	YEAR 3	. TIME OF OEATH
	TROY  4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. lest birth	- I		VEAD			06	28	1993	_	12:23 A M
	21/2-75-7585	1 1 2 F	1 1	'RS.	MONTHS 1		HOURS	24 HRS.	7. DATE	OF BIRTH	2- /	Country)	ACE (State of Foreign
	9a. FACILITY NAME (If not institution, give s	treet and number)	~/		9b. CITY	TOWN OR	LOCATIO	ON OF DE	ATU	6-17	9c. COUNT	DP1	10, md
E C	UNIVERSITY HOS	דגידת							117	-	SC. COOM	T OF OEA	an .
DIRECTOR	RESIDENCE OF DECEDENT					LTIM			1110	<i>U</i>			
E E	Man / And 10b. COUNT		10	c. CITY	r, TOWH OF	4			0			1	Dd. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			2/	4//		IP CODE						YES 2 NO
RA	339 5 Yulan	4: <	tero	1		101.2	1 / 4	2	5		10g. CITIZE	EN OF WH	AT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED	_	13. W	AS DECEN	DENT O	F HISPAN	IIC ORIGIN	17 (Specify Ye	a or No. 1	1 DACE	- American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 NO		11	yes, spec	Ify Cubar	s, Maxica	n, Puerto I	Rican, atc.)		Black, V	White, atc.
												3/	ack
T	15. DECEDENT'S EDU (Specify only highest grade	completed)		nd of w	USUAL OCI rork done di e retired.)	CUPATION uring most	of working	g	16b	KIND OF BU	ISINESS/INDU	STRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +	1100	400	a los	21							
COMPLETED	17. FATHER'S NAME (First Middle, Last)	41	4/16	1111	1109	THE	a. MOTH	ER'S NAI	ME (First I	Middle, Malder	Summer		
BEC	millon	AULOR					De	77	PI	rie.	5	nel	20/-
TO B	19a. INFORMANT'S NAME (Type/Print)	_	19b. MA	JLING	ADDRESS	Street and	Number	or Rural F	Toute Num!	ber, City or Tox	vn, State, Zip C	<b>90</b> e)	
-	This. Dezzerie	SNEAC	33	95	. Fu	1/15/	Ki	57	BI	allim	ore ?	ma.	21220
	20a. METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Remo	oval from State	20b. PLACE AND D	ATEO	F DISPOSIT	TION/Name	01/7		177	E 20c. LC	CATION — CI	y or Town	, Stata
	4 Donetion 6 Other (Specify)	ENSEE	WESK	R	NO	AB	CE	m.	1/3	15,	A/10,	Co	, The
	Joseph	10			22, N	S 90	ADDRES	S OF EN	135	FUI	lerA	17	ome
	Joseph .	+, KI			2:	232	W.	10	2/1	Ave	BALL	3. M	1021216
X TO	23. PART I. Enter the diseases, or o shock, or heart failure.	Dmplications that List only one ceu	ceused the deeth. se on each line.	Do n	ot enter t	he mode	of dylr	ng, such	as cerd	llec or resp	iratory arres	st,	Approximate interval Between
	IMMEDIATE CAUSE (Finel disesse or condition	m	1+-0		4	6	,	1					Onset and Death
	reaulting in death)	e. DUE TO	OR AS A CONSEQUEN	CE OF	Yun	ish	01	11	ren	ds			
2			on the desired control of the second	OL OI	,.								
ERTIFICATION	Sequentially list conditions, if eny, leading to immediate	DUE TO	OR AS A CONSEQUEN	CE OF	):								
CA	CAUSE (Disease or Injury	G											
F	that initieted events resulting in death) LAST	DUE TO	OR AS A CONSEQUEN	CE OF	):								
R		1											
	PART II. Other aignificant condition	s contributing to	deeth but not result	ling ir	the und	erlying o	euse gl	ven in i	Pert I.	24a. WAS AN			ERE AUTOPSY FINDINGS
S									_	PERFOI		CC	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
M			•						_	AA		1	YES 2 NO
PHYSICIAN: MEDICAL													
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		E OF DE	ATH (Che	ck only on	9)			
HYS	27. MANNER OF DEATH	1 ☐ Inpatient 2X	ER/Outpetlant 3 D	. TIME	4 - Nursir	ng Home		idence					
	1 Natural 5 Pending	06/27	y, Year)	INJU	RY	8c. INJUR WORK 1 YES	7				NJURY OCCUI		
) BY	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF	INJURY — At home, fa				- 14.	_			T SHO		a Number
E	4 Homicide detarmined	bunding, a	tc. (Specify) PURI.						DAG	TIMO	ILL P		
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of a	ny knowledge, death oc	_			d place.	and due t					LAND
COMPLETED	0000 2 MEDICAL EXAMINER												nd manner as stated,
	29b. SIGNATURE AND TITLE OF CERTIFIER	^	0.0					ISE NUM					onth, Day, Year)
O BE	News!	1 4 6	huto no						M.E.				3/1993
임	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	OF DEATH (ITEM 27)	(Type, I	Print)			1	* • Ti •		0	0/20	J   1333

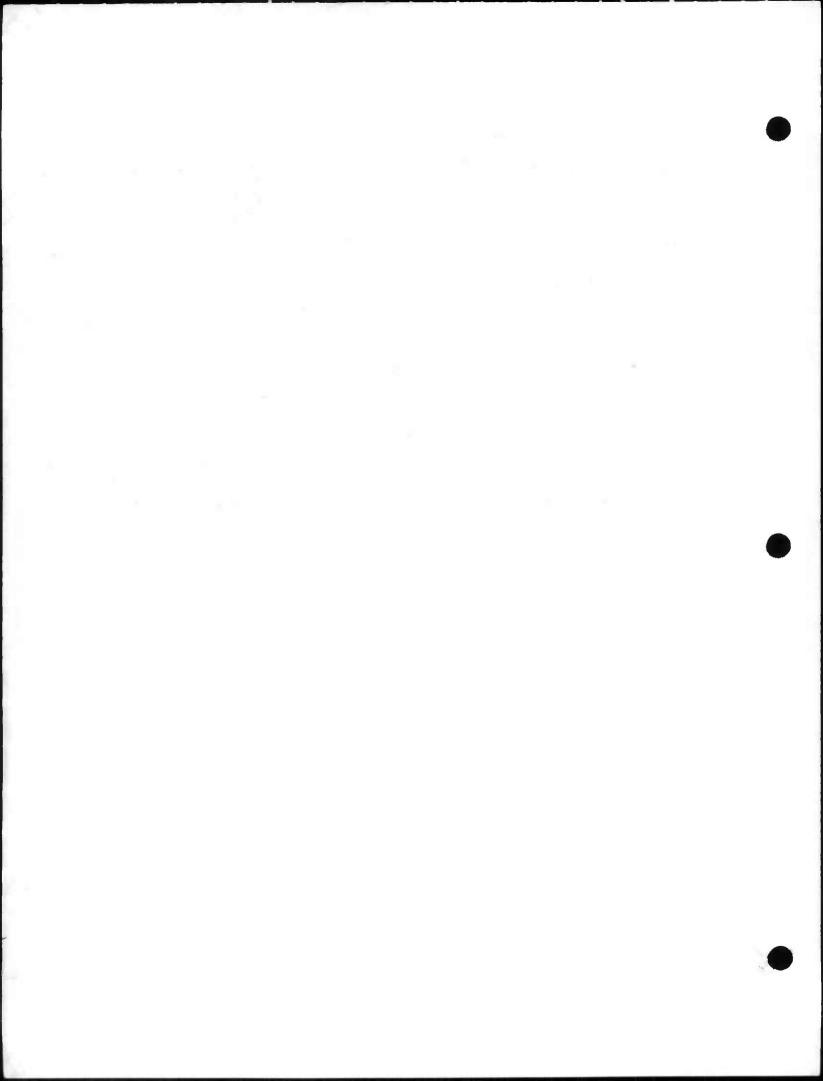
Penn Street.

Baltimore.



31. DATE FILED (Month, Day, Year)

JUL 0 2 1993



BALTIMORE, MARYLAND 21

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIF	ICATE C	F DEATH	REG. N	0.				
3	1. DECEDENT'S NAME (First, Middle, Las						DAY Y	3. TIME OF DEATH			
	JOSE  4. SOCIAL SECURITY NUMBER	PH MICHAEL S				07 0					
			GE (In yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or For Country)			
	212-38-0219	1 🔀 M 2 🗆 F	95 YRS.			Aug. 01,	1897 I	Balto. Mary			
	Se. FACILITY NAME (If not institution, give Greater Baltimo	re Medical C	enter	96. CITY, TOW TOWS	N OR LOCATION OF	DEATH	9c. COUNTY	- was 1111			
DIRECTOR		re nearcar o	encer	TOWS	JII		Balt	imore			
EC	RESIDENCE OF DECEDENT  10a. STATE  10b. COUN	VTY	10c, CF	TY, TOWN OR LO	CATION			10d. INSIDE CITY			
E	Maryland Bal	timore	В	altimo	re			LIMITS?			
-	10s. STREET AND NUMBER			T	101. ZIP CODE		10a CITIZEN	OF WHAT COUNTRY?			
1	232 Rodgers For	ge Road			21212						
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS		ANIC ORIGIN? (Specify Y	es or No- 14	U.S.A.			
	1 Never Married 2 Married	FORCES? 1 X Y	ES 2 NO	If you	specify Cuban, Mexi (ES 2 X NO Spec	can, Puerto Rican, etc.)		RACE — American India Black, White, etc. Specify:			
8	3 🔀 Widowed 4 🗌 Divorced	MM I			Lo IA	ary.		white			
iii	15. DECEDENT'S ET (Specify only highest gra	DUCATION ide completed)	16a. DECEDENT'S	Work done during	ATION most of working	16b. KIND OF B	USINESS/INDUS	TRY			
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	ise retired.)	most or working						
MP	12 years		Guard			Maryla	nd St.	Penn.			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	IAME (First, Middle, Maide	n Surname)				
BE	Michael Joseph	Snyder		1001		Miskell					
0	19a. INFORMANT'S NAME (Type/Print)					I Route Number, City or To					
-	Mary Griffin		220 R	odgers	Forge Ro	ad, Baltim	ore, MD	21212			
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Re	emoval from State	20b. PLACE AND DATE			OATE 20c. L	OCATION — City	or Town, State			
	4 Donation 5 Dother (Specify)		Woodlawn	Cemeter	У	7/6 Ba	ltimore	, Maryland			
- }	21. SIGNATURE OF FINERAL SERVICE				ANO ADDRESS OF	edefeld Ho					
- 1	Thomas Jose	0				pad, Balti					
	23. PART i. Enter the disesses, o		sed the death. Do	not enter the	mode of dylan ev	och es cordos or res	oleston, erroel	, Approxim			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· Dhe	to pen is a consequence of Umon is a consequence of	14	possib	le drug	le la le	7 >4			
EDICAL CER	PART II. Other significant conditions to the conditions of the con		h but not resulting		ying cause given i		N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FI MAILABLE PRIOR COMPLETION OF ( OF DEATH?			
MEI				J				1   YES 2			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			PLACE OF DEATH (	Check only one)					
Si	EXAMINER?  1 YES 2 NO 1 Impetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)										
H	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Yea		ME OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED			
BY	1 Netural 5 Pending 2 Accident Investigation				YES 2 NO						
0	3 Suicide 6 Could not b	28e. PLACE OF INJU- building, etc. (S	URY — At home, farm, Specify)	street, factory, o	ffica	281. LOCATION (Stree City or Town, State	t and Number or i	Rural Route Number,			
	4 Homicide datermined					- Town other					
2	29a. CERTIFIER 1 CERTIFYING PHY	/SICIAN: To the best of my kr	nowledge, death occur	red at the time, o	late and place, and de	re to the cause(a) and m	anner as stated.				
COMPL		NER: On the beals of axamine						euse(a) and manner as s			
- 1	296. SIGNATURE IND TITLE OF CENTIF		111		29c_LICENSE N		Y	GNED (Month, Day, Year)			
BE	C/1 Hm	hours 1	48		1026	205	► 7/	2/92			
2	30. NAME AND ADDRESS OF PERSON V	WHD COMPLETED CAUSE OF	OEATH (ITEM 27 THE	a, Print)	1003		1/	710			
1.			/								
	G.B.M.C.										
	G • B • M • C •  31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE								
		32. REGISTRAR'S SI									

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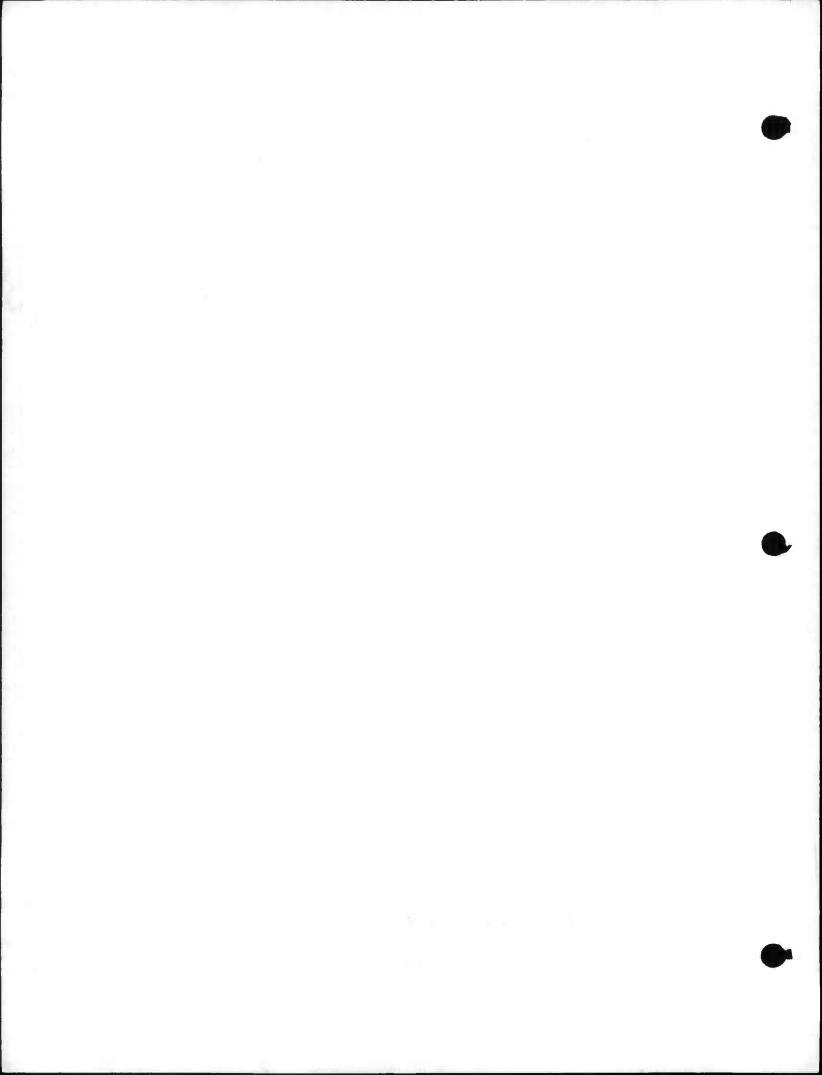
FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 214-01-6400- A  90. FACILITY NAME (If not institution, give  St. Agnes Hospit RESIDENCE OF DECEDENT  100. STATE  10b. COUNTILIANT  10c. STATE	haper s. sex s. Age 12 M 2 D F 85	(In yrs. last birthday)  YRS.	IF UNDER 1 YEAR	E Income a	2. DATE OF OEATH MONTH	DAY Y	7EAR 3. TIME OF DEATH A			
	4. SOCIAL SECURITY NUMBER 214-01-6400 A  90. FACILITY NAME (If not institution, give  St. Agnes Hospit  RESIDENCE OF DECEDENT  100. STATE  10b. COUNT	5. SEX 6. AGE (		IF UNDER 1 YEAR	R lemma	7					
	214-01-6400_ A  90. FACILITY NAME (If not institution, give  St. Agnes Hospit  RESIDENCE OF DECEDENT  100. STATE  10b. COUNT	1X M 2 □ F 85		IF UNDER 1 YEAR							
	St. Agnes Hospit	street and number)	1710.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/4/1907	1	BIRTHPLACE (State or Foreign Country)  Md			
	10e. STATE 10b. COUNT	al		96. CITY, TOWN Balti	or location of c			Y OF DEATH			
	361	TY	10c, CIT	Y. TOWN OR LOCA	TION			10d, INSIDE CITY			
VERA	Md Ba	ltimore		Catonsvi	.11e	···		LIMITS?			
	3 Shady Nook Aven	ue		10	21228		10g. CITIZE	N OF WHAT COUNTRY?			
В	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 1 YES	2 XNO	If you, a		NIC ORIGIN? (Specify Yean, Puerto Rican, etc.)	s or No- 14	Black, White, atc.  Specity:  White			
TED	15. DECEDENT'S ED (Specify only highest grad		16e. DECEDENT'S	USUAL OCCUPAT	ION ost of working	16b. KIND OF BU	ISINESS/INDUS				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Service	se retired.)		Mec	hanic				
NO.	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden					
BE C		Schaper				ine Frothi					
10	Betty Cronise					Aoute Number, City or Tov Baltimore					
	20e. METHOD OF DISPOSITION  1 Buriel 2 Cremetion 3 Rer 4 Donation 5 Other (Specify)	noval from Stata Cem	PLACE AND DATE OF THE PLACE AND DATE OF THE	ther place)		7/3/93		y or Town, State SVille, Md			
	21. SIGNATURE OF FUNERAL SERVICE D	CENSEE OSOF	~ Mood	22. NAME A Sterl	ing Asht		Home				
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardisc or respiratory arrest, shock, or heert failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):										
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
빙		d									
IN: MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTO AMAILABLE COMPLETIC OF OFATH?  1 YES										
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (C)	neck only one)					
PHYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	atlent 3 DOA		JURY AT	8 Other (Specify)  28d. DESCRIBE HOW	IN ILIEN OCCUR	en.			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	(32.0	M 1	YES 2 NO	EVAL DECOMBE (101)		· Co			
8	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Spec	— At home, farm, s	street, factory, offic	20	281. LOCATION (Street City or Town, State)	and Number or .	Rural Route Number,			
COMPLET	2 MEDICAL EXAMIN	ER: On the best of examination						euse(e) end menner ea stated.			
ш	29b. SIGNATURE AND TITLE OF CERTIFIE  Hory	Med.	Residen		29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)			
00			THE STEEL AT ST	0-(-4)	•						
TO BE	30. NAME AND ADDRESS OF PERSON WI	HONGT	ATH (FIEW 27) (Type,	Print)			,				

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSP	THE FUNE be filed within	MPORTANT

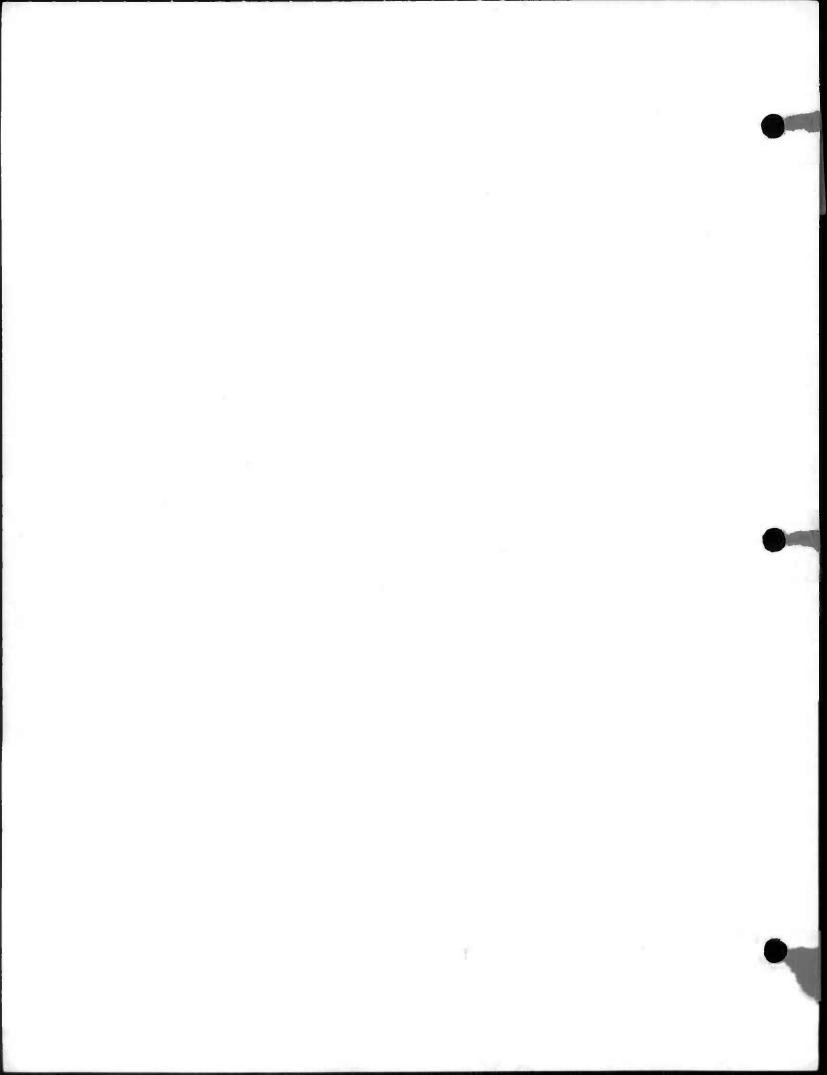
STATE OF MARYLAND / DEPARTMENT OF HEALTH AN CERTIFICATE OF DEATH	D MENTAL HYGIENE REG. NO.	93	
	2. DATE OF DEATH	WEAR	3. TIM

	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND /		RTMENT (				MENTA	L HYGIEI		93	19220
	1. OECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH
	James Stewart								06	-30-9		LLAN	M
- 1	4. SOCIAL SECURITY NUMBER 241-30-9479	5. SEX	6. AGE (In yrs. les	YRS.	IF UNDER 1 Y	EAR	HOURS	MIN.	7. DATE (Mon 06-	OF BIRTH th, Day, Year) 16-29			CAROLINA
TOR	801 LENOX STRE	,		BALTIMORE C								MOR E	
DIRECTOR	10a. STATE 10b. COUNTY MD BALTI			100	LTIMO			ΤY					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 801 LENNOX	STREET				101	21 21 21	217			10g. CIT	US	HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AR V YES 2 1 AR OR DATES	MED 10	If ye	es, sp	ENDENT (  ocify Cubi  2) NO	ın, Mexica	en, Puerto	N? (Specify Ye Rican, etc.)	ns or No-		- American Indian, White, etc.
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed			USUAL OCCL			-	160	. KIND OF BI	JSINESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) 12th grade	College (1-4 or 5	Man	Do NOT us	se retired.)	ng ma	st or works	70					
8	17. FATHER'S NAME (First, Middle, Last)									Middle, Malde	Sumame)		
BE	RAYMOND WILKIN	12								EWART			
2	194. INFORMANT'S NAME (Type/Print)  TABITHA STEWAR	т			ADDRESS (S								01017
	20a, METHOD OF DISPOSITION	(			ENNOX			<u>LI</u>			KE,		21217
	1 ABurial 2 Cremation 3 Remo	oval from State			EST VET			7/6	93			-	LS, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	- JUNIO	AT 1 ON		_	D ADORE	_		1 OV	111103	) 1111	L3, MU
	Finer	te) 1	5- Jan	CB-	>								TH AVE
	23. PART I. Enter the diseases, or cahock, or heart failure.	omplications that List only one cau	t caused the de	ath. Do r	not enter the	e mo	de of dy	ing, suc	h as car	diac or resp	olratory an	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		ıng Canc										Onset and Death
		DUE TO	(OR AS A CONSEC	DUENCE O	F):								
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	DUENCE O	F):								
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	UENCE O	F):								
اب	PART II. Other algorificant conditions	a contributing to	death but not r	esulting	In the under	rlying	cause	given in	Part I.		RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA											Α,		OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PL	ACE OF D	EATH (Ch	eck only o	ne)			
YSI	1 TES 2 NO	1 Inpatient 2		□ DOA	4 🗌 Nursing			esidence	6 🗆 Oth	er (Specify)			
	27. MANNER OF DEATH  1 Natural 5 Pending	26a. DATE OF (Month; D		28b. TIM	JURY	WO	URY AT	7 MO	28d. DE	SCRIBE HOW	INJURY OC	CURED	
BY	2 Accident Investigation 3 Suicide 8 Could not be	28a, PLACE O	F INJURY — At ho	me ferm			/ES 2	_ NO	201 1 00	ATION (Street	and Mumbas	or D 1 Oc	udo Musebas
ם	4 Homicide 8 Could not be	building,	etc. (Specify)		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				City	or Town, State	)	or noral no	ole Municel,
COMPLETED	29a. CERTIFIER (Check only one) 1 💢 CERTIFYING PHYSIC DESCRIPTION OF COMPANY OF CERTIFYING PHYSIC DESCRIPTION OF CERTIFICATION OF CERTIFIC												and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER							ENSE NUI					Month, Day, Year)
BE	Mehorne.						n i	CY.	0		≥ 54. UAI	10	18 3
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS					/ /	, ,	,			1/1	, ,
X	Mohamed Al-Ibrah			Gree	ne St.	В	alti	more	, MD	2120	1		
2	31. DATE FILED (Month, Day, Year)  JUL 0 2 1993		R'S SIGNATURE										



BALTIMORE, MARYLAND	24 hours after death. Page 6 may be retained by the hosp	filled in by the funeral director, page 5 should be detached on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		STATE OF N	MARYLA	ND / DEPAI CERTIF						YGIEN EG. NO.	_		
	1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE OF I	DEATH	N.	YEAR	3. TIME OF DEATH
	ZERA				ENCER					JUNE	30,	199	3	4:15 ам
	4. SOCIAL SECURITY NUMBER 251 - 03 - 22		5. SEX	8. AGE (in	78 YRS.	IF UNDE	DAYS	HOURS	24 HRS. MIN.	7. DATE OF E (Month, De 3/21/			8. BIRTH	PLACE (State or Foreign
	9a. FACILITY NAME (If not in				7 O THS.	9h CIT	Y, TOWN C	DR LOCATI	ON OF DE		15	I a. 001	NTY OF D	
E E	MARYLAND			L			BALT						TIMOF	
DIRECTOR	RESIDENCE OF DEC								01			DAL	TIMOR	CE CITI
E E	MD	DALT	IMORE				MORI		TV					10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER		THUKL		DF	/L I I		ZIP COO			_	100 017	175N OF W	1 X YES 2 NO
ER/	925 VALLE	Y STR	EET					1202				log. Cri		SA
FUNERAL	11. MARITAL STATUS 1 Never Married 2 X	Married	12. WAS DECEDEN FORCES? 1	T EVER IN	U.S. ARMED	13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (S	pecify Yes	or No-	14. RACE Black	— American Indien,
В	3 Widowed 4 Divo		IF YES, GIVE W					2 NO			, 5101)		Specif	
COMPLETED	15. DEC (Specify onl)	EDENT'S EDU	CATION completed)		16a. DECEDENT'S	USUAL (	OCCUPATIO	ON set of working	v1			SINESS/IN	DUSTRY	DEACK
Ë	Elementary/Secondary (6 5th grade		College (1-4 or 5 +	-)	IIIe. Do NOT L	ise retired.)	)	or or working	.9	1	HAGI		OMD	N NTY?
N N	17. FATNER'S NAME (First, M	liddle ( act)	-		LAC	ORE	K						OMP	ANY
	FLADGER SI		R							ME (First, Middle MURP		Surname)		
O BE	19a, INFORMANT'S NAME (7	Type/Print)			19b. MAILING	ADDRES	SS (Street a			Route Number, C		n, State, Zi	p Code)	
۲	JULIA SPE	NCER			925	VAL	LEY	STR	EET	BALT	0.,	MD	212	202
	20a. METHOD OF DISPOSIT	n 3 🗆 Rem	noval from State	20b. F	PLACE AND DATE	OF DISPO	SITION (Na	me of	C F	OATE	20c. LO	CATION —	City or Tox	wn, State
	4 Donation 6 Other 21. SEGNATURE OF FUNERA	1 1 1 1 1 1 1	CENSEE	IMO	'REL"AND		. NAME AN				/93	BALI	0., ML	)
	1	~ 7	to K	7		- 1					1	_		au auenne
$\vdash$	23. PART I. Enter the ti	iseases, or	complications that	chused	the death. Do	not ante	A K U H	de of dvi	H E/	451 1	101	t.	NORI	H AVENUE
	shock, or he IMMEDIATE CAUSE (Fin	eart tallura.	List only Dne cau	se on eac	ch lina.	iot aino		ou or uy	ing, suci	il aa Cardiac	or realpi	atory ar	reat,	Approximate Interval Between Onset and Death
	disease or condition	<b>→</b>	. SEPTIC	SHOO	CK									Onset and Death
					CONSEQUENCE O	F):								
NO	Sequentielly list conditi	lons,	ASPIRA	TION	PNEUMO!	IIA								
CERTIFICATION	if any, leeding to imme- cause. Enter UNDERLY	ING		(-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·, r·								
Ĕ	CAUSE (Disease or injuthat initiated events		OUE TO	(OR AS A C	CONSEQUENCE O	F):								
ERI	resulting in death) LAS		d											
CAL C	PART II. Other significa	nt condition	na contributing to	death but	t not resulting	In the u	nderlying	ceuse (	lven in	Part I. 24a	. WAS AN			WERE AUTOPSY FINDINGS
											PERFOR	7		MAILABLE PRIOR TO COMPLETION OF CAUSE
MED								_						OF DEATH? 1 YES 2 NO
	l													
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 ☐ YES ZATX NO	O MEDICAL	HOSPITAL:	1222	20 10-01	OTHE	R:			eck only one)				
HYS	27. MANNER OF DEATN		1½ Inpatient 2   28e. DATE OF	INJURY	26b, Til	E OF	28c. INJ	URY AT	sidence	6 Other (Spe 28d. OESCRIB		JURY OC	CUREO	
ВУ Р		Pending Investigation	(Month, Da	ay, Year)	IN.	JURY	WO	RK7 'ES 2	] NO				001120	
ED B	3 Suicide 6	Could not be	28e. PLACE Of building,	F INJURY -	- At home, farm,	street, fec	tory, office			261. LOCATION	N (Street a	nd Numbe	or Rural Ro	oute Number,
		datarmined												
COMPLET			ICIAN: To the best of											
8	2 MEDI			ramination i	and/or investigation	on, In my	opinion, d	ath occur	ed at the	time, data and	place, and	d dua to ti	ne cause(a)	and manner as stated.
BE	29b. SIGNATURE AND TITLE	OF CERTIFIE	F h	16	× /			29c. LICE	NSE NUM					(Month, Day, Year)
5	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS			, Print)			N?A	1		- 4	- 30	- 73
	ARNOLD DE				ARYLAND		TA G'31	TIOC	D Trop A	T				
1	31 DATE FILED (Month, Day,		32. REGISTRA	R'S SIGNAT	TURE	T-M.N	P.KAL	HUS	PITA			_		
2	JUL 0 2 199	3 4	Mr. Devider	-Man	602									



	REGISTRAR		YLAND / DEPAI CERTIF	FICATE OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last	,				2. DATE MONTH	OF DEATH DAY	Y	3. 1	TIME OF DEATN
	MILBURN  4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthday)	SC IF UNDER 1 YEAR	OTT  IF UNDER 24 HRS.	0.6	29 OF BIRTH			7 : 0 0 CE (State or Forely
		1 D M 2 D F	65 YRS.	MONTHS DAYS	HOURS MIN.	(Month	Day, Year) 19-28		Country)	
	214-22-3680 9e. FACILITY NAME (If not institution, give	street and number)	0.5	9b. CITY, TOWN	OR LOCATION OF D			c. COUNTY		JAND
СТОВ	4320 CLAREWAY	APT. 7	R	BALTI	MORE C	TTY		n	one	
DIREC	10a. STATE 10b. COUN		10c. Cl	TY, TOWN OR LOCA	TION				10d	LIMITS?
AL D	MARYLAND  10e. STREET AND NUMBER	NONE			LTIMORE	CIT		na CITIZEA		YES 2   1
E	4320 Clareway	Apt. 7R			2121	3				STATES
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE	ES 2 NO	If yes, s	CENDENT OF NISPA pecify Cuban, Mexic S 2 NO Speci	NIC ORIGIN an, Puerto F	? (Specify Yes or lican, etc.)	No- 14.	RACE — I Black, Wh Specify:	American India
ED.	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)		S USUAL OCCUPAT		16b.	KIND OF BUSIN			TILLICA
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT a	use retired.)						
COMPL	12th grade 17. FATNER'S NAME (First, Middle, Last)	none	CARPE	NTER AL	16. MOTNER'S N	AME (First A		VATE		
ш							JOHNSO	,		
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAJLIN	G ADDRESS (Street	and Number or Rural				de)	
-	LÎNDA BROWN			Nahant			o, Md			
	20a. METNOD OF DISPOSITION  1 1 Burlel 2 Cremellon 3 Rei 4 Donation 5 Other (Specify)		20b. PLACE AND DATE cemetery, cremetory or	other placel	rest yet	DATE 7-	20c. LOCAT			
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	Garriso	22. NAME A	ND ADDRESS OF F	ACILITY				
	Mili R.	lance	- X.		IN B. S					
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (OR /	AS A CONSEQUENCE O	DF):	U					
E	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR /	AS A CONSCOUENCE O	OF):						
MEDICAL CERTI	CAUSE (Disease or Injury that initiated events	d,			ng couse given in	Part I.	24s. WAS AN AU PERFORME 1 YES 2  X	D?	AVA COI OF	ALABLE PRIOR SUPLETION DE C DEATH?
: MEDICAL CE	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions are supported to the significent conditions are supported to the significent conditions are supported to the significent conditions are supported to the significant conditions	d,		In the underlying		_	PERFORME  1 YES 2   X	D?	AVA COI OF	ALABLE PRIOR 1 WPLETION DF C DEATH?
: MEDICAL CE	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other aignificent condition	d,	th but not resulting	In the underlyie	ng couse given in	heck only on	YES 2 X	D?	AVA COI OF	ILABLE PRIOR 1 WPLETION DF C DEATH?
CAL CE	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 2 YES 2 NO  27. MANNER OF DEATH	ona contributing to deat	th but not resulting	28. F OTHER: 4   Nursing Ho. WE OF 28c. IN	LACE OF DEATH (C	heck only on	YES 2 X	NO	AVA COI OF	RE AUTOPSY FIN ILABLE PRIOR 1 MPLETION DF C DEATH? YES 2 N
: MEDICAL CE	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other algnificent conditions are also as a case referred to medical examiner?  1  Yes 2  NO  27. MANNER OF DEATH  1 Netural 5  Pending Investigation	HOSPITAL: 1 Inpatient 2 ERV  26e. DATE OF INJU (Month, Day, Ye.	th but not resulting  Outpatient 3 DOA  Outpatient 3 DOA  IRY 28b. Till	OTHER: 4 Nursing Ho ME OF 28c. IN NURY W 1	PLACE OF DEATH (C) THE 5 THE RESIDENCE JURY AT ORK? YES 2 NO	heck only on 6 Other 28d. DES	PERFORME 1 DYES 2 D  X  (Specify)  CRIBE HOW INJU	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AWA COI OF	ILABLE PRIOR PRIOR PLANT IN THE PRIOR PRI
ED BY PHYSICIAN: MEDICAL CE	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 2 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL:    I   Inpetient 2   ERVI	Outpatient 3 DOA	OTHER: 4 Nursing Ho ME OF 28c. IN NURY W 1	PLACE OF DEATH (C) THE 5 THE RESIDENCE JURY AT ORK? YES 2 NO	heck only on 6  Other 26d, DES	YES 2   X	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AWA COI OF	ILABLE PRIOR PETION DF C DEATH? YES 2 1
LETED BY PHYSICIAN: MEDICAL CE	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 5 Could not be determined  29a. CERTIFIER (Check only)	HOSPITAL: 1   Inpatient 2   ER/ 26e. DATE OF INJU 26e. PLACE OF INJU	Outpatient 3 DOA  Outpatient 3 DOA  IRY 26b. Til  IN  URY — Al home, farm,  Specify)	28. F OTHER: 4 Nursing Ho ME OF 28c. IN JURY M 1 street, factory, offi	PLACE OF DEATN (C) THE 5 ARENGENCE JURY AT ORK? YES 2 NO Ce e and place, and du	heck only on  6 Other  28d. DES	PERFORME  1 YES 2   X  (Specify)  (Specify)  CRIBE HOW INJUINATION (Street and or Yown, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AVA COI OF 1 [	ILABLE PRIOR I MPLETION DF C DEATH?  YES 2 N
E COMPLETED BY PHYSICIAN: MEDICAL CE	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 5 Could not be determined  29a. CERTIFIER (Check only)	HOSPITAL:  1 Inpetent 2 ER/  26a. DATE OF INJU (Month, Day, Ye.  26a. PLACE OF INJ building, etc. (  SICIAN: To the best of my ki	Outpatient 3 DOA  Outpatient 3 DOA  IRY 26b. Til  IN  URY — Al home, farm,  Specify)	28. F OTHER: 4 Nursing Ho ME OF 28c. IN JURY M 1 street, factory, offi	PLACE OF DEATN (C) THE 5 ARENGENCE JURY AT ORK? YES 2 NO Ce e and place, and du	6 Other 28d. DES 28f. LOC. City o	PERFORME  1 YES 2   X  (Specify)  (Specify)  CRIBE HOW INJU  ATION (Street and or Town, Stete)  see(s) and manne and place, and d	D? NO  JRY OCCUR  Number or i	AMA COI OF 1   Rural Route ause(s) and	ILABLE PRIOR 1 MPLETION DF C DEATH?  YES 2 N
BE COMPLETED BY PHYSICIAN: MEDICAL CE	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  Yes 2  NO  27. MANNER OF DEATH  1  Netural 5  Pending Investigation 2  Accident Investigation 3  Suicide 5  Could not by determined  29a. CERTIFIER (Check only one) 2  MEDICAL EXAMINER  295. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: 1   Inpatient 2   ER/ 26e. DATE OF INJU (Month, Day, Ye. 26e. PLACE OF INJ building, etc. () SICIAN: To the best of my ke	Outpatient 3 DOA  RRY 28b. Til  NOWledge, deeth occur action and/or investigat	28. F OTHER: 4 Nursing Ho ME OF 28c. IN LIURY M 1 street, factory, offi	PLACE OF DEATN (C) THE 5 AREIGNATE JURY AT ORK? YES 2 NO ce e and place, and du death occured et live	heck only on  6 Other  28d. DES  28f. LOC. City on  a to the cause time, deta	PERFORME  1 YES 2   X  (Specify)  (Specify)  ATION (Street and or Town, State)	D? NO  JRY OCCUR  Number or i	AMA OF OF 1   THED  Riural Route  Buse(e) and GNED (Mod	MABLE PRIOR IMPLETION DE CODEATH?  YES 2 N  Number,  d manner as st  nth, Day, Year)
E COMPLETED BY PHYSICIAN: MEDICAL CE	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other algnificent conditions are algorithms and algorithms are algorithms are algorithms.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1   Inpatient 2   ER/ 26e. DATE OF INJU (Month, Day, Ye. 26e. PLACE OF INJ building, etc. () SICIAN: To the best of my ke	Outpatient 3 DOA  RRY 28b. Til  IN  URY — Al home, farm,  Specify)  Inowledge, deeth occur  action and/or investigate	28. F OTHER: 4   Nursing Ho ME OF 28c. IN JURY M 1   street, factory, offi	PLACE OF DEATN (C) The 5 A Residence JURY AT ORK? YES 2 NO ce s and place, and du death occured at the 29c. LICENSE NU	heck only on  6 Other  28d. DES  28f. LOC. City:  a to the cau a time, data	PERFORME  1 YES 2   X  (Specify)  CRIBE HOW INJU  ATION (Street and or Yown, State)  and place, and delay and place, and delay 2 2	Number or I	AMA COI OF 1  IED  Rural Route  BUSE(s) and GNED (Mod. 3 0 - 1	MABLE PRIOR MPLETION DF CODEATH?  YES 2 N  Number,  d manner as at noth, Day, Year)

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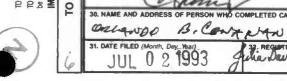
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death. Page 6 may be retained by the hospital or attending physician.	funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 s		examiner must be notified at once.
s after o	by the	removal.	dical e
24 hour	filled in	ion, or i	Ic event, the med
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The la	ate has	tate Deg	r Item 23 shows any
YSICIAN	s certific	th the S	0
ING PH	After thi	Jeath wi	marke
ATTENDI	ECTOR: ,	s after (	IMPORTANT: If Item 28 Is marked,
TAL OR	AL DIR	72 hour	If Item
HOSPI	FUNER	within	TANT
TO THE HOSPITAL OR ATTEND	TO THE FUNERAL DIRECTOR: After	be filed within 72 hours after death with t	IMPOR

93 19223 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** 3. TIME OF DEATH 3 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 50011 DORIS YEAR 13 6 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Fo IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. JUNE 15,1912 033-24-3018 1 M 2 X F 81 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH NORTHWEST HOSPITAL CENTER RANDALLSTOWN BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE YLIMITS? FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3601 FORDS LANE, APT. 607 21215 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Wildowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) MANUFACTURER 12 MEN'S CLOTHING OFFICE MANAGER be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ECHAEL DRAIZEN ETHEL PORTNOY BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS ELAINE ALBERT 3706 BANCROFT RD. BALTIMORE, MD 21215 20s. METHOD OF DISPOSITION
1 Suriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must Pology Cremelory of other place (AITZ CHAIM) 6-28-93 BALTIMORE, MD 21. SIGNATURE OF JUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. euc 6010 REISTERSTOWN RD. BALTMORE, MD 21215 medical 23. PART | Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ea cerdisc or respiratory arrest, ehock, or heart feiture. List only one ceuse on each line. Approximata intervai Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Aluto RONAL Fa'lune
DUE TO (OR AS A CONSEQUENCE OF): resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO DISENSE ald MUJOCARDIAL COMPLETION OF CAUSE OF DEATH? ANERNYSM 1 TYES 2 NO MI TOTOLDA yeper GI PREDING 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one), HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TYES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27, MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER
(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated, 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(a) and menner as stated. 290. SIGNATURE AND TITUE OF CERTIFIER

pup

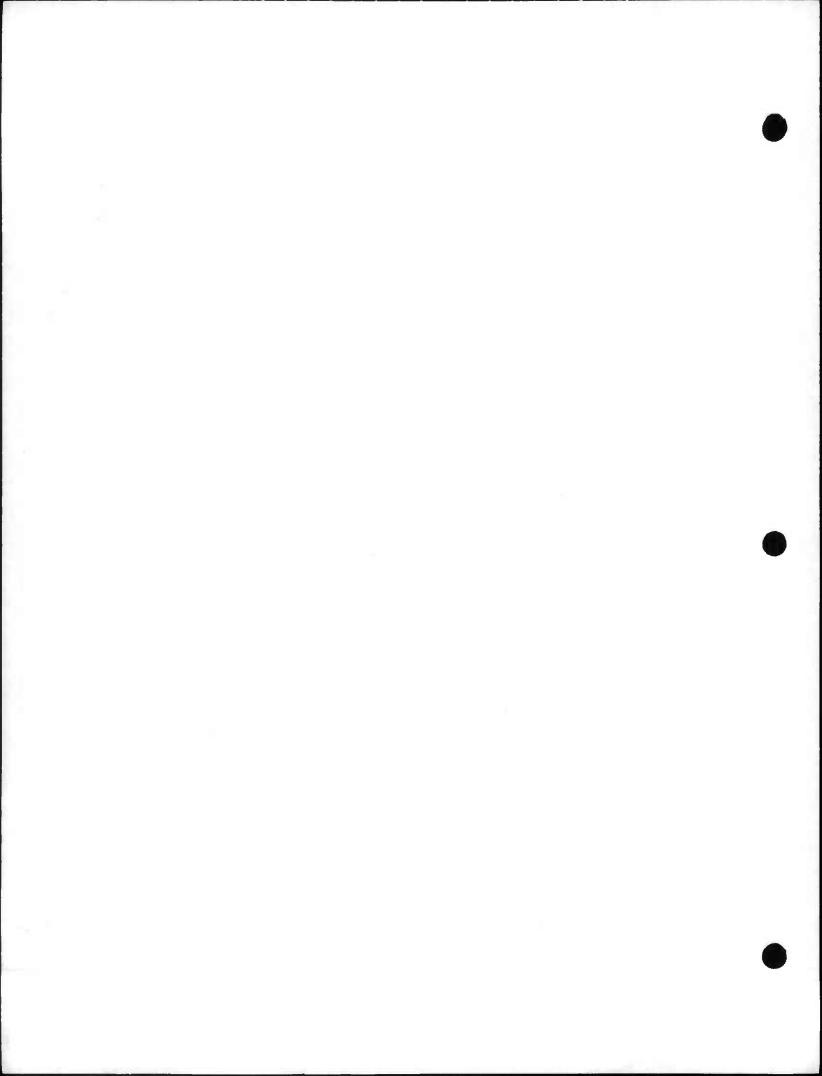


BE

who completed cause of Death (ITEM 27) (Type, Print)

New Worthway Hosp. Contan 19502 33. REGISTRAP'S SIGNATURE

29c. LICENSE NUMBER



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BALTIMORE,
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P.O. BOX 68760,

DIVISION OF VITAL RECORDS

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	IEALTH AND M	IENTAL HYGIEN	10	19224				
	1. DECEDENT'S NAME (First, Middle, Last)	Anna F.	SkoL	NiK		2. DATE OF DEATH	7 93	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 214_20-7782	AIDM2 DF 9	In yrs. lest birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (MgMh/Day, Year)	02	BIRTHPLACE (State or Foreign				
10R	9a. FACILITY NAME (If not igstitution, give :	Hospital		96. CITY TOWN C	H, MO		9c, COUNTY	OE DEATH				
DIRECTOR	10a. STATE 10b. COUNT MARYLAND	Y	BAL	10c CITY TOWN OF LOCATION BALTIMORE				10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	100. STREET AND NUMBER 4001 CLARKS LA.,	APT.		10f. ZJF CODE 5				OF WHAT COUNTRY? USA				
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DEC		14. RACE — American Indian, Black, White, atc.						
COMPLETED	15. DECEDENT'S EDU. (Specify only highest grade Elementary/Secondary (0-12)	CATION a completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of we life. Do NOT use HOUSEWI	ork done durina ma	DN st of working	AT HOME		RY				
BE CO	17. FATHER'S NAME (First, Middle, Last) ISAAC FEDDER					E (First, Middle, Maider E MILLMAN						
TO E	JOSEPH H. FISHER				IGHTS AVE	oute Number, City or Tox		<sup>(*)</sup> 21208				
	20a. METHOD OF DISPOSITION    X   Surfal   2   Cremation   3   Removal from State											
	22 MAME AND ADDRESS OF FACILITY BROS., INC. 6010 REISTERTOWN RD. BALTO., MD 21215											
CERTIFICATION	PART L Enter the deaser of shock, op bent failured in the shock, op bent failured in the shock, op bent failured in the shock, op bent failured in the shock, op bent failured in the shock, op bent failured events resulting in death) LAST	Bilatera  DUE TO (OR AS A  DUE TO (OR AS A	ech line.	MONIE int				interval Between				
: MEDICAL	PART II. Other significant condition	d.	ut not resulting in	tha undarlying	g cause given in P	art I. 24a. WAS AN PERFOI	RMED2	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ntient 3 DOA	OTHER:	ACE OF DEATH (Chec							
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	RY WO	URY AT RK?	28d. DESCRIBE HOW	NJURY OCCUR	:D				
8	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, atc. (Speci	— At home, tarm, str	reet, factory, office		28t. LOCATION (Street City or Town, State)	and Number or R	ural Route Number,				
COMPLET		CIAN: To the best of my knowle						use(a) and manner as stated.				
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	1 100			29c. LICENSE NUMB	)2	29d, DATE 5H	24/93				
	30. NAME AND ADDRESS OF PERSON WH	NO HOSE	of (ITEM 27) (Type, F	- BA	Himor	t,						
5	JUL 0 2 1993	relia Davisson-As	die.									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygher prior to burial, cremation, or removal.  IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be marked.
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	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM CERTIFIC			MENTAL HYC		93 19225		
	1. DECEDENT'S NAME (First, Middle, Last)	Ste	IN	MAN STI	ERN)	2. DATE OF DEA MONTH	DAY 30	year 7:40 A M		
	01/2/	W#20= 81	YRS. MO	#FUNDER 1 YEAR   #FUNDER 24 HRS.   7. DATE OF BIRTH   MONTHS   DAYS   HOURS   MIH.   MONTH, Day, Year)   96. CITY_TOWN, OR LOCATION OF DEATH				8. BIRTHPLACE (State or Foreign MARYLAND		
CTOR	Singi HOSDI RESIDENCE OF DECEDENT	tal	96	Bolt	4 MORE	9c. COUNT	9c. COUNTY OF DEATH			
DIRECTOR	10a. STATE 10b. COUNTY	76-23	10c. CITY, TO	Bal-	timor	e	10d. INSIDE CITY LIMITS? 1 YES 2 \( \text{NO.1} \) NO			
FUNERAL	100. STREET AND NUMBER 4001 Class	KS Lan	e #2	01	ZIP CODE	USA	10g. CITIZEN OF WHAT COUNTRY? USA			
BY	11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U.S FORCES? 1 ☐ YES 2 IF YES, GIVE WAR OR DATES	NO	13. WAS DECI	cify Cuben, Mexico	NIC ORIGIN? (Speci in, Puerto Rican, et iy:	y Yes or No.— 1.	Yes or No 14. RACE — American Indian, Black, White, etc. Specify: WHITE		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)	DECEDENT'S USU (Give kind of work life. Do NOT use rel	done during mos ired.)		16b. KIND O	TAXI	STRY		
BE COM	17. FATHER'S NAME (First, Middle, Last) BERNARD	STERN	CHAUFFEU	K	18. MOTHER'S NA	ME (First, Middle, M	alden Surname)	KNOWN)		
TO B	19a. INFORMANT'S NAME (Type/Print) MR. BARRY STERM	N	196. MAILING ADI 5480 W	RESS (Street ar	nd Number or Rurel IN AVE C	HEVY CHA				
	20s/METHOD OF DISPOSITION  20s/METHOD OF DISPOSITION  1 Chaurier 2 Cremestion 3 Removel from State  20b. PLACE AND DATE Of DISPOSITION (Name of completery, grangetory or other place)  4 Donation 5 Other (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of completery, grangetory or other place)  7 1-93 FINKSBURG, MD									
	21. SIGNATURE OF FUNERIAL SERVICE CITIEN	us 0			LEVINSC REISTERS		S., INC	ORE, MD 21215		
NOIL	23. PART I. Entar tha diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due To (or As A consequence of):  Due To (or As A consequence of):  Due To (or As A consequence of):									
CERTIFICATION	if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS A COM	ISEOUENCE OF):							
MEDICAL	PART II. Other significant conditions of	ontributing to death but n	ot resulting in th	e undarlying	cause given in	PE	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1  YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	0.00	26. PL/	ACE OF DEATH (Ch	eck only one)				
HYS	1 YES 2 W NO 1	OPPITAL: Inpetient 2 ER/Outpetien 28s, DATE OF INJURY	28b. TIME OF	Nursing Home		6 Other (Specify	OW INJURY OCCU	DEC.		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 Y	RK?	200. DESCRIBE II	OW INSORT OCCU	YEU .		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify)	t home, term, street	, factory, offica		281. LOCATION (S. City or Town,	reet and Number or State)	Rural Route Number,		
COMPLETED		N: To the best of my knowledge On the besis of examination end								
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	PulleyND	Inte	rn	29c. LICENSE NUI	ABER 2	29d. DATE S	130 93		
-	30. NAME AND AGDRESS OF PERSON WHO CO	lley MD	5	ivai t	lospit	al				
5	JUL 0 2 1993	THE STRAR'S SIGNATUR								

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60,	within
( 687	executed
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IA	The
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writhin 24
VISION	ATTENDING
	DR
	HOSPITAL

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle Lest) 2. DATE OF DEATN 3. TIME OF DEATN Mary Thompson 01 93 5:50 AM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 90 YRS. HOURS Maryland 217-01-7371 1 M 2 X F 11-29-02 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Riverview Nursing Home Essex Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore 1 TYES 2 NO use as the burial-transit permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1907 Cape May Road 21221 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried If yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: Specify White BY IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high jo Elementary/Secondary (0-12) College (1-4 or 5+) 7th detached Seamstress once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) William Dorsey director, page 5 should be Hanna BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 1907 Cape May Road Dorothy C. Smith Baltimore Md. 21221 2 20a. METHOD OF DISPOSITION
1 

→ Burlet 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Oak Lawn Cemetery 4 Donation 5 Other (Specify) 7/2/93 Baltimore Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY the funeral ConnellyFuneralHome 300MaceAve onn Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cerdiec or respiratory arrest, ehock, or heart saliure. List only one cause on each line. medical 23. PART i. Enter the disease filled in by Approximate Interval Between ю **IMMEDIATE CAUSE (Final Onaet and Death** attending physician and completely fille intal Hygiene prior to bunal, cremation, the disease or condition Arterioschentic Commany Ungola event, t resulting in death) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Mental P Injury, has been signed by the all Dept. of Health and Ment a 23 shows any injury PART ii. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 246. WERE AUTOPSY FINDINGS (ireleovacción AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) DIRECTOR: After this certificate hours after death with the State HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 - YES 2 1 NO 4 12 Nursing Nome 5 - Residence 6 - Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE NOW INJURY OCCURED 5 Pending Investigation 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 28 4 Nomicide Hem 29e. CERTIFIER
(Chart onto)
1 🔣 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner ea stated. TO THE FUNERAL C be filed within 72 h 2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occured at the time, data end place, end due to the ceuse(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 표보 (the same 67/1/53 D19667 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ichael Schwartz MD 606 Hannouly Care Balto ord 21225

July James Hondale

31. DATE FILED (Month, Day, Year)

0



1 - STATE REGISTRAR	STATE OF N				F HEALTH AND	MENTA	L HYGIEN	E J	ا ن	19221
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH			3. TIME OF DEATH
Wilbert	.N.,		Jor	nes		MONT		3 .	YEAR	2203 M
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	t birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE	OF BIRTH		a. BIRTH	IPLACE (State or Foreign
219 86 2236 1 M 2 DF 23 YRS. MONTHS DAYS HOURS MIN. (Morith, Day, Year)								0	Countr	
9a. FACILITY NAME (If not institution, give a	treet and number)		9	b. CITY, TO	VN OR LOCATION OF D		70070		INTY OF D	EATH
Johns Hopkins	Hognita	7		D =	7 4 2					
RESIDENCE OF DECEDENT	HOSDILA	J		Bē	ltimore					
10e. STATE 10b. COUNT	Y		10c. CITY,	TOWN OR L	CATION		10.00			10d. INSIDE CITY LIMITS?
MD			BI	9LTI	more					1 TY YES 2 NO
10e. STREET AND NUMBER					101. ZIP CODE			10g. Cf1	TIZEN OF Y	WHAT COUNTRY?
1729 East Eage	r Stroo	+			2121	8		IIm		Chahaa
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR		13. WAS	DECENDENT OF HISPA	_	N7 (Specify Yes	or No-	14. RACE	States  - American Indien,
1X Never Married 2 Married	FORCES? 1	YES 2 TH	10	If yes	, specify Cuban, Maxic YES 2 NO Speci	en, Puerto	Rican, etc.)		Speci	k, White, etc.
3 Widowed 4 Divorced				'-	X NO Space	ny.				lack
15. DECEDENT'S EDU (Specify only highest grade		16a. DE	CEDENT'S US	SUAL OCCUP	ATION	16	. KIND OF BU	SINESS/IN		
Elementary/Secondary (0-12)	College (1-4 or 5 a	l/fn	Do NOT use i	retired.)	most of working					
12			No	ne			M	one		
17. FATHER'S NAME (First, Middle, Lest)				THE .	18. MOTHER'S N.	AME (First,				
Willie O. Jone	S				Marie					
19a. INFORMANT'S NAME (Type/Print)		198	. MAILING A	DDRESS (Str	eet and Number or Rural			n State 7	in Code)	
Willie O. Jone										
200. METHOD OF DISPOSITION	S	20b. PLACE			wood Cor	Urt			City or To	
1X Burial 2 Cremation 3 Rem	oval from Stata	cemetery, cres	matory or othe	r plece)		1				
4 Donation 5 Other (Specify)	ENCEE	- King	Memo	rial	Park 6	5/12.8	/93 R	anda	1115	town
21. SIGNAL SERVICE CO	) . A	4								
	1.1 11	/	)				7.7			
Juseph K.	Walt	ors) (	he.	Un	ity Fune	eral	Home		n 1	
23. PART   Enter the disease, or o				Un 10	ity Fund	eral	h Arro	n-u-e	Ra1	to Md   Approximate
ahock, or heart failure.				Un 10	ity Fund	eral	h Arro	n-u-e ratory ar	Ra1	Approximate Interval Between
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DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and within the remained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

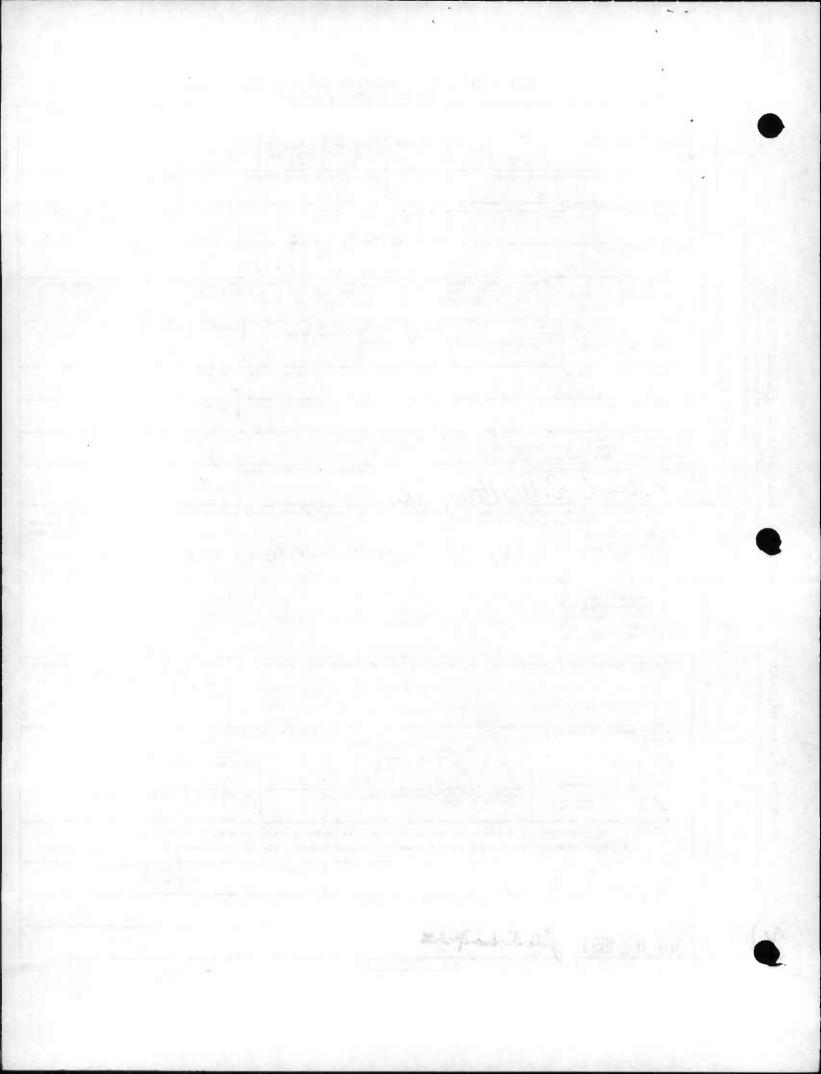
BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

Penn

1993

JUL 0 2 1993



FOR STATE

REGISTRAR

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**CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH BELT, SR. WILLIAM 1993 07 01 3:19 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign DAYS HOURS MIN 218-26-5223 1 X M 2 | F MARYLAND permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH THE JOHNS HOPKINS HOSPITAL DIRECTOR BALTIMORE CITY BALITMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND ANNE ARUNDEL GLEN BURNIE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 1413 SCANLON DRIVE 21061 U.S.A. 24 hours after death. Page 6 may be retained by the hospital or attending physician, 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puarto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Pu 1 Never Married 2 XMarried ВУ IF YES, GIVE WAR OR DATES Specify: WHITE 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working Įō, Elementary/Secondary (0-12) College (1-4 or 5+) detached STONE SETTER 8TH GRADE **JEWELRY** once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) CHARLES BELT this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. notified at **JESSE** (UNKNOWN) BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 NANCY LEE BELT 1413 SCANLON DRIVE - GLEN BURNIE, MD. 21061 2 20a. METHOD OF DISPOSITION
1 № Burial 2 □ Cremation 3 □ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Sieta DATE must LOUDON PARK CEMETERY 4 Donation 5 Other (Specify) 7/5 BALTIMORE 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY 1 HUBBARD FUNERAL HOME INC. Tlea Lotan 4107 WILKENS AVENUE-BALTIMORE, MD. 21229 the medical Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. 23. PART I. Entar the disease Approximata Interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition ROSPIRATION 2day resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF) executed 0 DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequantially list conditions, if any, leading to immediate irrhosis cause, Entar UNDERLYING **CAUSE** (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST NEUMONIA Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 TYES 2 THO shows 1 TES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL Item : 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSFITAL: OTHER: 1 TYES 2 TO OR ATTENDING PHYSICIAN: 1 Dinpetient 2 - ER/Outpetient 3 - DOA ne 5 🗆 Rasidence 6 🗆 Other (Specify) 6 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Neturel 1 YES 2 NO THE HOSPITAL OR ATTENDING P THE FUNERAL DIRECTOR: After the filed within 72 hours after death v BY 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 46 3 Sulcide 6 Could not be COMPLETED Item 28 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TULE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 7/1/ 193 223 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 600 holfe BAZTIAN NO THH July Daylow Mindele 2 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

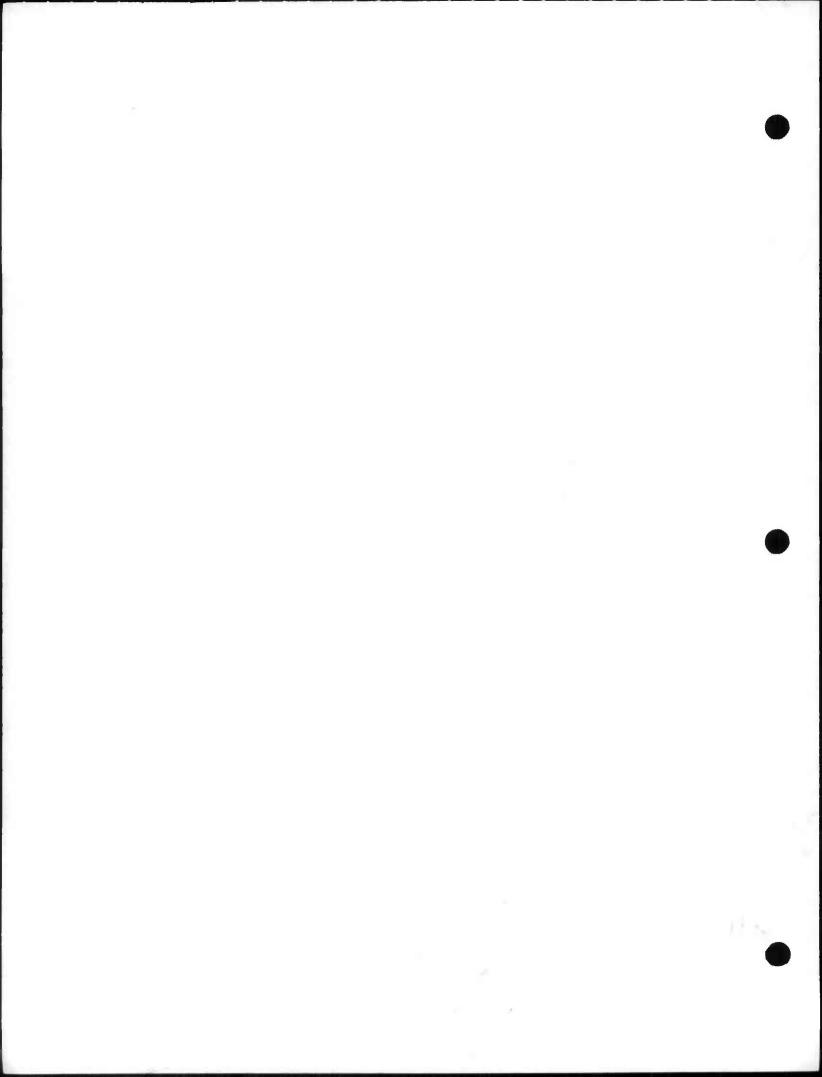
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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	1 - FOR STATE REGISTRAR		PARTMENT OF HEALTH AND IFICATE OF DEATH	MENTAL HYGIENE REG. NO.	93 19229						
	Pearl L. Wingat	ce .	2-jate	2. DATE OF DEATH DAY	3. TIME OF DEATH  S'.40 P M						
	4. SOCIAL SECURITY NUMBER 5. SE 217-24-9553	8. BIRTHPLACE (State or Foreign Maryland									
TOR	9e. FACILITY NAME (If not Institution, give street and number)  Harbor Hospital Center  Besidence of decement  9b. CITY, TOWN OR LOCATION OF DEATH  Baltimore City										
DIRECTOR	Maryland Anne Ar	10d. INSIDE CITY LIMITS? 1 YES 2 K NO									
FUNERAL	100. STREET AND NUMBER 1246 Aster Drive		101. ZIP CODE 21.061		10g. CITIZEN OF WHAT COUNTRY? UNLITED States						
à	1 Never Married 2 Married F	MAS DECEDENT EYER IN U.S.ARMED FORCES? 1 TYES 2 NO FYES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISP/ If yes, specify Cuban, Mexic  1 YES XX NO Specific No. S	can, Puerto Rican, etc.)	No- 14. RACE - American Indian, Black, Whita, etc. Specify: White						
COMPLETED	8	eted) (Give kind life. Do NO	IT'S USUAL OCCUPATION of work done during most of working of use retired.) Teller	166. KIND OF BUSINE Banking	ESS/INDUSTRY						
BE CO	17. FATHER'S NAME (First, Middle, Linst)  Ira Nathan Eminize	er		AME (First, Middle, Meiden Sun E. Thomas	name)						
TOE	Joan L. Rurka	1246	Aster Dr., Glen	Burnie, MD	Stere, Zip Code) 21061						
	20a. METHOD OF DISPOSITION  17 Burial 2 Cremetion 3 Removal for 4 Donation 6 Other (Specify)	Cedar	ATEOF DISPOSITION (Name of 7–6–93		NON — City or Town, State  klyn Pk., Maryland						
949	21. SIGNATURE OF FUNERAL BERKYCH LICENSEE	Lul	Kirkley-Ruddi 421 Crain Hwy		ome Burnie, MD 21061						
CERTIFICATION	23. PART I. Enter the diseases, or complishock, or heart fellure. List of IMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that infiltated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A	E OF):		Approximate interval Between Onest end Death						
A	PART II. Other algnificant conditions conf	tributing to death but not resulting	ng in tha underlying cause given in	Part I. 24s. WAS AN AUT							
: MEDIC				1 🗆 YES 2 🎮	COMPLETION DE CAUSE						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:	26. PLACE OF GEATH (C	heck only one)							
PHYS	27. MANNER OF DEATH	Inpetient 2 ER/Outpatient 3 DO.  28e. DATE OF INJURY (Month, Day, Year)  28b.	A 4 Nursing Home 5 Rasidence TIME OF 28c. INJURY AT WORK?	8 Other (Specify)  28d. DE\$CRIBE HOW INJU	IRY OCCURED						
ED BY	o Codia not be	28e. PLACE OF INJURY — At home, fer building, etc. (Specify)	M 1 YES 2 NO	28f. LOCATION (Street and City or Town, State)	Number or Rural Route Number,						
COMPLETE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: 1	To the beat of my knowledge, death occ	curred at the time, date end piece, end du	LICE .	as stated.						
			ation, in my opinion, death occured at the	e lime, date end place, end du	ue to the ceuse(s) end menner ee stated.						
TO BE	30/NAME AND AGORESS OF PERSON WHO COM	PLETED CAUSE OF DEATH (ITEM 27)	29c. LICENSE NU	)55) 29	nd. OATE SIGNED (Morlet), Day, Year)						
	Kussell & De	Luca D.D. =	3001 S. HAN	lover st.	, Dalton, 1/2 21225						
12	JUI 0 2 1993 AM	entwiden Pondette			DHMH-18 Rev 1/80						

DHMH-18 Rev 1/89

68760, BALTIMORE, MARYLAND 21215-0020	ecuted within 24 hours after death. Page 6 may be retained by the hospital or attending	nd completely filled in by the funeral director, page 5 should be detached for use as the burial, cremation, or removal.	atic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAR CERTIF	RTMENT OF	HEALTH AND	MEI	NTAL HYGIEN		3	19230
	1. DECEDENT'S NAME (First, Middle, Last,					2.	DATE OF OEATH		7	B. TIME OF DEATH
	Charles Wy	att	Boone				ine 29	1993	YEAR	6:20 P.MM
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	$\overline{}$	DATE OF BIRTH			LACE (State or Foreign
	101 16 1150	1 🔀 M 2 🗆 F	71 YRS.	MONTHS DAYS	HOURS MIN.		Month, Day, Year)		Country)	
	424-16-1459 9e. FACILITY NAME (If not institution, give		7 1				r. 14, 1			bama
OC.					OR LOCATION OF	DEATH			TY OF DEA	
10	Greater Baltimo	re Medical	Center	Tows	on			Ba:	ltimo	ore
E C	10a. STATE 10b. COUNT	TY	19c CI	Y, TOWN OR LOCA	TION	-				Od, INSIDE CITY
<b>#</b>				300-377						LIMITS?
1 3	MD BA	ALTIMORE		PHO						YES 2 NO
FUNERAL DIRECTOR	IN. STREET AND NUMBER			10	f. ZIP CODE			10g. CITIZI	EN OF WH	AT COUNTRY?
2	13545 Poplar Hi					.131			USA	
15	11. MARITAL STATUS  1 Never Married 2 X Merried	12. WAS DECEDENT EV	YER IN U.S. ARMED		CENDENT OF HISP secify Cuben, Mex		RIGIN? (Specify Yee	or No- 1	14. RACE -	- American Indian, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WARY	OR DATES		2 NO Spe		ono mosti, atc.,		Specify:	
		I W.W.II							WHI	TE
TED	15. DECEOENT'S ED (Specify only highest great	JCATION le completed)	(Give kind of	WORK done during m	ON ost of working		16b. KIND OF BUS	INESS/INDU	STRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)						
₹		4+	INSUR	ANCE EXI	CUTOR		IN	SURAN	CE	
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (F	First, Middle, Meiden	Sumame)		
BE	Frank Wilson Boo	one			Loya1	Ut	lev			
5	190. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street			Number, City or Town	, State, Zip C	Code)	
F	_Mildred Lynn Boo	one	135	45 Pop1	r Hill	Rd.	, Phoeni	x. MD	211	31
	20a METHOD OF DISPOSITION		20b. PLACE AND OATE	OF DISPOSITION (N				CATION — CI		
	1 Burlel 2 Cremation 3 Rer	noval from State	Elmwood C	ther place)		71/	/ /03 Bir	minch	am	Alabama
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	ETIMOOG C	22. NAME A	ND ADDRESS OF	FACILIT	A 4 4 2 31 DTT	mrngn	dill 9	ALavalla
	DE 1800	Jene 6		Lem	non-Mitc	hel	1-Wiedef	eld,	Inc.	
-	Lowell		-	10 1	V. Pador	nia	Rd., Tim	onium	, MD	21093
	23. PART i. Enter the diseases, or ehock, or heart feliure.	complications that ce	used the death. Do i	not entar tha me	da of dying, a	uch as	cardiac or reapi	ratory arre	st,	Approximata
	IMMEDIATE CAUSE (Final				4.					Onset and Death
	disease or condition resulting in death)	MYOC	ARDIA	INF!	ARCTI DI	7				MALISTER
			AS A CONSEQUENCE O			_				FIMADICS
Z	Sequantially list conditions,	b								! !
Ĕ	if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE O	F):						
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	с,								
#	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE O	F):						
CERTIFICATION	resulting in death) EAST	d								
	PART II. Other aignificant condition	na contributing to des	th but not resulting	in the underlyin	a cause alven	in Part	i. 24a. WAS AN	ALITOREV	T 245 W	PERE AUTOPSY FINDINGS
CAL		_			duodo gittelli	ii i dit	PERFOR		Ale	WAILABLE PRIOR TO
MEDI							1 🗌 YES 2	□ NO		OMPLETION OF CAUSE F DEATH?
									1	☐ YES 2 ☐ NO
PHYSICIAN:										
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. P	ACE OF OEATH (	Check or	nty one)			
YSI	1 TYES 2 NO	1 Inpatient 2 I ER	Outpatient 3 DOA		e 5 🗆 Residenc	8 🗆	Other (Specify)			
H	27. MANNER OF BEATH	28e. OATE OF INJU (Month, Day, Ye		E OF 28c. IN.	URY AT	28d	OESCRIBE HOW IN	JURY OCCU	REO	
BY	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO					
	3 Suicide 8 Could not be	28e. PLACE OF IN. building, atc.	JURY — At home, farm,	street, factory, offic	•	281.	LOCATION (Street a	nd Number o	r Rural Rou	te Number,
E	4 Homicide determined		(-,,,				City or Town, State)			
COMPLET	290. CERTIFIER (Check only 1 CERTIFYING PHYS	BICIAN: To the best of my i	knowledge, death occurr	ed at the time, date	end piece, and d	ue to th	e causa(a) and man	net en eleted		
N.		ER: On the basis of examin								nd menner se stated
	296. SKINATURE AND TITLE OF CERTIFIE	11 11					1417//2			
8	Marila /61	2/11			29c. LICENSE N	UMBER	7	29d. DATE	SIGNED (M	Ionth( Day, Year)
2	30. NAME AND ADDRESS OF PERSON WO	MM	1)	and the same of th	12	0	4	6	130	173
		/							1	1
	James Ebeling			rive, Su	ite 202	, To	wson, Ma	rylar	nd 21	.204
	JUL 2 1993	22. REGISTRAN'S	SIGNATURE							
	2 1993	Vanish of the same	A-Market May							



FOR STATE REGISTRAR

1. DECEDENT'S NAME (Eirst, Middle, Last)

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	1. DECEDENT'S NAME (Elist, Middle, La	a Wase	RESLAWA	WASER	SZTRUM)	2. DATE O	DE DEATH DAY 2 9	C YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthda	y) IF UNDER 1		(1.60-4)	Day, Year)	Count	HPLACE (State or Foreign try)		
OR	99. FACILITY NAME (If not institution, git 3925 CLARKS LA	NE, APT. A		96. CITY, TOWN OR LOCATION OF DEATH  BALTIMORE							
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  MARYLAND  10b. COL		10c. (	10c. CITY, TOWN OR LOCATION BALTIMORE					10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER				101. ZIP CODE		10	0g. CITIZEN OF	1 YES 2 NO		
FUNERAL	3925 CLARKS LA				212	15		US	A		
BY FUI	11. MARITAL STATUS  1 Never Married 2 Married  3 W Widowed 4 Divorced  12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE			If yes, specify Cuban, Mexican, Puerto Rican, etc.)			(Specify Yes or can, etc.)	14. RACE — American Indian, Black, White, etc. Specify:			
COMPLETED	15. DECEDENT'S E (Specify only highest gi Elementary/Secondery (0-12)	DUCATION ade completed)  College (1-4 or 5+)	(Give kind iife. Do NOT	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  TEACHER  EDUCATION					WHITE		
COMF	17. FATHER'S NAME (First, Middle, Last)	-	10	ACHER	18 MOTHER'S	NAME /First Ad	EDUCAT				
5	ANDRA LU	KASINSKI				WIGA UN		name)			
5	190. INFORMANT'S NAME (TOPOPE)	IALOW	19b. MAILE	NG ADDRESS DRA	Street and Number or Re HER AVE	BALTIMO	RE, MD	21208			
	20y: METHOD OF DISPOSITION 1		PLACE AND DAT		ION (Name of	7-1-9	-	ION — City or To			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND AODRESS OF FACILITY  SOL LEVINSON & BROS., INC.  6010 REISTERSTOWN RD. BALTIMORE, MD. 213										
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	a. DUE TO (OR AS A DUE TO (OR A) DUE TO (OR AS A DUE TO (OR A) DUE TO (OR AS A DUE TO (OR A) DUE TO (OR A) DUE	A CONSEQUENCE	OF):	aref	Nisu	0 .		Approximate Interval Betwee Onset and Dea		
MEDICAL CE	PART II. Other significent condit	ions contributing to deeth t	out not resulting	g in the und	erlying ceuse given		PERFORME		. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. PLACE OF DEATH	(Check only one)					
YSI	1 TYES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out	petient 3 🗆 DOA	OTHER:	g Home 5 Residen	ce 8 🗆 Other	(Specify)				
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation			M M	Bc. INJURY AT WORK?  1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED					
ETED	3 Suicide 6 Could not 4 Homicide determined		/ — At home, farm	, street, factor	, office	28f. LOCAT	ION (Street end i Town, State)	Number or Rumil F	łoute Number,		
COMPLET		YSICIAN: To the best of my know INER: On the basic of examination							e) end manner ee stated		
O BE CO	296. SIGNATURE AND TITLE OF CERTIF				29c. LICENSE   7 3 4 8			D 6/6			
F	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF OF		erst	siffer	nRol	sut	203	-		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

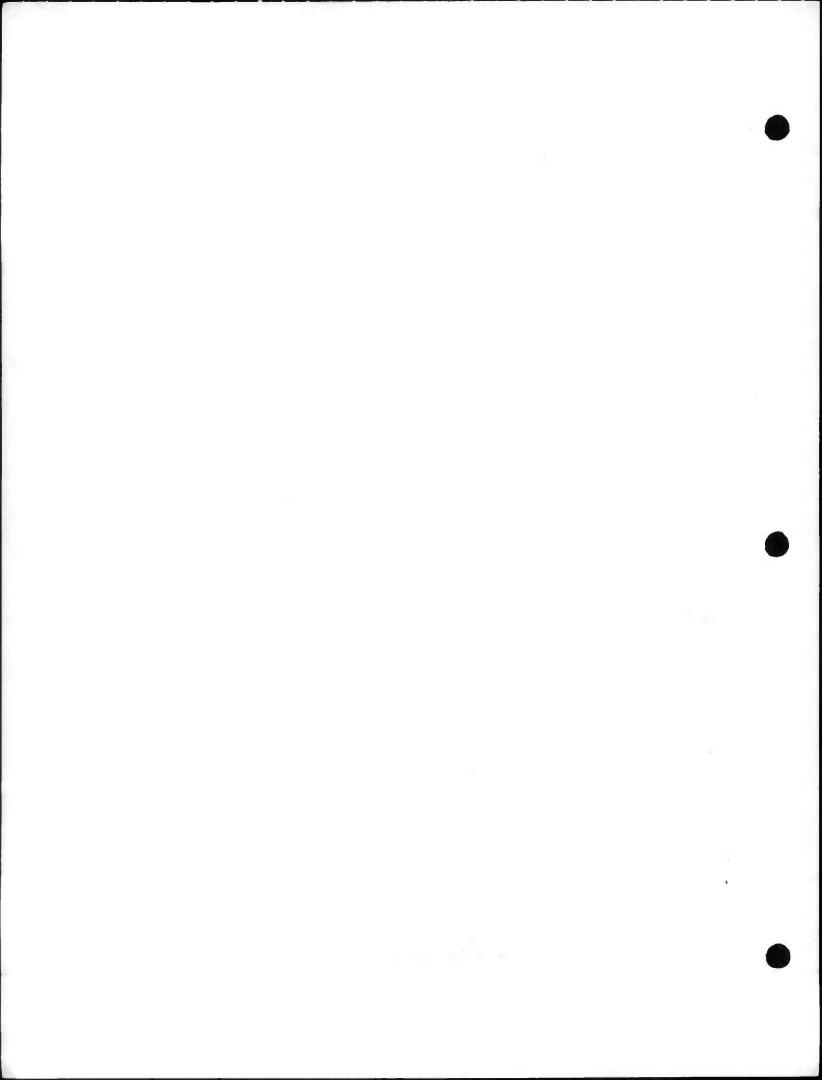
CERTIFICATE OF DEATH

REG. NO.

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

21215 Approximate Interval Between **Onset and Death** 

DHMH-18 Rev 1/89



DIRECTOR	VIRGIE  4. SOCIAL SECURITY NUMBER  220-14-1181  9a. FACELTY NAME (If our institution, class)	MARIE		AARON		2. DATE OF DEATH DAY	- 93	3. TIME OF DEATH			
ECTOR	4. SOCIAL SECURITY NUMBER 220-14-1181	S. SEX 6. AGE (	The second secon			1 / - 3 -					
ECTOR	9s. FACILITY NAME (If not institution, olive a	Δ	86 YRS. "	AONTHS DAYS	IF UNDER SEHRE.	7. DATE OF BIRTH (Morth, Day, Mar) 4-18-07		PLACE (State or Foreign y) MD			
EC	98. FACILITY NAME (If our institution, give above and number)  1. COUNTY OF DEATH  1. COUNTY OF DEATH  1. COUNTY OF DEATH  1. COUNTY OF DEATH  1. COUNTY OF DEATH  1. COUNTY OF DEATH										
DIR	REBIDENCE OF DECEDENT  10s. STATE  10b. COUNT	Υ	-0.000,000,000	TOWN ON LOCAL BALTIMO			10d, INSIDE CITY LIMITS? 1973/YES 2				
FUNERAL	10% STREET AND NUMBER 2009 E. OLIVER STREET			10	21213	10(	U.S.A.				
ВУ	11. MARITAL STATUS  1 Never Married 2 Married  3 Widnesd 4 Divorted			13. WAS DEC If yes, sp 1 - YES	Speci	— American Indian, i, White, etc. b: BLACK					
COMPLETED	15. DECEDENT'S EDU (Specify only highwat grade Elementary/Becondary (0-12) 12th	CATION completed) College (1-4 or 5+)	16a, DECEDENT'S U Allow kind of wo also. Do NOT use DOMEST	rk done during mo retired.)	DUNCK						
BE CO	GEORGE FOSTER										
2	SHIRLEY SCURRY		805 BE	G ADDRESS (Street and Municipal or Fluid) Routh Municipal City or Reen. State. Zio Code) BEAUMONT AVE./BALTIMORE, MARYLAND 21212							
	20s. METHOD OF DISPOSITION  1 X Surfal 2 Cromation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION   Name of cametary, crematory or other piece)  ARBUTUS MEMORIAL PARK  ARBUTUS, MD										
	22. NAME AND ADDRESS OF FACILITY  NVM.C.MARCH F.H./1101 E. NORTH AVENUE										
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	a. Due to (DR AS A OUE TO (DR AS A DUE TO (DR	CONSEQUENCE OF):	Ulca	/		y arrest,	Approximate Interval Between Onset and Death			
N: MEDICAL	Perighe Dement	ne contributing to death b	ut not resulting In	tha underlyin	g cause given in	Part t. 24s. WAS AN AUTO PERFORMED 1 YES 2	RMED? AWAILABLE PRIOR T				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outp		OTHER:	ACE OF OEATH (Ch	6 Other (Specify)					
ВУ РН	27. MANNER OF OEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE DF INJURY (Month, Day, Year)	28b. TIME INJUS	OF 28c. INJ		28d. OESCRIBE HOW INJUR	Y OCCUREO				
ED	3 Suicide 6 Could not be 4 Homicide determined	Could not be     Could not be     Could not be     Could not be     Could not be     Could not be     Could not be									
PLE		ICIAN: To the best of my knowless: On the basis of examination						) and menner on stated.			
COMPLET	29b. SIGNATURE AND TRUE OF CENTIERS	EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) at the time, date and due to the cause(s) at the time, date and due to the cause(s) at the time, date and due to the cause(s) at the time, date and due to the cause(s) at the time, date and due to the cause(s) at the time, date and due to the cause(s) at the time, date and due to the cause(s) at the time, date and due to the cause(s) at the time, date and due to the cause(s) at the time, date and due to the cause(s) at the time, date and due to the cause(s) at the time, date and due to the cause(s) at the time, date and due to the cause(s) at the time, date and due to the cause(s) at the time, date and due to the cause(s) at the time, date and due to the cause(s) at the time, date and due to the cause(s) at the time, date and du									

		FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF	HEALTH AND	MENTAL	HYGIEN REG. NO				
	1	1. DECEDENT'S NAME (First, Middle, Last)	CANAL	AL	IFN		MONTH			YEAR 3.	TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE	OF BIRTH	993	BIRTHPL	3:45 P M ACE (State or Foreign	
Þ	1	220-09-2635	1X M 2 D F 81	YRS.	MONTHS DAYS	HOURS MIN.		0 /11	V	irg	inia	
2, 3 should	OR	99. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH  Baltimore City  Baltimore City									н	
ges 1.	DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE									d. INSIDE CITY	
permit, Pages 1,			imore		Baltimore City					ΙX	Y LIMITS?	
:25:	FUNERAL	1600 W. Mt. Roy			10	21217				ISA	T COUNTRY?	
15-0020 ending physician. as the burial-fransit	BY FUI	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 Y YES IF YES, GIVE WAR OR DA	2 NO	If yea, a	CENDENT OF HISPAI Decity Cuben, Mexico 3 2 X NO Specifi	en, Puerto R	? (Specify Yes loen, atc.)	or No- 14	Stack, W	American Indien, Thite, etc.  Black	
212	LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 7 th	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u	B USUAL OCCUPATE work done during mose retired.)	ON ost of working	16b.	KIND OF BUS	SINESS/INDUS		B T W C K	
MARYLAND retained by the hospita 5 should be detached notified at once.	E COMPL	17. FATHER'S NAME (First, Middle, Last) Crawford Allen				16. MOTHER'S NA						
MAR retained 5 should notified	TO B	19e. INFORMANT'S NAME (Type/Print)				end Number or Rural	Route Numb	er, City or Tow	n, State, Zip Co			
RE, May be repage 5:		Mrs. Hollis M.				Royal	Apt.	207	Balt	0.,	Md. 212	
BALTIMORE, 24 hours after death. Page 6 may be filled in by the funeral director, page ion, or removal.		. 20s. METHOD OF DISPOSITION X1 X1 Burial 2 Cremetion 3 Remo 4 Donetion Tother (Specify)	rval from State carr	seteny cremetory or o	of DISPOSITION (Nother place)		/8/93		inac		1s, Md.	
ALTIMOF death. Page 6 m e funeral director, J.		21. SIGNATURE OF FUNERAL SERVICE LIG		11 13011		NO ADDRESS OF FA		o I OW	riigs	PLLI	13, 114.	
BALT ter death. the funera wal.		March F/H East 1101 E. North Ave										
bours after of in by the or removal, medical e		23. PART I. Enter the diseases, or complications that couled the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,  Approximate										
y filled i		IMMEDIATE CAUSE (Final disease or condition	and only one obdet on the	ocii mie.							Onset and Death	
	ı	reaulting in death)  a. Intracrasial Hemorrhage  4 days										
8 5 m 5	Z		Severe Hyp		,							
or an be	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
e by	잂											
DS, P.O. the death certificate attending of Mental Hygien njury, or oth	CERT	resulting in death) LAST	l									
0 65 =	AL C	PART II. Other significant conditions	contributing to deeth b	ut not reaulting	in the underlyin	g cause given in	Pert i.	24a. WAS AN			RE AUTOPSY FINDINGS	
S S S S S S S S S S S S S S S S S S S	MEDIC/				<u>-</u>			PERFOR		CO	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
requires been sign of Heat	ME						_		X		YES 2 NO	
The law ite has be ate Dept.	AN	25. WAS CASE REFERRED TO MEDICAL			26 P	LACE OF DEATH (Ch	mat anti ani	.1				
AN: The inficate h s State i	PHYSICIAN:	EXAMINER? 1 ☐ YES 2 ☑NO	HOSPITAL:	atlent 3 DOA	OTHER:	ne 5 🗆 Residence						
NG PHYSICIA fter this certil eath with the marked, or	ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIN	IE OF 28c. IN.	JURY AT DRK? YES 2 NO			NJURY OCCUP	RED		
TTENDI TTENDI TTOR: A after de		3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm,	street, factory, offic	:0	281. LOCA City o	TION (Street a r Town, State)	eet and Number or Rural Route Number, ate)			
DIN MENAL DIREC INT. IT KOM	COMPLETED		RAN: To the best of my knowl t: On the basis of examination								d manner as stated,	
THE STATE OF	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	, n/1	V 2		29c. LICENSE NUI	MBER		29d. DATE S	IGNED (Mo	onth, Day, Year)	
B.B.& Z	2	30. NAME AND ADDRESS OF PERSON WHO		Y . Z	- Deinett				7	- 2	- 93	
		A. DeBelen, M.I				oital						
10	1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE								
$\varphi$		JUL 0 7 1993	Julia Davidson-1	Manbrane.								
			7.6								DHMH-18 Rev 1/89	

BALTIMORE, MARYLAND 21215-0020	4 hours after death, Page 6 may be retained by the hospital or attending physician,	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept, or Health and Mental Miglene prior to burial, cremation, or removal.	
INISION OF VITAL RECORDS, P.O. BOX 68760,	of ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician,	FECTOR: After this certificate has been signed by the attending physician and completely financial after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation	and Office and the Control of the Co

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		IENTAL HYGIEN		19234			
- 8	1. DECEDENT'S NAME (First, Middle, Last)		0.4			2. DATE OF DEATH MONTH D	AY YEA	3. TIME OF DEATH			
15	Lakeshia  4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	HSDERI In yrs. tast birthday)	IF UNDER 1 YEAR	W 19970 A 1970	63	- V	5145A M			
1	216-20-2552	1 - M 2 - L		IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		RTHPLACE (State or Foreign untry)			
œ	9a. FACILITY NAME (If not institution, give s	0 1 1			OR LOCATION OF DE	7	9c. COUNTY O	F DEATH			
СТО	RESIDENCE OF DECEDENT	dizal Syste	e,m	Baltin	more		<u></u>				
DIRECTOR	10a. STATE 10b. COUNTY	Υ	10c. CITY,	TOWH OR LOCAT	TION			10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER	A SERVE NEW		101	I. ZIP CDDE		10g. CITIZEN C	1 YES 2 NO			
FUNERAL	4716 Wilern			-	21215		US	SA			
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 300	If yes, sp	ecity Cuban, Maxican 2 NO Specify:	C ORIGIN? (Specify Yer , Puarto Rican, etc.)	В	ACE — American Indian, leck, White, atc. pecify: AFC, CAN			
	15. DECEOENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S U	SUAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDUSTR	merican			
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	. 1	st or working						
COMPLETED	17. FATHER'S NAME, (First, Middle, Last)		Ch	na	18, MOTHER'S NAM	IE (First, Middle, Maiden	Sumama)				
BE C		sperry			Mary	Tar De	borah	Smith			
2	19a INFORMANT'S NAME (King/Driet)										
	20e. METHOD OF DISPOSITION 7 Burlet 2 Cremetion 3 Rem	20b.	PLACE AND DATE OF	DISPOSITION (Na			CATION — City or				
	4 Donation 5 Other (Specify)		etary, crematory or other Vestern	Star (	Cemetery	7/93 Ba					
	21. SIGNATURAL PRINCE LA	to con	#281	E.L.I	Phillips	F/H1/2		.Monroe ST.			
	23. PART I. Enter the diseases, or o	complications that caused	the death Do no	Lenter the mo	de of duing much			. 21217			
	shock, or heart feiture.  IMMEDIATE CAUSE (Final	List only one cause on ea	ech line.			an andree of respi	ratory orrest,	interval Between Onset and Death			
	diseese or condition resulting in death)	· Bilatral		Effusic	m						
,		AIDS	CONSEDUENCE OF):								
	Sequentially list conditions, if any, leading to immediate		CONSEDUENCE OF):								
5	cause. Enter UNDERLYING CAUSE (Disease or injury & B - CEll Lymphoma										
CERTIFICATION	resulting in death) LAST  d. SVC Syndyme 2 to Clot										
AL C	PART II. Other algnificant condition	a contributing to death be	ut not resulting in	the underlying	g cause given in F	art I. 24a. WAS AN	AUTOPSY :	24b. WERE AUTOPSY FINDINGS			
EDICA						PERFOR	17	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
Σ						_   '		1 TYES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Chec	ok only one)					
SIC	EXAMINER? 1 YES 2 NO	NOSPITAL: 1 Inpatient 2 □ ER/Outp		OTHER:	e 5 🗆 Rasidence 8						
PH	27. MANNER OF DEATH  1   Natural 5 □ Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUR	WO WO	RK?	28d. DESCRIBE HOW I	NJURY OCCURED				
BY	2 Accident Investigation	280. PLACE OF INJURY	- At home, farm, atra		ES 2 ND	281. LOCATION (Street a	and Number or But	al Boute Number			
ETED	4 Homicide 8 Could not be determined	building, atc. (Speci	ify)	,		City or Town, State)	ING PURIDER OF FIGH	ar noute warnow,			
PLE		CIAN: To the best of my knowle									
COMPL	2 MEDICAL EXAMINE	R: On the basis of examination	and/or investigation,	In my opinion, d	eath occured at the ti	ma, date and place, an	d dua to the caus	e(a) and manner as stated.			
BE	296. SIGNATURE AND SITLE OF CERTIFIEF	Un Smath	~		DUUI Z	SER ()	29d. DATE SIGN	IED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHI	D COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, P.	rint)	191170	1 7 0 .	4/3	472			
	Sectlier NE 31. DATE FILED (Month, Day, Year)	M. SMALL	10445	Demo	ocracy B	Ivd Poton	ac MD	70854			
	Jul 0 7 1993	Julie Deviden A	indelle		*						
	70-0.000		Office Transfer								

3	2		듇
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be		IMPORTANT: if Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at
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王	표	filed	POR
2	2	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	≌

TO BE COMPLETED

											9	13	192	235
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAN	D / DEPAR	RTMEN	OF H	DEA	AND I	MENTAL	HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last,	)							2. DATE O	F DEATH		100	3. TIME OF	F DEATH
	Jennie Andrick	Andryke	es						MONTH		6/93	RASY		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr	s. last birthday)	IF UNDER			R 24 HRS.	7. DATE O	DATE OF BIRTH			PLACE (Stat	e or Foreign
	212-20-5089A	1 □ M 2 ☑ 🏋	8	4 YRS.	MONTHS	DAYS	HOURS	Mille.	(Month, Day, Year) 2/12/09					)
-	9a. FACILITY NAME (If not institution, give				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
l G	Saint Joseph	Hospita:	<u> </u>		Towson, Maryland									
5	10s. STATE 10s. COUNT	TY		10c. CITY, TOWN OR LOCATION							10d INSID	E CITY		
DIRECTOR	MD				alti			ity					LOMETS	S7
FUNERAL	100. STREET AND NUMBER 1154 COOKSIE	Chasal				101	. ZIP COD	E	0100	_				TRY?
崑		Street							2123	0	U	.S. P	A	7
BY FU	11. MARITAL STATUS 1 Never Married 2 Married XXX Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	NO		If yes, spe		n, Maxica	NIC ORIGIN? in, Puerto Ri y:		s or No—	F 1 F		nite
8	15. DECEDENT'S ED	UCATION	164	. DECEDENT'S	USUAL O	CCUPATIO	DN .		16b. I	UND OF BU	SINESS/IND	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or S	(Give kind of work done during most of working											
MP	4th Grade			Homer	nake	r								
						i	18. MOT		ME (First, Mi		,			
BE	19a. INFORMANT'S NAME (Type/Print)	SKI	-	I we would					izab				ci	
임	Stanley Andry	kec		196. MAILING									0100	
	20a. METHOD OF DISPOSITION	AC 5	200 01	5251				au,						16
	XIXBurial 2 Cremetion 3 Ren	moval from State	cemetary	n Hav	ther place)			E #	7/1	0 Ma			wn, Stets	
	21. SIGNATURE OF FUNERAL SERVICE L	pelher	1016	II nav				SS OF FA	CILITY	of Ma.	Гута	IIu		
	· Q M	aix	2	la.	C:	hari 501	les E F	L.	Steve	ens l	Fune	ral	Home	, Inc
	23. PART I. Enter the diseases, or ahock, or heart failure.	complications the	t caused the	death. Do	not antar	tha mo	da of dy	ing, suc	h aa cardii	c or reap	iratory arr	rest,		
	IMMEDIATE CAUSE (Final												Onse	vai Between et and Daath
	disease or condition resulting in death)	. Athe	Evros	den	oti	CC	An	rich	AVIC	SCA	JAD	ni	NA	10
		DUE TO	(OR AS A CO	NSEQUENCE O	F):						1/1-			75
NO	Sequentially list conditions,	b												
ATI	If any, leading to immediata cause. Enter UNDERLYING	DUE TO	(OR AS A COI	NSEOUENCE O	F):									
SE	CAUSE (Disease or injury that initiated events	c. DUE TO	(OR AS A CO	NSEQUENCE O	n:									
ERTIFICATION	resulting in death) LAST	d			,								j	
O	DADT II Other simulfloors on disc													
MEDICAL	PART II. Other significant condition	ABCTES		ot resulting	in tha un	idariying	cause	given in	Part I. 2	4a. WAS AN PERFOR		24b.	AVAILABLE I	PRIOR TO
ă	<u> </u>	AVSCLES							— I	1 TYES 2	□ NO		OF DEATH?	
Σ					_				_				1 TYES	2 🗌 NO
AN	25. WAS CASE REFERRED TO MEDICAL	T				26 84	ACE OF T	EATH 10:	eck only one)					
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatler	W 3 🗆 DOA	OTHER 4 IX Num	₹:	-		6 Other (	Panell 1			ADD TOWN, State  LAD, WERE AUTOPSY MAILABLE PRIOR COMPLETION OF DEATH  ADD TOWN, State  LHOME, Approximation of the completion of the comp	
Ϋ́	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJU	JRY AT	sauence		Specify)	NJURY OCC	CURED		
ВУ Р	1 Natural S Pending 2 Accident Investigation	(Month, D			M		ES 2 [	NO		1511				
ED	3 Suicide a Could not be 4 Homicide determined	28s. PLACE O building,	PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						

29d. DATE SIGNED (Month, Day, Year) 29 9

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

74% RIDGE



ASP

**BALTIMORE, MARYLAND 21215-0020** 

DIVISION OF VITAL RECORDS, P.O. BOX 68760

ITEMS: 23 PART I, 27, 28a,b,d,e,f, PER MEO G-701

	REGISTRAR  CERTIFICATE OF DEATH  1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  ONDATH  O DAY  1. O VEAR  1.									3. TIME OF DE				
	WILLIAM Frederick ADAM					20	41			07	03	199	3	10:40
	4. SOCIAL SECURITY NUMBER 227 86 7721	5. S.	EX VM 2   F	8. AGE (In	yrs. lest birthday) YRS.	IF UNDER	DAYS	HOURS	R 24 HRS. MIN.	7. DATE	Py T5	, 1954	Country	aryland
	9a. FACILITY NAME (If not institution	on, give street ar	nd number)			9b. CITY	r, TOWN O	R LOCATI	ION OF DE	ATH		9c. COUNT	Y OF DE	ATH
	130 S. C	CURLE	Y ST.			В	ALTI	MOR	RE				10:4  8. BIRTHPLACE (Start) 10d. INSID: 1 CONTINUTY 13  NTY OF DEATH  1 IDN'ES  ZEN OF WHAT COUNT  USA  14. RACE — America Black, White, atc Specify: Win  OUSTRY  1  24b. WERE AUTO City or Town, State  re Go , M.  A  re , MD 21  reat, Apprinter Onso  24b. WERE AUTO ONSo  COMPLETING OF DEATH? 1   YES	
Į Į	10a. STATE 10b. (	COUNTY				Y, TOWN					301			10d. INSIDE CIT
DIRECTOR	Maryland				I	alti	more	9						
FUNERAL	130 S. Cur	rley St	t.				101.	ZIP COD 212				10g. CITIZE		
à	11. MARITAL STATUS  1 Never Married 2 Marrie 3 Widowed 4 Divorced	ried 2 Merried FORCES? 1 YES 2 X					If yes, spe	ocify Cubi	OF HISPAN en, Mexica Specify	n, Puerto F	? (Specify Yes	e or No- 14	Black,	White, etc.
COMPLETED	15. DECEDENT (Specify only highe: Elementary/Secondary (0-12)	1			16a. DECEDENT'S (Give kind of life. Do NOT u	work done	CCUPATIO	ON st of worki	ing	16b.		siness/indus		
	17. FATHER'S NAME (First, Middle, L William	F.	Adams	s, Sr.		H			Bert	ha	elddle, Melden Ellen	Edwa		
TO BE COM	19a. INFORMANT'S NAME (Type/Print Brenda Stephen		ster									vn. State, Zip Co		1
	Brenda Stephens, Sister Rt. 3 Box 65G Martinsburg, W. VA 25401  20a. METHOD OF DISPOSITION  PORBURIA! 2 Cramation 3 Removal from State  1 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cuematory or other place)  Cak Lawn Cemetery  7/7/93 Baltimore Co., MD													
	22. NAME AND ADDRESS OF FACILITY Prized in Ski funeral Home PA													
	/ . /		A. C. C. C. C. C. C. C. C. C. C. C. C. C.	1			Dans		- ml - m	4 a a a a	7 II.	T) A		
	23. PART i. Enter the disease shock, or heart for iMMEDIATE CAUSE (Fine disease or condition resulting in death)	es, or complifallure. List o	MIXE	D DR	the death. Do ch lina.	not anter	1407	Eas	stern	Ave	• Bal	ltimor	e, l	Approxi
ITIFICATION	shock, or heart for iMMEDIATE CAUSE (Fine) disease or condition	es, pr complifallure. List of	M I X E	D D R O (OR AS A O	ug INT	OXI(	1407	Eas	stern	Ave	• Bal	ltimor	a. BIRTHPLACE (State or For 1) COUNTY TY Land  10d. INSIDE CITY LIMITS? 1 I PAYES 2 CITIZEN OF WHAT COUNTRY? USA  14. RACE — American India Black, Whita, atc. Specify: White  (INDUSTRY  tal  10d. INSIDE CITY USA  14. RACE — American India Black, Whita, atc. Specify: White  (INDUSTRY  tal  10d. INSIDE CITY USA  11d. RACE — American India Black, Whita, atc. Specify: White  (INDUSTRY  tal  10d. INSIDE CITY USA  11d. RACE — American India Black, Whita, atc. Specify: White  (INDUSTRY  tal  10d. INSIDE CITY USA  11d. RACE — American India Black, Whita, atc. Specify: White Oncorn of Code)  25401  A 25401  A 25401  A 25401  A 2700  A 25401  A 2700  A 25401  A 2700  A 27	
CERTIFICATION	shock, or heart for immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death)	es, pr complete failure. List of a  b c d	M I X E  DUE TO	D D R O (OR AS A O	U G I N T CONSEQUENCE C CONSEQUENCE C	OXI(	1407 the mo	Eas	stern	Ave	• Bal	ltimor		
MED	shock, or heart for immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	es, pr complete failure. List of a  b c d	M I X E  DUE TO	D D R O (OR AS A O	U G I N T CONSEQUENCE C CONSEQUENCE C	OXI(	1407 the mo	Eas	stern	Ave	• Bal	ltimore	e, I	Approxision of Death?
MEDICAL	shock, or heart for immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death)	es, pr completely comp	M I X E  DUE TO  DUE TO	D D R O (OR AS A O	U G I N T CONSEQUENCE C CONSEQUENCE C	O X I (	1407 r the mo	Eas	stern	Ave	Ballac or reap	ltimore	e, I	Approxision of Death?
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		1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTMEN CERTIFICAT	T OF HEALT	H AND MENT	AL HYGIENE REG. NO.		
		1. DECEDENT'S NAME (First, Middle, Las EThe / P.	"AxON				TE OF DEATH DAY	9 <sup>4</sup> 3 <sup>R</sup> 3.	TIME OF DEATH
Pa		4. SOCIAL SECURITY NUMBER 176-10-8169	1   M 2   F   8.	3 YRS. MONTHS	DAYS HOUR	B MIN.	TE OF BIRTH Onth, Day, Year) -24-10	8. BIRTHPL Country	ACE (State or Foreign
1, 2, 3 should	TOR	90. FACILITY NAME (If not institution, give Stella Maris RESIDENCE OF DECEDENT	Hospice		Y, TOWN OR LOCA	MA 21	/	Balt	лн"
Pages	DIRE		timore	.10c. CITY, TOWN	or Location	/er			Dd. INSIDE CITY LIMITS?  YES 2 NO
in. ansit permit.	VERAL	100. STREET AND NUMBER 403 Middle River	Rd.		10f. ZIP CO	21220		USA	IT COUNTRY?
21215-0020 Ital or attending physician. I for use as the burial-transit	BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	S. ARMED 13 ≱[X]NO	WAS DECENDENT If yes, specify Cu 1 YES 2XX N	Black, W Specify:	American Indian, white, etc.			
	ETED	15. DECEDENT'S ET (Specify only highest gra Elementery/Secondery (0-12)	DUCATION de completed)  College (1-4 or 5 +)	6e. DECEDENT'S USUAL ( Give kind of work done life. Do NOT use retired.)	during most of wo	3/INDUSTRY	W 1200		
YLAND 2 by the hospital be detached for at once.	JMD	8:5h grade 17. FATHER'S NAME (First, Middle, Last)		Teller			1d. Nation		
2 2 2 E		Harry David Trout				na Mary H		10)	
	TO E	190. INFORMANT'S NAME (Type/Print) Wilbert P. Axon					umber, City or Town, State Ltimore, M		0
ALTIMORE death. Page 6 may funeral director, pa		20s. METHOD OF DISPOSITION  A Burlel 2 Cremation 3 Re  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE	moval from State cemete	ACEAND DATE OF DISPO ory, crematory or other place ENS OF Fair	h Cemet	1		ore Ma	7156
CO. BOX 68760, B. certificate be executed within 24 hours after ding physician and completely filled in by the typiene prior to burial, cremation, or removal other traumatic event, the medical et	D BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COMPLETED BY FUNERAL DIRECTOR  TO BE COMPLETED BY FUNERAL DIRECTOR	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	. List only one cause on each	OVASCUJO  ONSEQUENCE OF):				arrest,	Approximate Interval Between Onset and Death
RECORDS, P.O.  The start the death certifies that the attending with and Mental Hygie any Injury, or other than the start inju		that initiated events resulting in death) LAST  PART II. Other significant conditions to the condition of the conditions	4.		nderlying cause	given in Part I.	244, WASI AN AUTOP PERFORMED? 1 TYES 2 TAG	OF OF	FRE AUTOPSY FINORINGS ASLABLE PROOR TO MPLETION OF GAUSE DEATHY YES 2 NO
TAL	CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТНЕ		DEATH (Check strily	one)		
OF HYSIC His cer with th	10.00	1 VES 2 NO  27. MANNER OF DEATH  1 Paturel 5 Pending	28s. DATE OF HUJURY (Mortel, Day, Hear)			222	Ner (Specify) H ESCRIBE HOW INJURY	OCCURED	5
DIVISION OR ATTENDING P DIRECTOR: After t hours after death item 28 is mar	8	3 Accident investigation 5 Suicide 6 Could not be 4 Homicide determined	28s. PLANE OF INAMY	At home, farm, street, fac		281. LC	OCATION (Street and Man by or Rown, State)	niber or Hurel Flouts	s Mumber
7 7 7 7 -	OMPLE	(Check only ) DEERTIFYING PHY	SICIAN: To the best of my segmind; ER: On the basis of examination as	gs, death occurred at the	time, date and pie	ce, and due to the coursed at the time, da	euse(s) and manner as the and place, and due t	stated. to the cause(s) an	nd marker as stated.
TO THE HOSPITA TO THE FUNERA De filed within 7.	BE	29b. SIGNATURE AND TITLE OF CENTUR	th .		29c. U	CENSE HUMBER	<b>4</b> ≥ 294.	DATE SIGNED (AN	9/97
8	¥	36. NAME AND ADDRESS OF TENEON W	HO COMPLETED CAUSE OF DEATH	2 500	Jula	nsg Cz	My Kd	. 2	1204
		31. DATE FILED (Month, Dey, Year)	gulia Deviden-Ron	della.					

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		1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT	OF HEALTH AND	MENTAL HYGIE REG. N		13230
		1. DECEDENT'S NAME (First, Middle, Last)	Al-to.	)		2. DATE OF DEATH MONTH	OAY /F	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In )	rrs. lest birthdey) IF UNDER	T YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	9 9-	DIRTHPLACE (State or Foreign
Pi		218-72-6241	1/ W2 0 F 3 3	YRS. MONTHS	DAYS HOURS MIN.	Month, Day, Year)		rountry) RR
1. 2, 3 should	TOR	9a. FACILITY NAME (If not institution, give	Anber Hos	pital Sb. CITY,	BALTIN	eath 707e	9c. COUNTY	OF DEATH
1. sages 1.	DIRECTOR	RESIDENCE OF DECEDENT  106. STATE 10b. COUNT	Υ	10c. CITY, TOWN O	R LOCATION C			10d. INSIDE CITY
ii.		100. STREET AND NUMBER		BA	Himore			1 YES 2 NO
physician. burlal-transit permit. Pages	FUNERAL	3206 Cheni	rylane Ro	1	21 2	25	10g. CITIZEN	OF WHAT COUNTRY?
The The	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	A2. WAS DECEDENT EVER IN U. FORCES? 1 TYES IF YES, GIVE WAR OR DATE	2 DNO 11	MS DECENDENT OF HISPA yes, specify Cuban Mexico YES 2 WHO Specif	an, Puerto Rican, etc.)		RACE — American Indian, Black, White,
oital or attending d for use as the	COMPLETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)/	College (1-4 or 5+)	Sa. DECEDENT'S USUAL, OC (Give kind of work done of life. Do NOT use retired.)	CUPATION uring most of working	16b. KIND OF B	USINESS/INDUST	
by the hospital of the detached for at once.	E COMF	17. FATHER'S NAME (First, Middle, Last)	Perry	LITE	16. MOTHER'S NA	AME <sup>3</sup> (First, Middle, Maide	n Surpeno)//	Sond
5 should notified	TO BE	19a, INFORMANT'S NAME (Type/Print)	!	19b. MAILING ADDRESS	(Street and Number or Rural		wn, State, Zip Cod	0) (6 1 0
		20a. METHOD OF DISPOSITION	20b. PL	ACE AND DATE OF DISPOSI	OVERCE:		OCATION - City	or Town, State
E ect e		1 Doubling 5 Cremation 3 Rem 4 Donation 5 Other (Specify)	cemete	ry, cremental gliner place	on	1993 2	MODE	some fed.
0 = 0		Xues m. C	celen !	Jones 3	ALLO	rance	are to	:2
ad within 24 hou ompletely filled i il, cremation, or event, the me		23. PART I. Entir the diseases, or short, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a Acute My	OCALDIA	La Fo	RI ION	piratory arrest,	Approximata interval Between Onset and Death
ncate be execu physician and ne prior to bur	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	DISEQUENCE OF):	Tachure	KDII K		
atten ental h		PART ii Other significant condition	d.					
	ICAL	PART ii. Other algnificent condition	na contributing to daeth but	not reaulting in the unc	larlying cause given in	PERFO	RMEO?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
certificate has been signed by the State Dept. of Health and I, or Item 23 shows any I.	MEDICA					1XYES	2 NO	OF DEATH?
has bee Dept. c	AN:	25. WAS CASE REFERRED TO MEDICAL	T					
or Item	PHYSICIAN:	EXAMINER?	HOSPITAL:	ort 3 DOA 4 Numi	28. PLACE OF OEATH (Ch eng Home 5 - Residence			
with with		27. MANNER OF OEATH  1 Netural 5 Pending investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28d. OESCRIBE HOW	INJURY OCCURE	D	
TOR: A after d	ETED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, street, facto	ry, offica	28f. LOCATION (Street City or Town, State	and Number or Ri	ural Route Number,
5 2 2	COMPLE	29a. CERTIFIER (Check only   MEDICAL EXAMINE	ICIAN: To the best of my knowledger. On the basis of examination ar	ge, death occurred at the lin	ne, data and place, and due	to the cause(a) and me	enner as stated.	issa(s) and manner as stated
PERMIT	6	296. SIGNATURE ANOTHTLE OF CENTRE			29c. LICENSE NUI		29d. DATE SIG	
TO THE FURTHAL DE THE FRANCE DE FINES WITHIN 1/2 TO IMPORTANT: If I	TO:8	ATT. NAME AND ADDRESS OF PERSON WIT	W HO		15244	6/4-45	16/	19/93.
	1	Las Per	O COMPLETED PAUSE OF DEATH	TARBOR	Hosp 1	PATOD	/	/
3		31. Dr Ficed (Month, Jaj. 16ar)	32 REGISTRAR'S SIGNATU	RE	1			
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1993

3. TIME OF DEATH

5:00

REG. NO.

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1

2. DATE OF DEATH **JOSEPH** BUCHANAN 07 03 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 9/11/20 IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 M 2 - F HOURS 036-12-7315 72 signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Health and Mental Hygiene prior to burial, cremation, or removal. 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY 10b. COUNTY 10c. CITY, TOWN OR LOCATION Md Baltimore Baltimore City FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 1027 Cathedral St. Apt. 21202 ours after death. Page 6 may be retained by the hospital or attending physician, 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 1 Never Married 2 Married If yes, specify Cuban, Maxican, Pt 1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Wildowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12th grade Musician at once. 17. FATHER'S NAME (First, Middle, Last) notified 19a, INFORMANT'S NAME (Type/Print) 2 Vera McAphee 4402 Belview Ave Balto. pe 20s. METHOD OF PROSITION
1 Deurlai 2 Commetton 3 Removal from State
4 Donatton 5 Dother (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Zion Cem. 7/7/93 examiner OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY medical IMMEDIATE CAUSE (Fine) the SEPSIS disease or condition resulting in death) HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): ACUTE CHOLECUSTINS BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST icate has been signed by the atte State Dept. of Health and Mertal Item 23 shows any injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. IMMUNO OFF GENM 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) After this certificate I death with the State SPITAL: 1 YES 2 NO OTHER: Inpatient 2 ER/Outpatient 3 DOA ne 5 - Residence 6 - Other (Specify) marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY 26b, TIME OF 28c. INJURY AT WORK? 1 Natural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) E FUNERAL DIRECTOR: At d within 72 hours after de RTANT: If item 28 is 3 Sulcide -COMPLETED 8 Could not be 4 Homicide IMPORTANT: If 29c. LICENSE NUMBER ol L4718 2 2 3 0

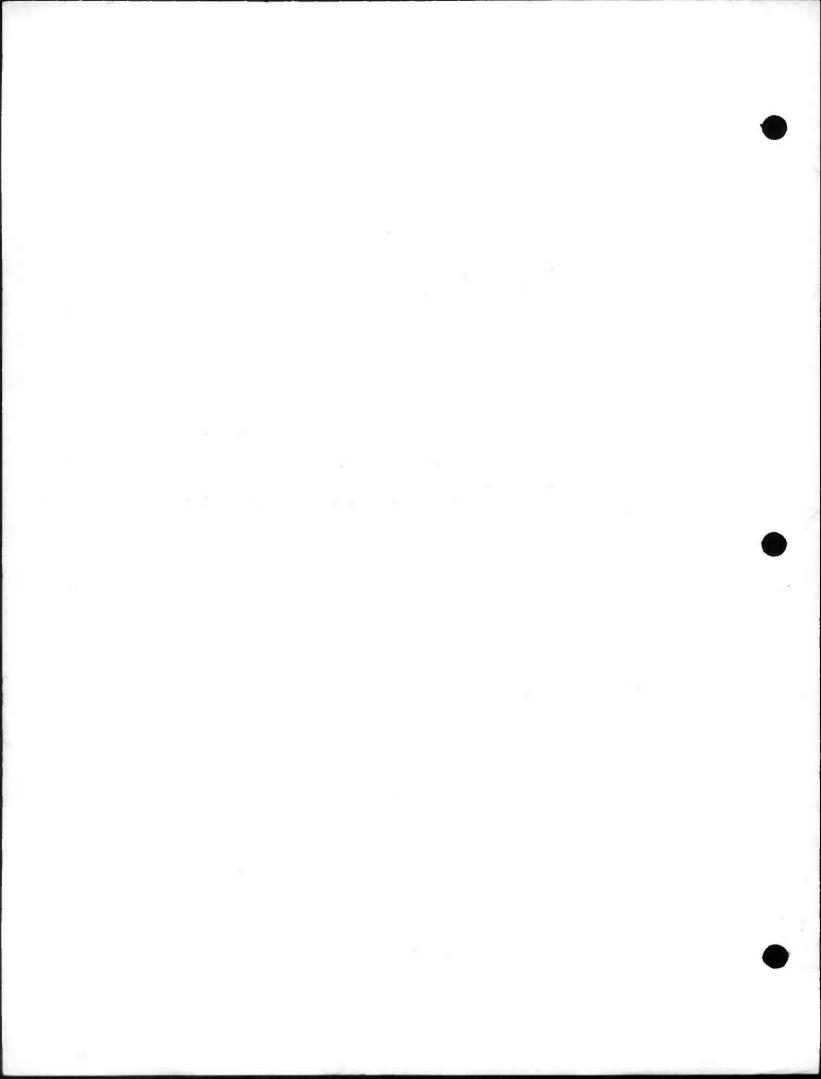
B. BIRTHPLACE (State or Foreign Country) Rhode Island 9c. COUNTY OF DEATH BALTIMORF 10d. INSIDE CITY 1 X YES 2 NOT 10g, CITIZEN OF WHAT COUNTRY? USA WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. Specify: Black 16b. KIND OF BUSINESS/INDUSTRY 18. MOTHER'S NAME (First, Middle, Maiden Surname) Rosetta Buchanan 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Md. 20c. LOCATION — City or Town, State Landsdowne, March F/H East 1101 E. North Avenue 23. PAIN 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. Interval Between Onset and Death 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29a. CERTIFIER
(Chack only 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year)

7/2/93 LETER CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year THE REGISTRAN'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

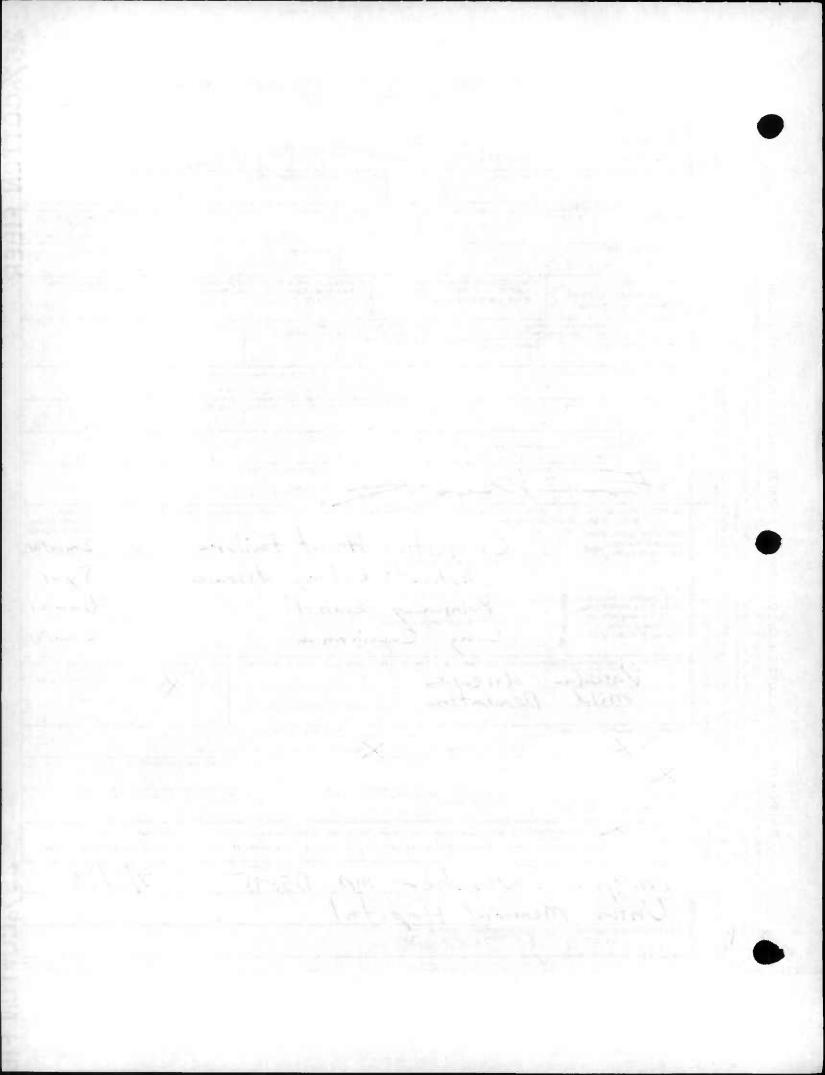




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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1											
	1. DECEDENT'S NAME (First, Middle, Last) MARGARET	BUN	NDY					NTH D		YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last b	irthday) IF UND	ER 1 YEAR	IF UNDER 24 HF		TE OF BIRTH		BIRTNPLA	ACE (State or Fore
1	133-01-7512A	1 M 2 💢 F	82	YRS. MONTHS	DAYS	HOURS MI			10		D
	9a. FACILITY NAME (If not institution, give	street and number)		96. CI	TY, TOWN C	OR LOCATION O		20 10.			
OR	3024 STRANDEN RO	OAD		В	ALTI	MORE					
5 F	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	TY		10c. CITY, TOWN	OBLOCAT	ION				Lan	A INCIDE CITY
E	MD				TIMO						LIMITS?
	10e. STREET AND NUMBER			Ditto		ZIP CODE	-		10a, CITIZE	1 X YES 2 1	
ER.	3024 STRANDEN	ROAD				21230					
3	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARME	D 1:	. WAS DEC	ENDENT OF HIS	SPANIC ORK	ONTH DAY 4 93  ATE OF BIFTH Horth, Day, Year) 7-26-1910  9c. COUNTY OF DEATN  10d. INSH LIMIT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	American India		
	1 Never Married 2 Married 3 XXWIdowed 4 Divorced	IF YES, OIVE WA	YES 2 XNO			ecity Cuban, Me 2 XNO S		to Rican, etc.)		8. BIFTNPLACE (State or F Country) MD C. COUNTY OF DEATN  10d. INSIDE CIT LIMITS? 1 X YES 2 Cog. CITIZEN OF WHAT COUNTRY? U.S.A.  No.— 14. RACE — American Ind Black, Whita, stc. Specify: BLACK ESS/INDUSTRY  Tops: Tops: Tops: No.— City or Town, Stata  CIMORE, MD  IORTH AVENUE Ory arrest, Approximinterval E Onset an 2 American Inderval E Onset an 2 American Inderval E Onset an 2 American Inderval E Onset an 2 American Inderval E Onset an 2 American Inderval E Onset an 2 American Inderval E Onset an 2 American Inderval E Onset an 2 American Inderval E Onset an 2 American Inderval E Onset an 2 American Inderval E Onset an 2 American Inderval E Onset an 2 American Index Inde	hite, atc.
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-1 11											
\$  -	17. FATNER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Lest)										
_											
	FLORENCE JACKSON   19a. INFORMANT'S NAME (Type/Print)   19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								lode)		
F	DAVID WHALES										8
	20s. METHOD OF DISPOSITION  20s. METHOD OF DISPOSITION  20s. METHOD OF DISPOSITION  20s. METHOD OF DISPOSITION  20s. METHOD OF DISPOSITION (Name of DISPOSIT										
	1   Burisi   2xXCremetton 3   Removal from State   cemetery, crematory or other place) 4   Donation 8   Other (Specify)   GREENMOUNT CEMETERY   BALTIMORE,								E, MI	D	
	21. SIGNATURE OF FLIMERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										1
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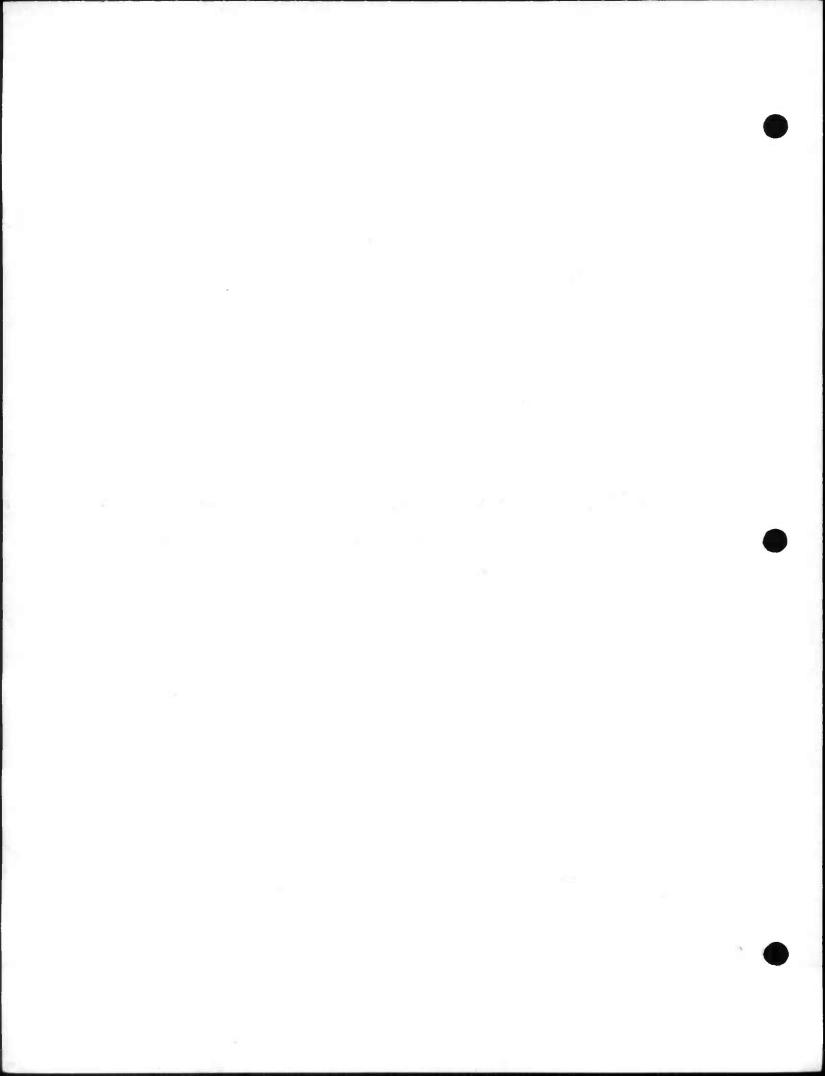


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DIVISION OF VITAL RECORDS, P.O. BOX 6

		it permit. Pages		
0100	THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2% nours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages		
	hospital or atte	ached for use		Ce.
	etained by the	should be det		otified at on
	ge 6 may be r	irector, page 5		r must be n
	after death. Pa	by the funeral d	moval.	ical examine
	vithin 24 hours	letely filled in	remation, or re-	ent, the med
	be executed w	ician and comp	ior to burial, c	raumatic evi
	eath certificate	attending phys	ntal Hygiene pr	y, or other t
	uires that the d	signed by the	Health and Me	ws any Injur
	N: The law req	ficate has been	State Dept. of	Item 23 sho
	DING PHYSICIA	After this certil	death with the	s marked, or
	AL OR ATTEN	AL DIRECTOR:	2 hours after	If Item 28 Is
	THE HOSPIT	THE FUNER	filed within 7	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTM	MENT OF H	EALTH AND	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEAT	Н
	LEONARD BERRY					MONTH 0	993 **	YEAR	2:45	Р "
		5. SEX 8. AGE (In y	rs. lest birthday) F	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH		reian
1 7	218-58-3284	1 X M 2 🗆 F 3	9 YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, Year)	- 1	Countr	y)	
	9s. FACILITY NAME (If not institution, give street	et and number)	96	CITY, TOWN O	R LOCATION OF D					, Mu
DIRECTOR	THE JOHNS HOPKINS H	HOSPITAL	В	ALTIMO	RE CITY		BALTIMORE			
IRE(	Md Balti	mono		OWN OR LOCATI					LIMITS?	
	10e. STREET AND NUMBER	шоге	Bait	imore					**	NO
FUNERAL	A STATE OF THE PARTY OF THE PAR			10f.	ZIP CODE				VHAT COUNTRY?	
N.	1648 Cliftview	AVE			21213		US			
BY FU	1 X Never Married 2 , Married 3 Widowed 4 Divorced	FORCES? 1 TYES 2	ENDENT OF HISPAI city Cuban, Mexica 2 NO Specif	NIC ORIGIN? (Specify Year, Puerto Ricen, etc.) y:	or No—	Black	k, White, etc.	in,		
									Black	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co.	TION (mpleted) 16 College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mos	N t of working	16b. KIND OF BU	SINESS/INDU	JSTRY		
M	17. FATHER'S NAME (First, Middle, Last)									
	Herbert Harris					ME (First, Middle, Maiden	Sumeme)			
BE	19s. INFORMANT'S NAME (Type/Print)					Berry				
2	Gladys Berry					Route Number, City or Tox			01010	
		l man								
	METHOD OF DISPOSITION  1  Buriel 2  Cremetion 3  Remove  4  Densition 5  Other (Specify)	al from State 20b. PL	ACE AND DATE OF D ry, crematory or other p O Q Mem.	I <b>SPOSITION</b> (Nan place)						
	21. SIGNATURE OF FUNERAL SERVICE LICEN	A / IKI	ng Mem.		7/8/93 D ADDRESS OF FA		dall	<u>s to</u>	wn, Md	
	- 11/0 miles	7 Mai	000	a liberary to						
	23. PART I. Enter the diseases, or con		tobe	March	Fun.	Home EAs	t 11	01	E. Nort	th A
CERTIFICATION		DUE TO (OR AS A CO	ONSEQUENCE OF):						Interval Be Onest and	Death
MEDICAL C	PART II. Other significant conditions of	contributing to death but	not resulting in ti	ha undarlying	cause givan in	Part i. 24a. WAS AN PERFOI	RMED?	24b.	BIRTHPLACE (State or Foreign Country)  altimore, OF DEATH  MORF  10d. INSIDE CITY LIMITS? 1 (X) YES 2   NO OF WHAT COUNTRY?  RACE — American Indien, Black, White, etc. Specify: Black RY  10d. 21213 Or Town, State 1	IO AUSE
						_				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	100			NCE OF DEATH (Ch	eck only one)				
SIC		IOSPITAL: Inpatient 2 ER/Outpatie		HER: Nursing Home	5 Residence	8 Other (Specify)				
동	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU	RY AT	28d. DESCRIBE HOW	NJURY OCCI	URED		-
ВУ	1 Natural 5 Pending 2 Accident Investigation	(sini, buy, rem)	INJURY	M 1 V	ES 2 NO					
요	3 Sulcide 6 Could not be determined	26s. PLACE OF INJURY — building, etc. (Specify)		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
LET	29e. CERTIFIER LERTIFYING PHYSICIA	N: To the best of my knowledg	e death accumulate	the lime date	and place and d	In the accordance of		4		
COMPL									) and manner as at	ated .
	200. SUSPINITURE AND TITLE OF CERTIFIER			1						
BE	101-1-E	TUN			29c. LICENSE NUI	3	29d. DATE	SIGNED	(Month, Day, Year)	
10	10. HAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Prin	41	Rass 11:	50 D-11		<del>)</del> '	212 13	
	31. DATE-FILED (Month, Day, Year)	32. RECOSTRAR'S SIGNATU	utland	Hue.	1/077 11	59 Balt	0. M	0	21203	
	nn 07 1993 3	La Davidson-Man	penso.							- 1



	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND	/ DEPAR	RTMENT	0F H	IEALTH	AND N			9 3 E		9242	
	1. DECEDENT'S NAME (First, JOSEPH M.		BRONIS.	SR.	ENTIF	ICATE	UF	DEAL		2. DATE OF MONTH	DEATH	"   9	3 EAR	3. TIME OF DEAT	P.
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. I		IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF I	BIRTH by, Ybar)		-	HPLACE (State or Fe	oreign
	212-28-4669		1 🔀 M 2 🗆 F	76	YRS.			Hoons	10000	FEB. 2	3,19	17		YLAND	
or	9e. FACILITY NAME (If not in		treet and number)			9b. CITY,	TOWN	OR LOCATIO	ON OF DE	ATH		9c. COL	INTY OF	DEATH	
<u> </u>	MERCY HOSPIT			_			BA	LTIM	ORE						
DIRECTOR	10e. STATE	10b. COUNTY	1		10c. CITY, TOWN OR LOCATION								10d, INSIDE CITY	,	
	MARYLAND				BALTIMORE							K YES 2			
*AL	10e. STREET AND NUMBER						101	. ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?	
	3531 ALAMEDA	CIRC						21218	3				U	.S.A.	
FUNERAL	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	X YES 2	RMED NO	13. W	AS DEC	ENDENT O	F HISPAN	IC ORIGIN? (S	pecify Yes	or No-	14. RAC Blac	E — American Indi k, White, etc.	an,
B	3 Widowed 4 Divo		IF YES, GIVE V	WAR OR DATES				2 NO	Specify				Spec	white	ı
				16a, D	ECEDENT'S	USUAL OC	CUPATIO	ON		16b. KIN	ID OF BUS	INESS/IN	DUSTRY	WILLE	
	(Specify only Elementary/Secondary (0		College (1-4 or 5	5	(Give kind of work done during most of working life. Do NOT use retired.)										
2 YRS grocer								R	ETAI	L GR	OCER	Y STORE			
3	17. FATHER'S NAME (First, Middle, Last) AUGUST BRONISZEWSKI				18. MOTHER'S NAME			ME (First, Midd	le, Maiden	Surname)					
BE 1			SKI						1ARY		NKNO				
2	19a. INFORMANT'S NAME (7)	1	19b. MAILING ADDRESS (Street and Number or Rural Rou												
	ELEANOR BRO		3531 ALAMEDA CIRCLE - BALTIMORE, MD. 21218												
	20a, METHOD OF DISPOSITI	n 3 🗆 Rame	oval from State			of DISPOSIT				DATE				own, State	
1	1 M Surial 2 Cremation 3 Removal from State   Cemetery, crematory of other place)   HOLY ROSARY CEMETERY 7/6   BALTIMORE    21. SIGNATURE OF FUNERAL SERVICE LICENSEE   22. NAME AND ADDRESS OF FACILITY														
	HUBBARD FUNERAL HOME INC.														
-	20 00000	1000	~ _	-0	n	410	07.1	WILKE	ENS A	VENUE	-BAL	CIMO	RE.	MD. 2122	9
CEMINICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, or heart failure. List only pne cause on each line.  IMMEDIATE CAUSE (Final disease or condition and disease or condition									interval Bonsat and	btween Death				
3			d,												
PHTSICIAN: MEDICAL	PART II. Other significa  Mita  Tac  Ana	ا ا	contributing to	-1'c 1c	reculting  M C  Li'c	lanc		g cause g	iven in f	Part i. 24e. WAS AN AUTOPSY PERFORMED?			248	WERE AUTOPSY FI AVAILABLE PRIOR COMPLETION OF CO OF DEATH?  1 YES 2 I	TO
5	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			1		ACE OF DE	ATH (Che	ck only one)					
2	1 TYES 2 NO		1 Sinpatient 2	ER/Outpatient	3 🗆 DOA	OTHER:	ng Hom	e 5 🗆 Re	eldence (	8 Other (Sp	ecity)				
5	27. MANNER OF BEATH	Pending	28a. DATE OF (Month, D		28b. TIM	E OF 2		RK?		28d. DESCRI	BE HOW IN	JURY OC	CURED		
0	2 Accident	nvestigation	DA - DI 405 0	F 10 10 10 10 10 10 10 10 10 10 10 10 10		М		ES 2							
3		Could not be determined	building,	F INJURY — At h atc. (Specify)	ome, term, :	street, factor	ry, office			28t. LOCATIO City or To	N (Street a wn, State)	nd Number	r or Runal	Route Number,	
COMPLEIGU	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation,						ne, data Inion, d	and place,	and due t	to the cause(s	) and man	ner se sta	ted.	a) and manner as s	lated.
30 01	Jours 2. Stemmer M.D. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) > 7/1/93														
	30. NAME AND ADDRESS OF	s f	Gren	E OF DEATH (ITE	M 27) (Type	Print)	V	C.1.	ره و	+ 5	+	B.	1/6	md 21	20 Z
	JUL 7 199			r's signature A-fandall											

Yes to an in tener in the start of the party of the feet of the feet of the start o Lower Edward Mill Made Committee of the Land

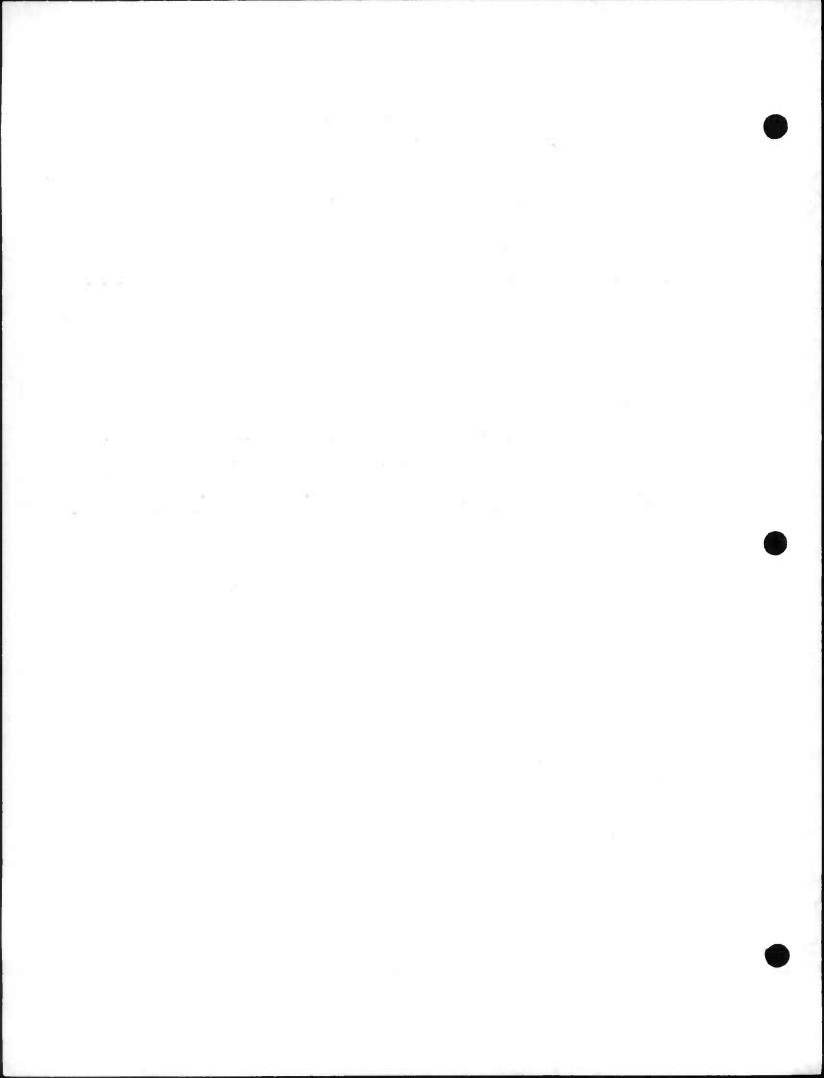
	Page
0, BALTIMORE, MARYLAND 21215-0020	NSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burning physician and one to burning the funeral director, page 5 should be detached for use as the burning the page of the burning the state beging the last that had Mental Hygiene prior to burial, cremation, or removal.
DF VITAL RECORDS, P.O. BOX 68760,	NSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retaine is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shou ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DF VI	rySicIAN: is certifica ith the Sta

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

93 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) Regina Brooksbank 2. DATE OF DEATH 7/4/93

		REGINA M	PROOF	CS BAN	K				-	TIA FU	19	93	3:45 A "
		4. SOCIAL SECURITY NUMBER	2.11	8. AGE (In yrs. le	isl birthday)		T	IF UNDER	24 HRS. 7.1	DATE OF BIFTH	127/00		ACE (State or Foreign
9		219-30-6893	1 🗆 M 2 💢 F	9:	3 YRS.	MONTHS	DAYS	HOURS	MIN.	11/27/	95		SYLVANIA
should		9a. FACILITY NAME (If not institution, give			1.0	9b. CIT	Y, TOWN	R LOCATI	ON OF DEATH	/	9c. COUNT		
ري دي	6	Union Memoria	Hospital				Balt	imor	e City				
- SS	Б	RESIDENCE OF DECEDENT  10e. STATE 10b. COUN	TY		T 400 CD	ry, town	00 1 001	(O)					
o P	DIRECTOR			_	10C. CI								d. INSIDE CITY LIMITS?
A		MARYLAND  100, STREET AND NUMBER	BALTIMOR	£		C		YSVI			44 - 017170		YES 2 NO
. 2	N.		***** 5015				100				10g. CITIZE		T COUNTRY?
5	FUNERAL	10825 SANDRING	12 WAS DECEDENT	EVER IN U.S. A	RMED	13	WAS DEC	210 ENDENT		RIGIN? (Specify	Years No. 14	U.S.	American Indian.
philip printer		1 Never Married 2 Married	FORCES? 1 [	YES 2	NO	1 - 3	If yes, sp-	ecity Cube	n, Mexican, Pu Specify:	erto Rican, etc.)	1.	Black, W	/hite, etc.
attending se as the	ВУ	Widowed 4 Divorced						2 XXNO	эрвспу.			Specify:	WHITE
	COMPLETED	15. DECEDENT'S ED (Specify only highest gra-	UCATION de completed)	16a. D	ECEDENT'S	USUAL O	CCUPATIO	ON st of working	200	16b. KIND OF	BUSINESS/INDUS	TRY	- MILLED
To Jo	9	Elementary/Secondary (0-12)	College (1-4 or 5+)	li li	e. Do NOT u	se retired.)	ourng mo	ot or worm					
the hospital detached for ence.	₹	6		I	OMEM	AKER				OWI	HOME		
	응	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAME (	First, Middle, Maid	len Sumame)		
od by	BE	JOHN MARTIN								ETH MAR			
be retained by ge 5 should be a notified at	2	19a. INFORMANT'S NAME (Type/Print)		11	Db. MAILING	ADDRES	S (Street a	nd Number	r or Rural Route	Number, City or	Town, State, Zip Co	rde)	
y be		WALTER BROOKSBA	ANK (SON)						M ROAD		SVILLE		
ocath. Page 6 may be funeral director, page xaminer must be a		XX Buriel 2 - Cremation 3 - Re	movet from State	20b. PLACE cemetery. cr							LOCATION — CIT		
al direc		4 ☐ Donation 5 ☐ Other (Specify)  21. SIGNATURE OF FUNEBAL SER ICE	ICENSEI	INEW C	ATHE				Y 7/7/		BALTIMO	RE,	MARYLAND
ocam. Pag funeral dii examiner				4						•	WTTZKE	ET INTE	RAL HOMES
0 = 0	- 3	Reconcer	- T	ce.		1.1	630	FDMO	NDSON	AVENTIE:	CATONIST	TT.T.E	LMD 21228
		23. PART i. Enter the diseases, or ahock, or heart failure	complications that	caused the d	eath. Do	not entar	the mo	da of dy	ing, such aa	cardiac or re	spiratory arres	t,	Approximata
		IMMEDIATE CAUSE (Final	1.0					1 -					Intarval Between Onset and Death
		disease or condition resulting in death)	Hali	OR AS A CONSE	gic	- 5	hoe	K					9 hs
			OUE TO (	OR AS A CONSE	PENCE O					ΛΛ	1		
and cor burial,	NO N	Sequentially list conditions,	· leak	OR AS A CONSE	Wil	lan	1-	DIF	amora	4/2	aston	315	
	RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	001300	JH AS AJCONSE	OUENCE	"+	1	U	- 00				
4 9 B	윤	CAUSE (Disease or injury that initiated events	C. ULLEU	OF ASIA CONSE	DUENCE O	ear	-0	rigo	art				
attending physical Hygiene IV, or other	E	resulting in death) LAST		1		***		-					į
the atter Mental	CE		d	and the state of the									
by the attended Mental	MEDICAL	PART II. Other algorificent condition	na contributing to d	leath but not	resulting	In the u	nderlying	cause g	given in Part	i. 24a. WAS PERF	AN AUTOPSY ORMED?		RE AUTOPSY FINDINGS
een signed by the of Health and In	8									1 - 5.00	2 NO	CO	MPLETION OF CAUSE DEATH?
been sign t. of Heal										1		1[	YES 2 NO
23 bept	ä												
this certificate h with the State C	SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF O	EATH (Check or	nly one)			
the S	PHYS	1 YES 2 NO  27. MANNER OF DEATH	1 Inpatient 2 1							Other (Specify)			
fter this cath with marked,		1 Natural 5 Pending	(Month, Day		28b. TIN	JURY	-	RK?		. OESCRIBE HO	W INJURY OCCUP	ED	
After death	BY	2 Accident Investigation 3 Suicide 6 Could not be	28e PLACE OF	INJURY — At h	ome, farm.	street, faci		ES 2		LOCATION (Stee	et and Number or	Donal Doug	Atrophys
after 28 ls		4 Homicide 6 Could not be determined	building, et	tc. (Specify)			,		1	City or Town, Sta	ite)	7 Han	enit 0
OURS OURS	MPLET	29a. CERTIFIER	PICIANI To the best of							un M	emol1a)	110	SPILAX
Z Z Z =	₹ I		SICIAN: To the best of m IER: On the basis of exa										
THE FUNERAL IN FILE FUNERAL IN	8	29b. SIGNATURE AND TITLE OF CENTURE		The state of the s	veetigetit	ers, ar my t	quinon, O			own and place,	and due to the c	Eriso(s) 40	u manner as stated.
일 를 보고	B	Ahred 86	oh	MA				29c. LICE	ENSE NUMBER		29d. DATE S	IGNED (Mo	onth. Day, Year)
263	2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CALLER	OF DEATH INTE	M 27) (%	Delet*					1	ny	4/1993
1		Ahmed M	SHOIL	- P4.	/ (ype	Li		M.	( )	0 4	12 1 1	2	′
6		31. DATE FILED (Month, Day, Year)	32. REGISTRAR	'S SIGNATURE		m	IN	Iven	noria	X 119	מוקטי	_	

DHMH-16 Rev 1/89



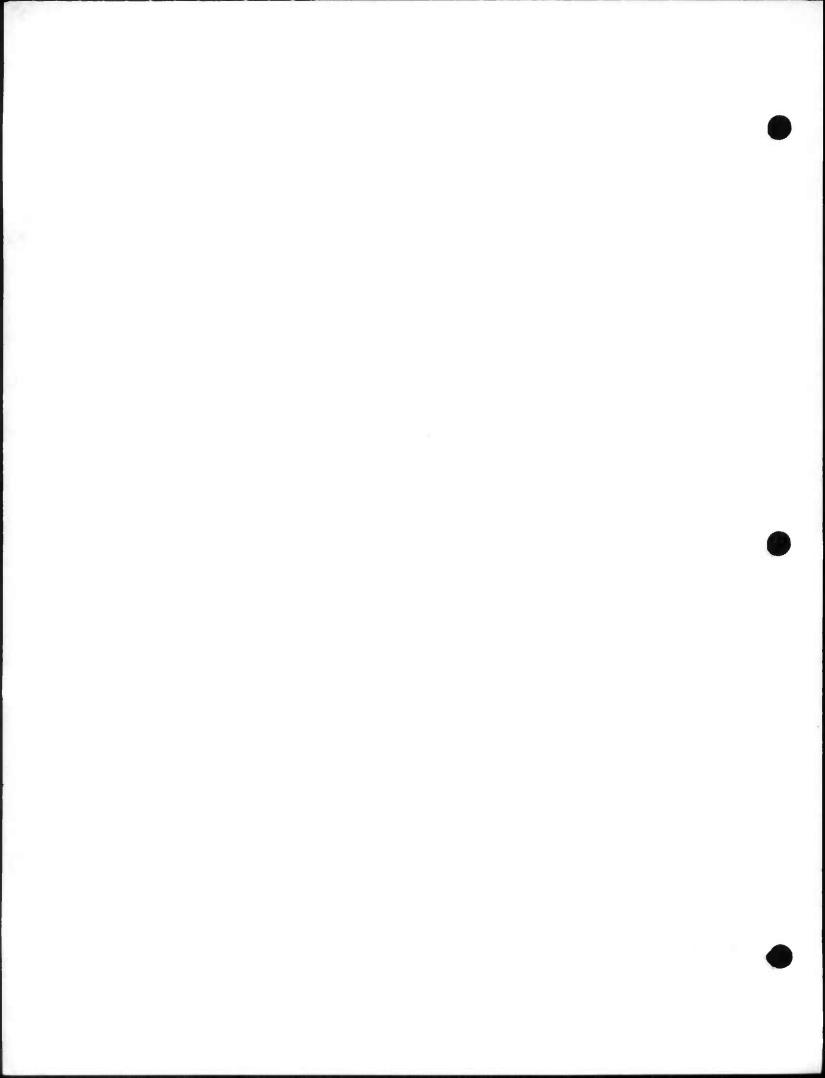
**BALTIMORE, MARYLAND 21215-0020** 

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TO THE HOSP TO THE FUNE DE filed within The IMPORTANT

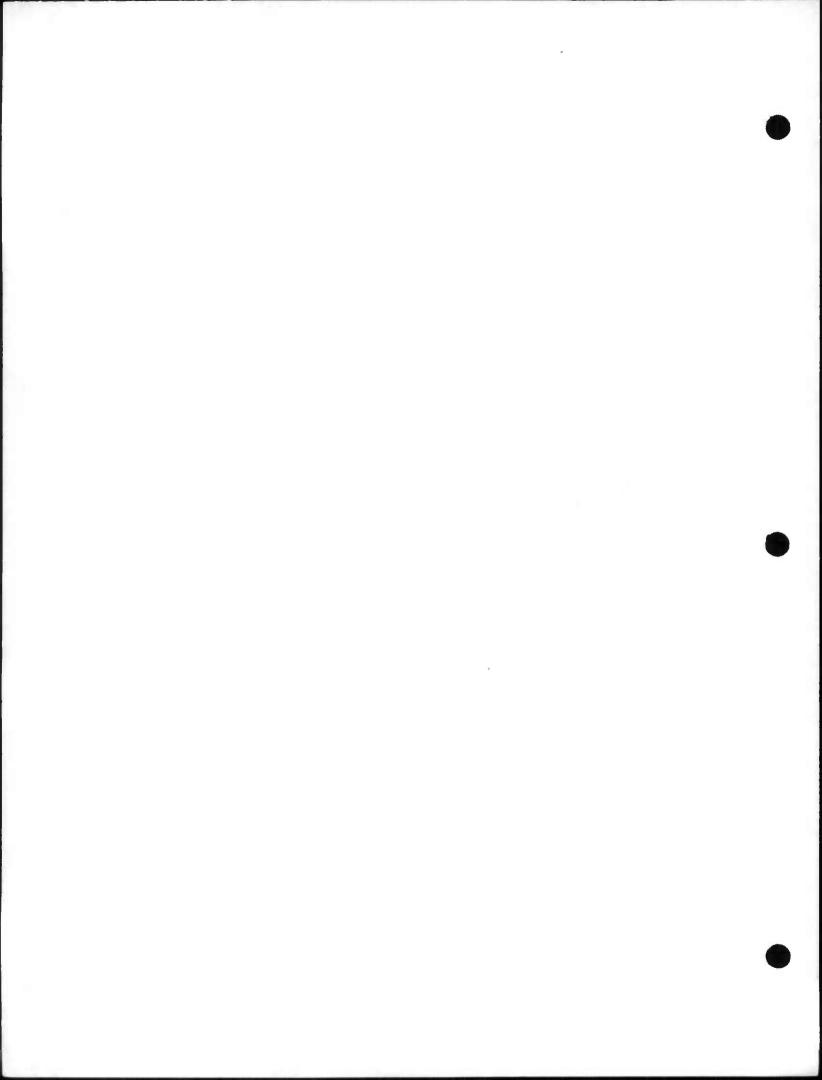
STATE O	MARYLAND	DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE	
	C	ERTIFICATE	OI	F DEAT	ГН		BEG. NO.	

	1 - STATE OF MAI		MENT OF HEALTH AND I	MENTAL HYGIENE	33 13244					
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH					
		niarski		July 2	1993 3:15 Pm					
	4. SOCIAL SECURITY NUMBER 5. SEX 1 ☐ M 2 [X] F		FUNDER 1 YEAR IF UNDER 24 HRS. HYTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	B. BIRTHPLACE (State or Foreign Country)					
	9a. FACILITY NAME (If not institution, give street and number)	99 YRS.	b. CITY, TOWN OR LOCATION OF DE	12/14/189	93   Maryland					
TOR	Meridian-Perring Parkway N		Parkville		Baltimore					
RE	10e. STATE 10b. COUNTY		OWN OR LOCATION		10d. INSIDE CITY LIMITS?					
L D	Maryland Baltimore	Pa	rkville		1 TYES 2 X NO					
FUNERAL DIRECTOR	1241 Halstead Road		101. ZIP CODE 21234		United States					
	11. MARITAL STATUS  1 Never Married 2 Married FORCES? 1	YES 2 X NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexican	s, Puerto Rican, atc.)	or No— 14. RACE — American Indian, Black, White, etc.					
ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR (	OR DATES	1 TES 2 X NO Specify		Specify: White					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US (Give kind of work	done during most of working	16b, KIND OF BUSI						
Elementary/Secondary (0-12) College (1-4 or 5 +)  8  College (1-4 or 5 +)  Homemaker										
MO	17. FATHER'S NAME (First, Middle, Last)	Homemo		ME (First, Middle, Meiden Si	(mame)					
BE C	Anthony Lewandow	ski	Mary	Cywins	, and the second					
10 E	19a. INFORMANT'S NAME (Type/Print)		ORESS (Street and Number or Rural F	loute Number, City or Town,	State, Zip Code)					
	Mr. Daniel Boniarski  20e METHOD OF DISPOSITION 1 M Burlel 2 Cremetton 3 Removal from State	eis Road Seven	rna Park, M							
	ATION — City or Town, State  Itimore, Maryland									
	4 Donation 8 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mark	Holly Rosary T. Zavoyna	22. NAME AND ADDRESS OF FAC	HLITY	Turmore, maryrand					
	Market. Zaroper	i aurojiia	Leonard J. R 5305 Harford	uck, Inc. Road. Bai	ltimore, 21214					
	23. PART i. Enter the diseases, or complications that ce shock, or heart feliure. List only one ceuse of	used the deeth. Do not	enter the mode of dying, such	an cerdiec or reapire	story arrest, Approximets					
	A A		10- 4	10.	interval Between Onset and Death					
	reaulting in death)	AS A CONSEQUENCE OF:	Heart	de se	se years					
Z	Sequentially list conditions, 6.									
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	AS A CONSEQUENCE OF):								
FIC	CAUSE (Disease or Injury C.	AS A CONSEQUENCE OF):								
ERT	resulting in deeth) LAST									
AL C	PART II. Other significent conditions contributing to dea	th but not resulting in t	he underlying ceuse given in i	Part I. 24a, WAS AN AI	UTOPSY 24b. WERE AUTOPSY FINDINGS					
				PERFORM  1 YES 2	MED? AVAILABLE PRIOR TO COMPLETION OF CAUSE					
MEDIC	V heunoura				OF DEATH?					
ä										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 (DMO HOSPITAL: 1   Insettent 2   ER/	0	26. PLACE OF DEATH (Che							
HYS	27. MANNER OF BEATH 28s. DATE OF INJU	RY 28b. TIME O	F 28c, INJURY AT	B Other (Specify)  28d. OESCRIBE HOW INJ	JURY OCCURED					
BY P	1 Natural 5 Pending (Month, Day, Ye	er) INJURY	M 1 YES 2 NO							
		URY Al home, farm, stree Specify)	rt, factory, office	281. LOCATION (Street and City or Town, Stete)	d Number or Rural Route Number,					
LE.	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my in	nowledge, death occurred a	t the ilms, data and place, and due	in the cause(s) and mann						
COMPLETED	298. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the ilme, data and place, and due to the cause(a) end manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) end manner as stated.									
H	296. SIGNATURE AND TITLE OF CERTIFIER	RAD	29a-LICENSE NUM	BER	29d. DATE SIGNED (Month, Ody, Year)					
2	30. MME ANO ADDRESS OF PERSON WHO COMPLETED CAUSE OF		1700)	1	117/43					
	Gracito Patricio, M.D.	8903 Harfor		more, Md. 2	21234					
	31. DATE FILED (Month, Dely, Year) 32. REGISTRAR'S									
	JUL 0 7 1993 gylia Deviden	Markers								



BALTIMORE, MARYLAND 21215-0020 SIGNAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  CONTINUED THE State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  The State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  The medical examiner must be notified at once.
TO THE HOSPITE. THE AMENDAM: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be tritained by the hosp TO THE HOSPITE. THE FOREST MAIN THE LAW TO THE FOREST MAIN THE STATE DEATH OF THE FOREST MAIN THE STATE DEATH OF HEALTH AND Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If them 21 is mainted, or teem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

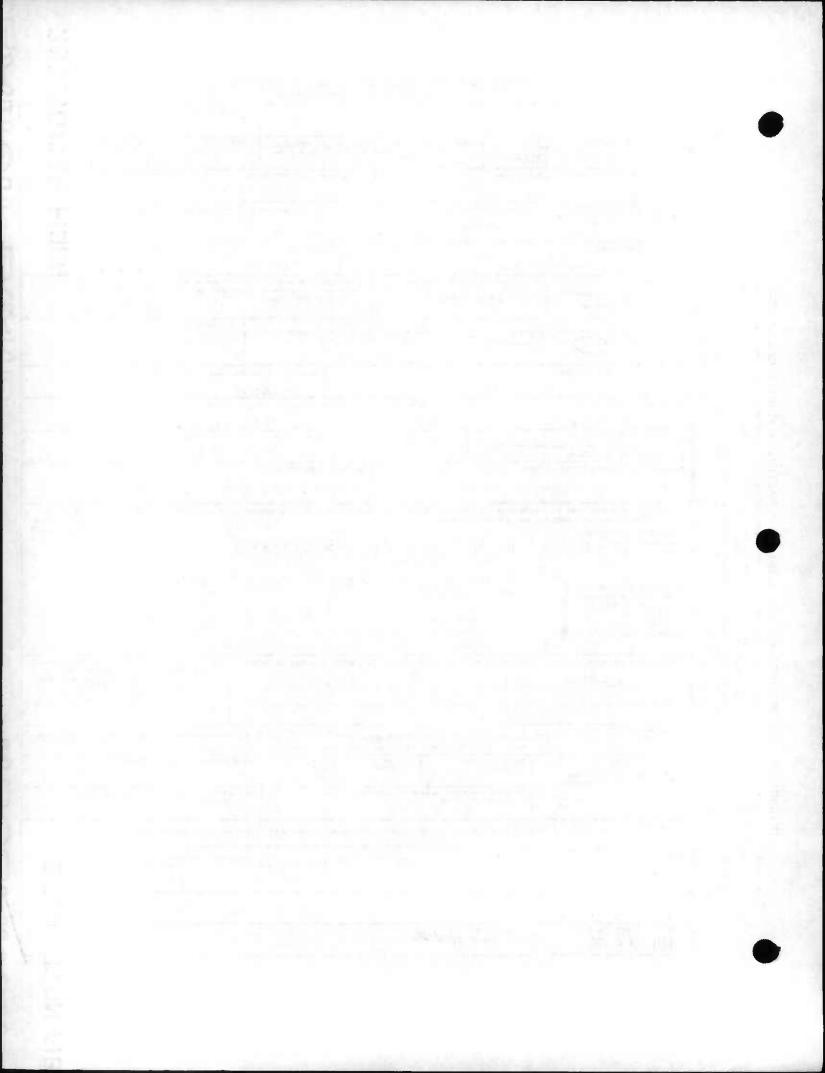
	FOR STATE REGISTRAR	STATE OF	MARYLAND C	/ DEPAI	RTMENT (	OF H	EALTH DE A	AND I		YGIEN EG. NO.			
	1. DECEDENT'S NAME (First, Midd Vitus W. Be	envegar					D		2. DATE OF I			93*	3. TIME OF DEATH 9:58 A M
	4. SOCIAL SECURITY NUMBER 219- 10- 7159		6. AGE (In yrs. la 84	est birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF B (Month, Day FeD.	иятн (Д <sup>раг)</sup>	1909	8. BIRTH	PLACE (State or Foreign
TOR	90. FACILITY NAME (II not institute  113 W. Barre RESIDENCE OF DECEDI	Street			9ы спу, т Balti			ON OF DE	HTA		9c. COU	NTY OF D	EATH
DIREC		COUNTY			TY, TOWN OR		ION						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL DIRECTOR	100. STREET AND NUMBER 4317 Hamilton	Avenue				10f.	ZIP COD	-			10g. CITI		VHAT COUNTRY?  JSA
Β¥	11. MARITAL STATUS 1  Never Married 2 Marrie 3 Widowed 4 Divorced	FORCES? IF YES, GIVE	NT EVER IN U.S. A 1 YES 2 X WAR OR DATES	2 XNO If yes, specify Cuban, Maxican,				n, Puarto Rican, etc.) Bia				E — American Indian, k, White, atc. "White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  Coffege (1-4 or 5+)  Heavy E					ing mos	I of working		16b. KIN		nstru		on
Salvatore Benvenga Anna (Unknown)													
70	John Benvegar	421	4th St	ree	et N		Nashing				0002		
20s. METHOD OF DISPOSITION  1 Strict 2 Cremation 3 Ramoval from State  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Mark T. Zavoyna  20b. PLACE AND DATE OF DISPOSITION (Name of generally content of place)  PLACE AND DATE OF Clay of Town, State  20c. LOCATION — City or Town, State  7/6/93 Baltimore, Md.  22. NAME AND ADDRESS OF FACILITY LEONard J. RUCK Inc.													
	· mark	T- Zury	rk T. Z		530	)5 H	darfo	ord F	Road Ba	altin	more,	, Md.	. 21214
	23. PART I. Enter the disees ehock, or heert is IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Met	OF AS A CONSE	· (	JAR				es cerdiec			1	Approximate Interval Between Onset and Death
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING												
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  d												
PHYSICIAN: MEDICAL C	PART II. Other significent co	onditions contributing to	deeth but not	resulting	in the unde	erlying	ceuse (	dven in i		WAS AN PERFOR	MED?	24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MED EXAMINER?  1 YES 2 NO	HOSPITAL:			OTHER:		1.		ck only one)				
HX.	27. MANNER OF DEATH	1 Inpatient 2 ( 28a. DATE DI (Month, L	INJURY	28b. T/M		c. INJU	RY AT	sidence	6 Other (Spe 28d. DESCRIB		JURY OCC	URED	
BY		ng Igetion			М		ES 2	NO					
ETED	3 Suleida 6 Could 4 Homicids determ	building.	OF INJURY — At he, etc. (Specify)	ome, farm,	streel, factory	, office			28f. LOCATION City or Tov	(Street a vn, State)	nd Number	or Rural F	loute Number,
COMPL	(Check only 1 Streeth the	EXAMINEST On the basis of e	f rily knowledge, di										) and menner as stated.
TO BE	NO. SENATURE AND TITLE OR O	AN WHO COMPLETED CAN	SE OF DEATH (ITE	lis	ho		29c. LICE	19L	119 119		29d, DATE	1/4	(Month, Day, Year)
13	31. DATE FILED (Moath, Day, Year)	OR P	ARM SIGNATURE	- 41) (1)(m	900	0	ATO	1	TUE.	t	SANT	. }	10 2129
	JUL 07 1993	gulia Devide	Mandelle	3									



## TWR FORWR 1 - STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO

	1. DECEDENT'S NAME (First, Middle, Last JEROME	David	BROW	N		2	MONTH 1	DAY 19	3.1	9:20 ]		
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birth			_	DATE OF BIRTH	8.	BIRTHPLA	CE (State or Foreig		
	219-38-2342	M 2 □ F	49 vi	RS. MONTHS	DAYS HOURS	MIN.	(Month, Day, Year) 10/24/4	14	Country) MI	).		
~	9a. FACILITY NAME (If not institution, give	street end number)		9b. CITY,	TOWN OR LOCAT	ION OF OEAT		9c. COUNT	Y OF DEATH	1		
DIRECTOR	1/13 FDMOND	SON AVENU	E		BALTI	MORE	CITY					
REC	10a. STATE 10b. COUN			CITY, TOWN O	R LOCATION				10d	I. INSIDE CITY		
	MD			BAlt	imore				15	YES 2 N		
3AL	10e. STREET AND NUMBER				10f. ZIP COD			10g. CITIZE	N OF WHAT	COUNTRY?		
FUNERAL	1415 Edmonds	SON AVE	VER IN U.S. ARMER			21223			S.A.			
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1	YES 2 NO	- 0	If yes, specify Cub	en, Mexican, I	ORIGIN? (Specify Ye Puerto Ricen, etc.)	98 OF NO 14	Specify: Black	American Indian, ilta, atc.		
ETED.	15. DECEDENT'S ED (Specify only highest gra-		16a, OECEDE (Give kir life, Do N	Se. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refined.)  16b. KINO OF BUSINESS/INDUSTRY								
COMPLET			U	nemplo	oyed							
BE	David	Bro		I INO ADODESO			hy E		4.1			
196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION / Name of DATE 20c. LOCATION — City or Town, s											
	MDBurial 2 ☐ Cremation 3 ☐ Ra 4 ☐ Donation 5 ☐ Other (Specify)	moval from Stata	Mt. Zi	or other place) On Cer	neterv							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY											
	The Alon Cemetery Landsdown, MD.											
	23. PART i. Enter the diseases, or	a. OUE TO (OF	eused the death. on each line.  CERES  AS A CONSEQUEN	Do not enter	the mode of dy	ring, auch a	na cerdiec or reap	piratory arrea	t,	Approximate Interval Bets Onset and E		
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BALTIMORE, MARYLAND 2121

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Should		: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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AL DINECTUR: ALL	72 hours after death with the State Dept. of Health and Mental Hygiene prior to b	Item
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	500							3 19247			
	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Lest) Tyrone Bobby	Brown				2. DATE OF DEATH MONTH 3/93		YEAR 3. TIME OF OEATH			
	212 -36-3828	X M 2 □ F	yrs. last birthday) 51 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10/22/4		B. BIRTNPLACE (State or Foreign Country) Md			
TOR	9a. FACILITY NAME (# not institution, give street 4407 Kathland Av			Balt	imore	EATH	9c. COUNT	Y OF DEATH			
DIRECTOR	10a. STATE 10b. COUNTY			alto	ATION			10d. INSIDE CITY LIMITS? 1 🖄 YES 2 🗌 NO			
FUNERAL	4407 Kathaand Av	C. WAS DECEDENT EVER IN	_	10	21207			S.A.			
В	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	If yes, s	CENDENT OF HISPA pecify Cuban, Maxica \$ 2 XNO Specif	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) y:	a or No— 1	4. RACE — American Indian, Black, Whita, etc. Specify: Black					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com Elementary/Secondary (0-12)  12th	166. KIND OF BUSINESS/INDUSTRY									
BE CON	17. FATHER'S NAME (First, Middle, Lest) Zedrick Brown	IAME (First, Middle, Maiden Sumame)  AM Brown									
TO E	Joanne Brown  196. MAILING ADDRESS (Street and Number or Rural Abute Number, City or Town, State, Zip Code) 4407 Kathland Ave Balto, Md 21207										
	20a. METHOD OF DISPOSITION  1 XI Buriet 2 Cremetion 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of Commetter), Granultory of Other (Specify)  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State										
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Mar	6			est 4300 W	abash	Ave			
	23. PART T. Enter the diseases, or com- shock, or heert fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	plicatione that ceused it only one ceuse on eed for first fundamental pure to confus a confus	n line.		ode of dylng, suc	h as cerdisc or reep	Iratory arres	Approximate interval Between Onset and Death			
RTIFICATION	2 0 0 0 0:										
PHYSICIAN: MEDICAL CE	PART II. Other significent conditions of	AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO								
SICIAN		OSPITAL:		OTHER:	LACE OF OEATH (Ch						
ву РНУ	27. MANNER OF OEATN  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Morith, Day, Year)	28b. TIME	OF 28c. IN.	JURY AT ORK? YES 2 NO	28d. OEŞCRIBE NOW I	NJURY OCCU	REO			
	3 Suicide 8 Could not be determined	26a. PLACE OF INJURY — building, etc. (Specify	At home, tarm, at	reet, factory, offic	:4	28t. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and dus to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and manner as stated.										
TO BE	29b. SIGNATURE AND TITLE OF CHIEFER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  7-6-6-13										

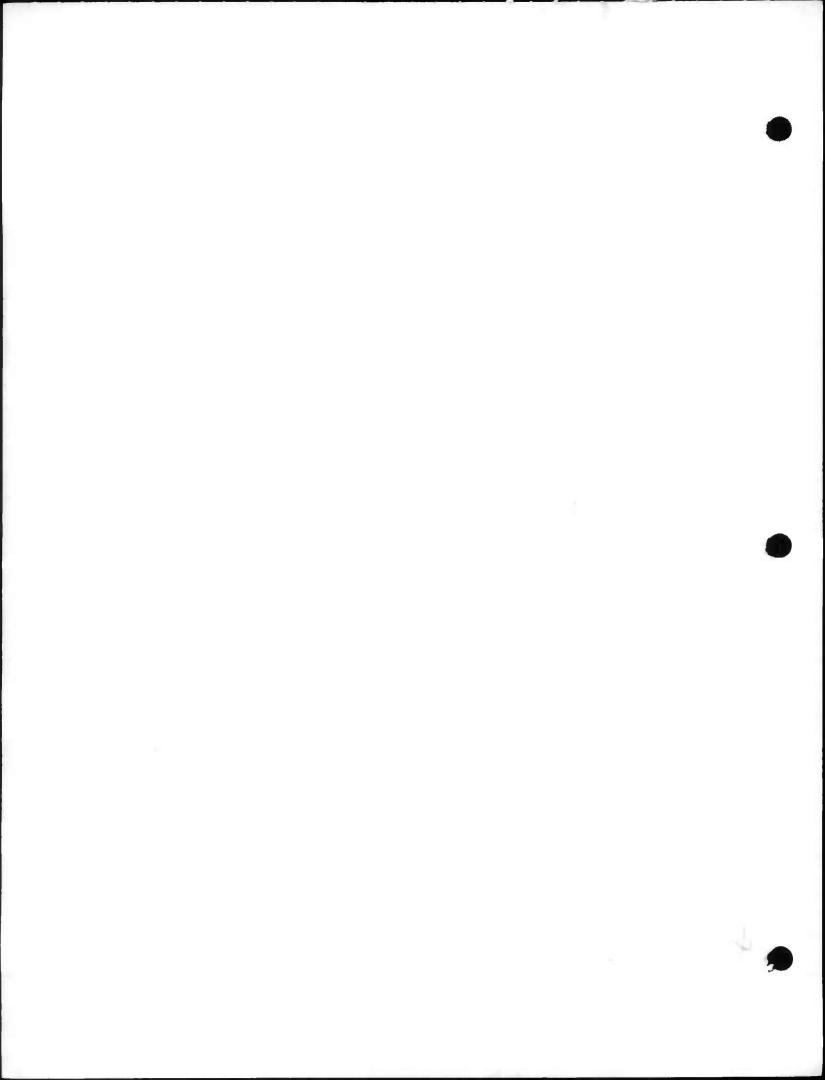
2 Accident	investigation		М	1 TYES	2 NO	
3 Suicide 4 Nomicide	8 Could not be determined	26a. PLACE OF INJURY — At he building, etc. (Specify)	me, tarm, atreet, fac	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
(Check only one) 2						I s to the cause(s) and manner as stated. s time, data and piace, and due to the cause(s) and manner as state

WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Chi-Shiang Chen, M.D. 100 N. Broadway Balto., MD 21231

31. DATE FILED (MOND), Day, Year)

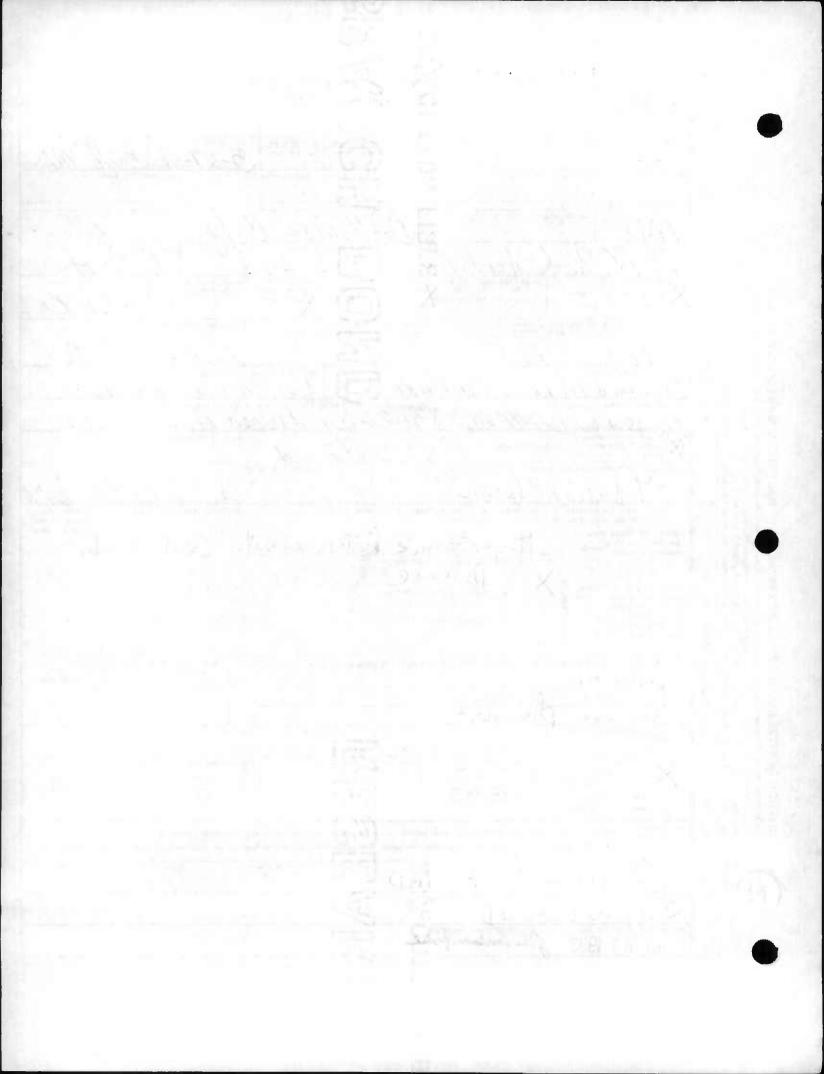
JUL 7 1993 32 REGISTRAN'S SIGNATURE
Junia Devidson-Re



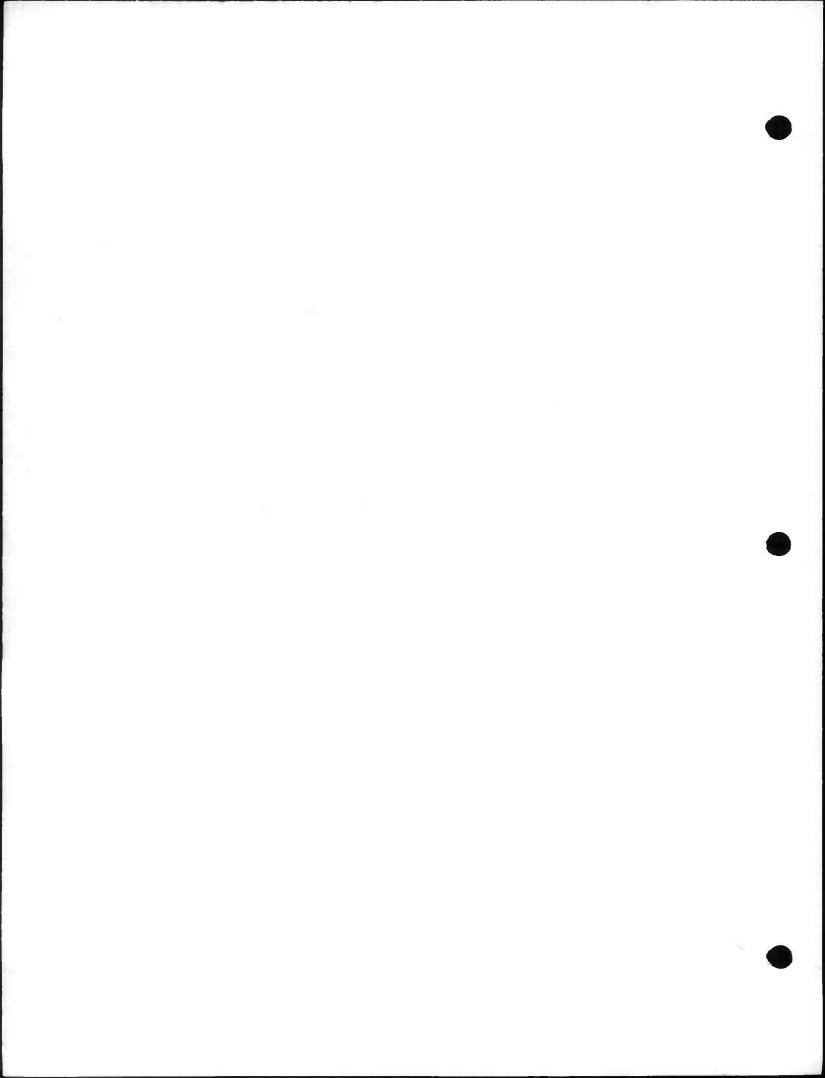
ITEMS: 4,5,6 PER F.H. G-701 7/8/93 reb

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH 3. TIME OF OEATH YEAR DORIS D. BALLARD 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 M 2 X F 214-58-8966 47 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH Be. COUNT DIRECTOR WESTWOOD AVENUE BALTIMORE CITY RESIDENCE OF DECEDENT LOCATION IOd. INSIDE CITY 6 08 YES 2 NO permit. FUNERAL 101, ZIP CODE 2 funeral director, page 5 should be detached for use as the burial-transit be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify BALTIMORE, MARYLAND 21215-0020 If yes, specify Ouban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 YES Never Married 2 Msrried IF YES, GIVE WAR OR DATES BY Widowed 4 Divorced COMPLETED 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEDENT'S EDUCATION (0-12) once. 17. FATHER'S NAME (First Middle Last to BE notified 2 pe THOD OF DISPOSITION rial 2 Cremation Page 6 may DATE 20c. LOCATION - City or Town, Stata must 3 🗆 Donation 5 Other (Specify) examiner 22. NAME AND ADDRESS OF FACILITY ours after death. signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal. medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heart feliure. Liet only one cause on each line. IMMEDIATE CAUSE (Final **Onset and Death** the disesse or condition resulting in desth) event, DIVISION OF VITAL RECORDS, P.O. BOX 68760. death certificate be executed with (OR AS A CONSEQUENCE OF) rslage traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 injury. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? OR ATTENDING PHYSICIAN: The law requires that the MEDICAL any 1 TYES 2 NO OF DEATH? Shows 1 YES 2 | NO has been a seiz isorde PHYSICIAN: Syc 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one this certificate h Hem **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA Home 5 - Rasidenca 6 - Other (Specify) 6 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO marked, Natural 5 Pending 1 YES 2 NO BY After death Acciden 26a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 99 6 Could not be determined COMPLETED FUNERAL DIRECTOR: 4 Homicide 28 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. HOSPITAL = basia of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. HE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER OCME BE DZICE 6 30 1993 2 ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Penn Street, Baltimore, Maryland 21201 32. REGISTRAR'S SIGNATURE 1993



		1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT OF CERTIFICATE OF		MENTAL HYG					
		1. OECEDENT'S NAME (First, Middle, Lest)	L BETT	467A		2. DATE OF DEAT	DAY	S. TIME OF GEATH			
2, 3 should	ron	4. SOCIAL SECURITY NUMBER 219-52-5909 8a. FACILITY NAME (If not Institution, give	10M20F 42		IF UNDER 24 HRS. HOURS MIN. I OR LOCATION OF DE		5/ /	BIRTHPLACE (State or Foreign Country)  OF DEATH			
it permit. Pages 1,	RAL DIRECTOR	10a. STREET AND NUMBER	A A	10c. CIEV JOHN OR LOC	ATION  NORE  101, ZIP CODE		10g. CITIZE	10d. INSIDE CITY IMITS? 1 YES 2 NO N OF WHAT COUNTRY?			
215-0020 attending physician. ise as the burial-transit	BY FUNERAL	11. MARITAL STATUS  1 Nover Merried 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO It yes, i	ECENDENT OF HISPAN specify Cuben, Mexica ES 2 NO Specify	n, Puerto Rican, ato	y Yes or No— 14	PACE — American Indien, Black, White, atc.			
D 21 spital or led for u	COMPLETED	15. OECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION 18: completed) Coflege (1-4 or 5+)	e. DECEDENT'S USUAL OCCUPA (Give kind of work done during r life. Do NOT use retired.)	FION nost of working	16b. KIND O	F BUSINESS/INDUS	TRY			
RYLA ed by the uld be de	TO BE CO	17. FATHER'S NAME (First, Middle, Last)  19. INFORMANT'S NAME (Type/Print)	ERS	19b. WAILING ADDRESS (Some	DE/	NE (First, Middle, Mi DR55	PETA	VEA-			
E, N by be n page 5		20s. METHOD OF DISPOSITION 1 DEBurial 2 Crompsfor 3 Pen	novel from State Congress	ACE AND DATE OF DISPOSITION I	BE/	DATE 20	BATTON - CIN	MD.21215			
ALTIN death. Pag e funeral dir ii.		21. SIGNATURE OF SUPERAL SERVICE LICENSEE  22. MANUAL AND ADMINISTRA SERVICE LICENSEE  22. MANUAL AND ADMINISTRA SERVICE LICENSEE  27. FRED ALLITON 1695 217.29									
P 60,  In within 24 hours after on properties, filled in by the cremation, or removal event, the medical		MARKEN AND MALLON COLLAR	List only one ceuse on each	line.			respiratory srres	Approximate interval Between Onset and Death			
th certificate be executed ending physician and com I Hygiene prior to burial, or other traumatic ex	CERTIFICATION	disease or condition resulting in death)  Due to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  A I D S  Due to (or as a consequence of):  Due to (or as a consequence of):  A I D S  Due to (or as a consequence of):									
requires that the seen signed by the shows any injury	MEDICAL	PART II. Other eignificent condition	ne contributing to deeth but r	not resulting in the underlyi	ng ceuse given in	PE	S AN AUTOPSY REFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
The la	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	PLACE OF DEATH (Ch	eck only one)					
SICIAN Certific the S	PHYS	1 YES 2 NO 27. MANNER OF DEATN	1 de inpatient 2 □ ER/Outpatient 28e. DATE OF INJURY	nt 3 DOA 4 Nursing No	me 5 - Residence		OW INJURY OCCUP	E0			
After this death with	ВУ Р	1 Netural 5 Pending 2 Accident Investigation		WHITE INJURY W	YES 2 NO	zou. ozgonisz (i	ow agont occor	EU			
TTENDI CTOR: A after d	ETED	3 Suicide e Could not be determined	28e. PLACE OF INJURY — A building, atc. (Specify)	At home, farm, street, factory, off	ice	281. LOCATION (St City or Town, S	reet and Number or State)	Rural Route Number,			
DING DIRECTAL OR A DIRECTAL SHOWS	COMPL	2 MEDICAL EXAMINI	ICIAN: To the best of my knowledge					Buse(s) end manner sa stated.			
1	TO BE	200. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON WA	h	AVEN OF A	D 440	1BER 0 2	29d. DATE 3	GNED (Month, Day, Year) 7-101/93			
		TITO AND	ONE SA	NBUILI6	M.O	ę					
1		31-DATE RILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR								



TO BE COMPLETED BY FUNERAL DIRECTOR

DHMH-18 Rev 1/89

	FOR
1	STATE
	REGISTRAR

DECEDENT'S NAME (First, Middle, Last)		CERTIF				2. DATE OF DEAT	н		3. TIME OF DEATH
DAWN		DUID	DIIC			MONTH	DAY	YEAR	
SOCIAL SECURITY NUMBER	MARIE 5. SEX 6. AGE	(In yrs. last birthday)	RRUS	YEAR IF UNDER	24 HRS :	06 30		V	10:04 P
218-88-4369	1 M 2 F	29 YRS.		DAYS HOURS	MIN.	9/21/6	r)	Count	Maryland
. FACILITY NAME (If not institution, give	street and number)	2. 3	9h CITY T	TOWN OR LOCATION	ON OF DEAT			UNTY OF C	
						N .			
3431 LIBERTY F	HEIGHTS AVE	ENUE	BAL	TIMORE	3		ва.	Ltimo	ore City
a. STATE 10b. COUNT			Y, TOWN OR		-				10d. INSIDE CITY
Maryland	Baltimore C:	ity   B	altim	ore					LIMITS?
STREET AND NUMBER				10f, ZIP CODE	E		10g. Cl	TIZEN OF	WHAT COUNTRY?
3431 Liberty He:	ights Ave.				21215		Un:	ited	States
. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13, W	AS DECENDENT O	OF NISPANIC	ORIGIN? (Specifi	Yes or No-	14. RAC	E American Indian,
Never Married 2 Married	FORCES? 1 YES		If y	yes, specify Cuba	n, Maxican,	Puerto Rican, etc	.)	Spec	k, White, atc.
X Widowed 4 ☐ Divorced				_ XX	орвану.			- apac	White
15. DECEDENT'S EDU (Specify only highest grad		16a. DECEDENT'S	USUAL OCC	CUPATION ving most of working		16b. KIND OF	BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)	ring most or worter	ng .				
12 years		Giant	Pharm	nacy		Cler	k		
FATHER'S NAME (First, Middle, Last)						(First, Middle, Ma			
Louis C. Ward				Shi	rley	Schulth	neis (	nee (	)h1)
a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (	Street and Number	or Rural Ros	ite Number, City or	Town, Statu, Z		
Mrs. Shirley Sch	hultheis	4102	Edge	hill Av	re. H	Baltimor	e, MD	212	211
a. METHOD OF DISPOSITION	20	b. PLACE AND DATE O	OF DISPOSITI	TON (Name of		DATE 200	LOCATION	- City or Te	own, State
CMBurial 2 ☐ Cremation 3 ☐ Ren ☐ Donation 5 ☐ Other (Specify)	moval from State Co	metery, cremetory or of Lake View	ther place) Mem.	Park		7/6 5	ykesv:	ille.	MD
. SIGNATURE OF FUNERAL SERVICE LI			22. N/	AME AND ADDRES		ITY			
· Vamos	12 /0	100.1		ring By	ers I	Tuneral	Direc	tors	Inc.
	0 0								
/ shock, or heart fallure.	complications that cause. List only one cause on	esch line.		28 Libe	erty F	Road Ra	indall:	stown	Approximata Interval Between
shock, or heart failure.  MEDIATE CAUSE (Final leaks or condition soliting in death)	a. Due to (or as	A CONSEQUENCE OF	D)		erty F	Road Ra	indall:	stown	Approximata Interval Between
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shock, or heart failure.  AMEDIATE CAUSE (Final leads or condition saulting in death)  equentially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury let initiated events soutting in death) LAST	b. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF	F):	he mode of dyl	erty Fing, such	Road Rass cardiac or n	indall:	stown	Approximate Interval Betwee Onset and Ds:
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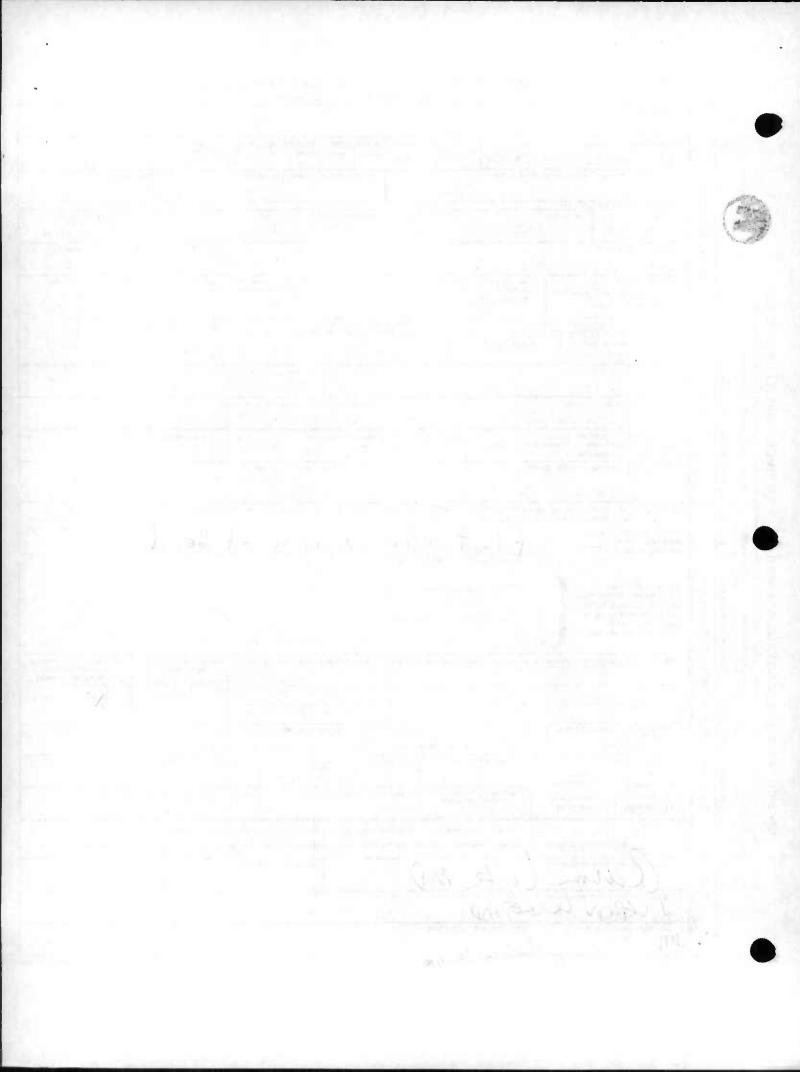
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Tours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTI				REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE (	OF DEATH DA		YEAR	3. TIME OF DEAT	Н
EMMANUEL	FRANK		BURR	RUS	06		199	3	10:04	F
4. SOCIAL SECURITY NUMBER 214-66-5686	5. SEX 1 X M 2 F	6. AGE (In yrs. lest birthday YRS.	MONTHS DAYS			Dey; Year)		Countr	PLACE (State or Form)  Yland	reign
9e. FACILITY NAME (If not institution, give s 3431 LIBERTY				OR LOCATION OF E	EATH	<del>1</del> -193	9c. CDUN			
RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT	Υ		ITY, TOWN OR LOC						10d. INSIDE CITY LIMITS?	
Md.  100. STREET AND NUMBER  3431 Liberty	Uoi ahta		altimor	e 101. ZIP CODE 21207					1 X YES 2 THAT COUNTRY?	NO
11. MARITAL STATUS 1 Never Married 2X Married 3 Wildowed 4 Divorced	12. WAS DECEDENT	EVER IN U.S. ARMED	If yes, o	ECENDENT OF HISPA specify Cuban, Mexic ES 2 ND Spec	an, Puerto R		or No-	14. RACE	E — American Indi k, White, atc.	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 2	CATION completed) College (1-4 or 5+)	(Give kind o	's usual occupat if work done during in use retired.)  Scaper	TION most of working		KIND OF BUS				
17. FATHER'S NAME (First, Middle, Lest)  Leon B. But	rrus			16. MOTHER'S N		liddle, Melden : Lofla			N. E. M.	
19a, INFORMANT'S NAME (Type/Print)				t and Number or Rura	Route Numb	er, City or Town	n, State, Zip			
Mahalia Burrus  20a. METHOD OF DISPOSITION  1 CX Buriel 2 Cremetton 3 Ren		20b. PLACE AND DAT	E OF DISPOSITION (		DATE	20c. LOC	CATION — C	alty or To	wn, Stata	
4 Donation 5 Other (Specify)	CENSEE	Garrisc	n Forr	est Vet	ACILITY					d
23. PART I. Enter the diseasea, or ahock, or heart failure.  IMMEDIATE CAUSE (Final disease Dr condition resulting in dasth)	complications that List Dnly one caus	- Force	Danu		eight	ec or rample	e. B	alt	ones F o., Md Approxim Interval B Onset and	. 1 eta
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23. PART I. Enter the diseasea, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease Dr condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST  PART II. Other algorificant conditions.	DUE TO (  d	DR AS A CONSEQUENCE  OR AS A CONSEQUENCE  OR AS A CONSEQUENCE  OR AS A CONSEQUENCE  DR AS A CONSEQUENCE  DR AS A CONSEQUENCE  OR AS A C	or not anter the moore of the m	ing cause given in	Part I.  B D Other  2 Ed. DES.  SUB	24a. WAS AN. PERFOR  XXYES 2  (Specify) CRIBE HOW IN	AUTOPSY IMED?  INJURY OCC.	alt alt,  24bb	Approxim Interval B Onset and Onset and WERE AUTOPSY F AMALABLE PRIOR COMPLETION DF to DF DEATH?  YES 2    YES 2	nta stweet I Dan II Dan
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23. PART I. Enter the diseasea, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease Dr condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER 1 CERTIFYING PHYS	DUE TO (  d. DUE T	DR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE DR AS	of):  OF):  OF):  OF):  OF):  OF):  OTHER:  4   Nursing Ho  INVERY  3   PM   1    1   OTHER:  4   Nursing Ho  INVERY  3   PM   1    1   OTHER:  4   Nursing Ho  INVERY  3   PM   1    1   OTHER:  4   Nursing Ho  INVERY  3   PM   1    1   OTHER:  4   Nursing Ho  INVERY  3   PM   1    1   OTHER:  4   Nursing Ho  INVERY  3   PM   1    1   OTHER:  4   Nursing Ho  INVERY  3   OTHER:  4   OTHER:  5   OTHER:  6   OTHER:  6   OTHER:  6   OTHER:  6   OTHER:  6   OTHER:  6   OTHER:  9   OTHER:	ing cause given in	Part I.  Par	24a. WAS AN. PERFORI XI YES 2  (Specify) CRIBE HOW IN TION (Street a Form, Start) FORM, Start Form, St	AUTOPSY IMED?  IN NO  NJURY OCCUBEAT  BEAT  BERT  DAIF	alt  24b  PFEN  PFEN  HTTM	Approximinterval B Onset and Onset a	Interest of the second of the
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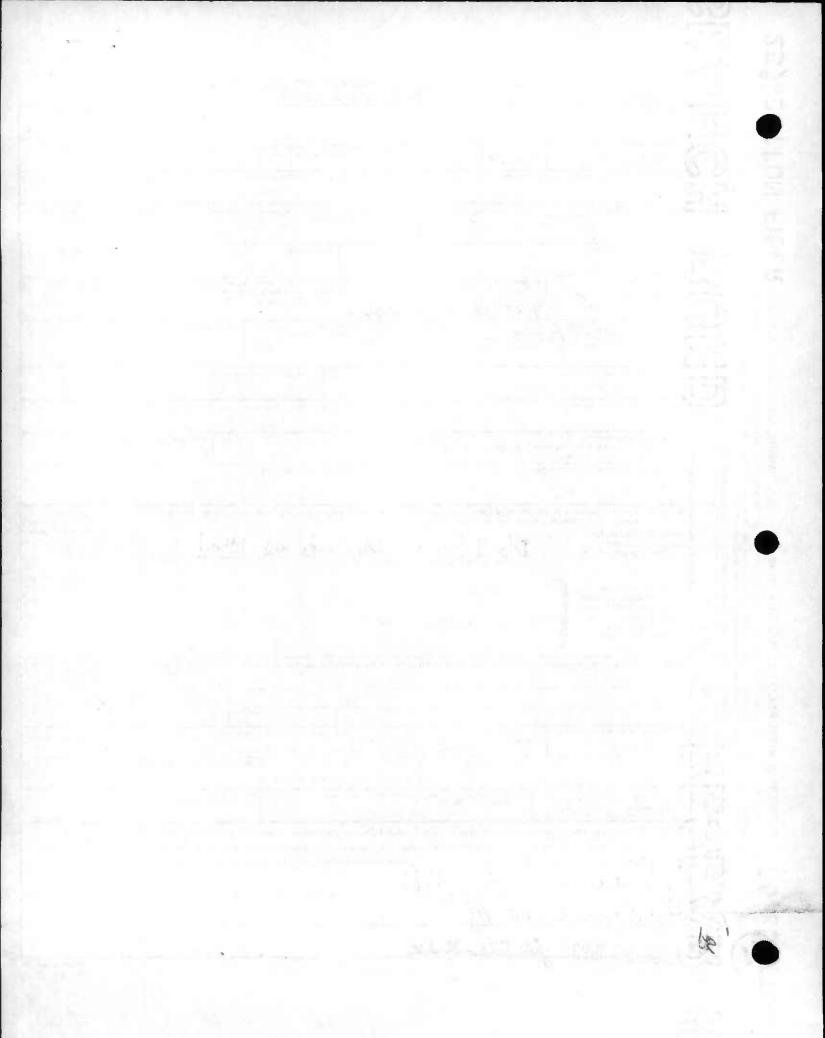
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the flow is a fler death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netfilled at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-18 Ray 1/89



Pages 1, 2, 3 should permit. transit BALTIMORE, MARYLAND 8 Z retained by should page 5 s urs after death. Page 6 may be director. funeral filled in by the the attending physician and completely filled in Mental Hygiene prior to bun'al, cremation, or executed withi

RECORDS, P.O. BOX 68760, OR ATTENDING PHYSICIAN: The law requires DIVISION OF VITAL

that the death certificate be

s been signed by the pt. of Health and P

to certificate has be

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Consultation of the State of the and the to see the second DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1993

32. REGISTRAR'S SIGNATURE

	Pag		
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page	ppt, of Health and Merital Hygiene prior to burial, cremation, or removal.	terphonents to the market to the contract of t
ires that the death certificate be	signed by the attending physician	fealth and Mental Hygiene prior (	the name forferen and address described
NNG PHYSICIAN: The law requ	After this certificate has been	death with the State Dept. of h	
TO THE HOSPITAL OR ATTEND	TO THE FUNERAL DIRECTOR: /	be filed within 72 hours after a	THE PARTY IS IN OF IT
			-

		FOR						9	3 19253
		1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR CERTIF	ITMENT (	F HEALTH AND OF DEATH	MENTAL HYGIEN REG. NO		
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	MY	3. TIME OF DEATH
	H	1. SOCIAL SECURITY NUMBER	BROWN Jr	s. last birthday)	IF UNDER 1 Y		July 1,	1993	11.30 A M
			1 2 M 2 □ F 87			AR IF UNDER 24 HRS	(Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
		9a. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TO	WN OR LOCATION OF			Maryland Y OF DEATH
	OR	Franklin Square Ho	snital		Rossy		Balti	more County	
	DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY		10c. CIT	Y, TOWN OR L	OCATION			10d. INSIDE CITY
		Maryland Baltin	nore	Ess	ex				LIMITS? 1 YES 2 X NO
	FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
	NEF	2100 Tred Avon Ros				21221		U. S	A.
1		1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN U.S FORCES? 1- YES 2 IF YES, GIVE WAR OR DATES	NO NO	It ye	e, specify Cuban, Mex	PANIC ORIGIN? (Specify Yellcan, Puerto Rican, etc.)	e or No— 1	4. RACE — American Indien, Black, White, etc.
	ВУ	3 🔣 Widowed 4 🗌 Divorced	WW II		10	YES 2 NO Spe	octly:		specify: white
	ETED	15. DECEDENT'S EDUCA (Specify only highest grade or		. DECEDENT'S	USUAL OCCU	PATION g most of working	16b. KIND OF BU	SINESS/INOUS	
	PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		se retired.)				
Once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		Mason		18. MOTHER'S	Constr NAME (First, Middle, Maiden		
76	ш	Thomas M. Brown	Sr.			Unknor		Surnemen	
notified	TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St		al Route Number, City or Tox	n, State, Zip C	ode)
be no		Thomas M. Brown				von Road		ryland	
must		20e. METHOD OF DISPOSITION  1 □ Burlel 2 □ Cremation 3 □ Remov  4 □ Donation 5 □ Other (Specify)	al from State cametery	ceand DATE	ther place)				ty or Town, State
ner		21. SIGNATURE OF FUNERAL SERVICE LICE	HSEE O	mount		torium C	7/3/93 Bal	timore	• Maryland
i. examiner		1	XX				Funeral Hon		
or removal		23. PART . Enter the diseases, or co	mplications that caused the	death. Dor	ot antar tha	mode of dving.	1 Avenue E	ratory arres	Maryland 21221
med:		shock, or heart feilure. Li iMMEDIATE CAUSE (Final	st only one cause on each	iina.		,		natory arres	Interval Between Onset and Death
t, the		disease or condition	Intracerebra	Bleed	lina				onest and bauti
Hygiene prior to burial, cremation, or are other traumatic event, the me			DUE TO (OR AS A COR						
natic natic	O	Sequentially list conditions,	Hypertension DUE TO (OR AS A CO)	NCEONENCE OF					
prior to buri	ERTIFICATION	If any, lesding to immediata cause. Enter UNDERLYING	DOL TO (ON AS A CON	13EOUENCE OF	y.				
other	Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A COM	SEQUENCE OF	7):				
, or o		resulting in desth) LAST							
Injury.	N C	PART il. Other significant conditions	contributing to death but n	ot resulting i	n the under	lying cause given	in Part i. 24e. WAS AN		24b. WERE AUTOPSY FINDINGS
any	MEDICAL	Emphysematous Cr	ronic Obstruc	tive F	ulmona	ry Disea	Se 1 = yes 2		AWAILABLE PRIOR TO COMPLETION DF CAUSE
shows	ME	History of Deep	Vein Thrombos	sis, De	mentia	. Gastri	tis.	/ <del>-</del>	0F DEATH? 1  YES 2 NO
23 s	AN.								
State	SICL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2X NO	HOSPITAL:		OTHER:	8. PLACE OF OEATH (			
d, or	PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJURY	26b. TIM		Home 5 Residenc	e 8 ☐ Other (Specify)  28d. DE\$CRIBE HOW I	NJURY OCCUI	RED
death with the State Dept. of Health and Mental s marked, or Item 23 shows any injury, or	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		URY	WORK?			
er dea	ED B	3 Suicide S Could not be	26s. PLACE OF INJURY — A building, etc. (Specify)	t home, term, e	treet, factory,	office	281. LOCATION (Street of City or Town, State)	end Number or	Rural Route Number,
hours after Item 28		4 Homicide datermined					July 37 tom, Stately		
= 5	COMPL		AN: To the best of my knowledge						
filed within PORTANT:	8	2 MEDICAL EXAMINER:	On the basic of examination end	I/or Investigatio	n, in my opinio			d due to the c	cause(e) end manner ee stated.
POR	BE	296. SIGNATURE AND TITLE OF CERTIFIER	Qua do.	1		29c. LICENSE N	UMBER		SIGNEO (Month, Day, Year)
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH IZKe 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS B. BIRTHPLACE (State or Foreign 1, 2, 3 should 9a. FACILITY NAME (If not institution, 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDENT Pages 1 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY YES 2 NO FUNERAL 10e. STREET AND NUM 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4206 GROVELAN 21215 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, 1 YES 2 20NO Specify: executed within 24 hours after death. Page 6 may be retained by the hospital or attending pre-IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced use as the COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life, Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KING OF BUSINESS/INDUSTRY (Specify only highest grade n by the funeral director, page 5 should be detached for removal. Elementary/Secondary (0-12) College (1-4 or 5+) LIRSING ASST. HEAlTh 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle 有 BE notified MAME (Type/Print) 2 Zip Code) P 215 pe METHOD OF DISPOSITION ACE AND DATE OF DISPOSITIO 20c. LOCATION must Cremetion 3 - Removal from State 4 Deflation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mars medical filled in by the 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate 0 Intarval Between IMMEDIATE CAUSE (Finel l completely filled irial, cremation, c Onset and Death traumatic event, the disease or condition\_ TUMOR Ø resulting in death) DIRECTOR: After this certificate has been signed by the attending physician and com-hours after death with the State Dept, of Health and Mental Hygiene prior to burial, Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic or CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF) If any, leeding to immediate cause. Enter UNDERLYING requires that the death certificate be CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO COA ALLUNG 1 YES 2 NO PHYSICIAN: HOSPITAL DR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF BEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 28I. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED S Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee atated. TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 M 2 MEDICAL EXAMINER: On the beele of examination investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) end menner ea 29b. SIGNATURE AND TITLE OF CERTIFIE 29c, LICENSE NUMBER \$ 60576 BE 29d. DATE SIGNED (Month, Day, Year) a 0 30. NAME AND ADDRESS OF PE COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Luha Davidson 7 1993 JUI DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

19254

REG. NO.

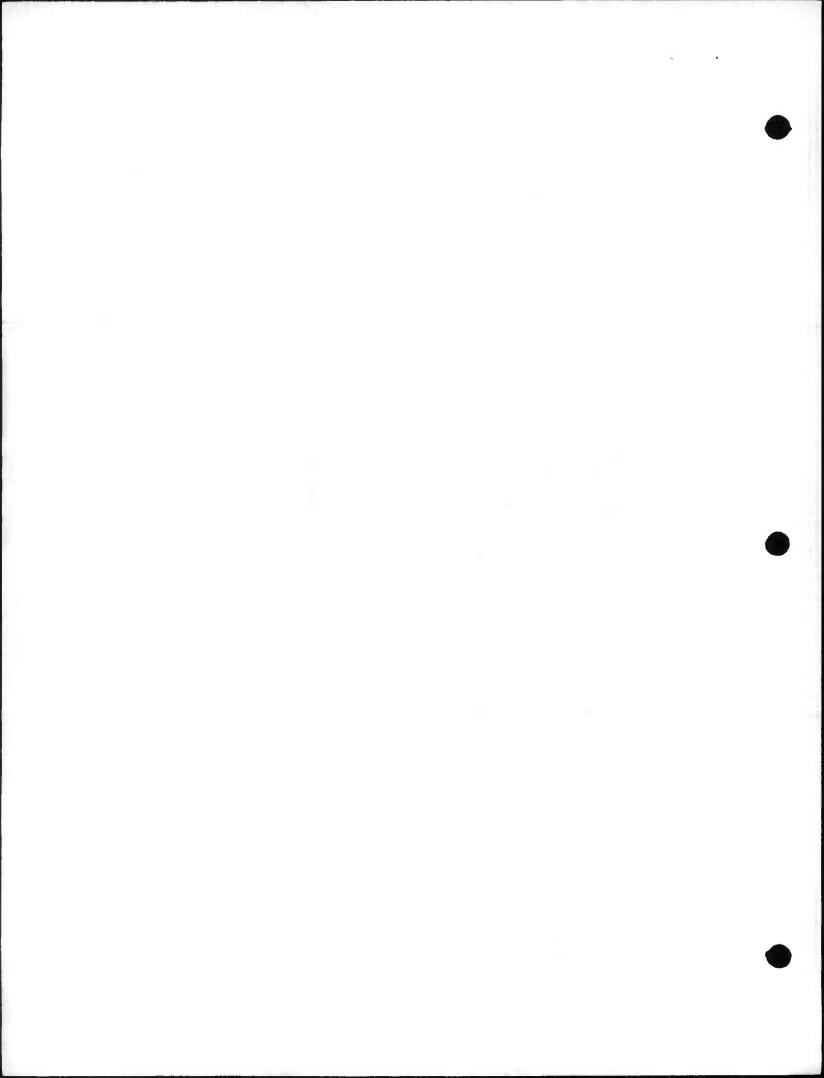
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be retained by the hospital or attending physician.	the Charles down the district for a second
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death.	Sermon or
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24 hou	fillad
AN: The law requires that the death certificate be executed within 24	INSECTION that this captificate has been circust by the attending physical and completely filled in by the turnous discourse Exhaults he decorated to the time.
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NTTENO	-dul
	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2ª rouns after death. Page 6 may be retained by the hospital or attending physician.

URECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should east with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

The 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed TO THE BLIFFOLD (MECTOR: After this certificate has been signed by the attending physician and control be much as the control of the strength

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Lest)								2. DATE OF DE	ATH			3. TIME OF DEATH	
- 1			HAROLD	C		В	AKEI	?		June	24.		3	6:40 a M	
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. I	est birthday)	IF UNDER		IF UNDER		7. DATE OF BIF (Month, Day,	TH		8. BIRTH	PLACE (State or Foreign	
	219-32-16		1 🔀 M 2 🗌 F	5 5	YRS.	MONTHS	DAYS	HOURS	MIN.	Aug 7,		37	WV	0	
_	9a. FACILITY NAME (If not in					9b. CITY		OR LOCATI					NTY OF D	EATH	
DIRECTOR	Memorial		tal				Cun	nber1	and		Allegany				
<u> </u>								10d. INSIDE CITY							
#	WV	Min	era1		Keyser						- 1	LIMITS?			
4	10e. STREET AND NUMBER	10e. STREET AND NUMBER					101. ZIP CODE					10g. CITIZEN OF WHAT			
ER/	P.O. Box 433				26726						U.S.A.				
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER			IT EVER IN U.S.	R IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN?						cify Yes			— American Indian, , White, etc.	
BY F								etc.)	201	Black Specif					
		White													
COMPLETED	(Specify only	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY													
٦	Elementary/Secondary (0	)-12)	College (1-4 or 5	+) {	eel W					Chan	1 - 16	E			
W	17. FATHER'S NAME (First, M	liddle Last)		366	SET M	orke.	L	40 11000		AE (First, Middle,			actur	ing	
	Irvin C.							Hi		Fric		Sumame)			
BE	19a, INFORMANT'S NAME (7			1	9b. MAILING	ADDRESS	S (Street			oute Number, City		Chata 7/	o Cordol		
2	Shirley Mari	ie Bak	er		P.0	. Box	x 43	3 I	Čevse	er, WV	26	726	0 0000)		
İ	20g. METHOD OF DISPOSITE	ION	ACII Digitale di salari	20b. PLACE	ANDDATE	OF DISPOS	SITION /N	eme of		DATE	20c LOC	CATION —	City or Ton	wn. State	
	4 Donation 5 Other	(Specify)		Rotom	rematory of o	ther piecel	al (	Garde	ns 6	/28/93	Kev	ser.	WV	26726	
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ziysa:					ND ADDRES				,			
	► \ ( . ·	. 1	)-\-	1/		Ro	tru	ck-Sm	ith	Funeral	l Ho	me			
	23. PART i. Enter the d		complications the	t caused the d	leeth Do	[85	5.	Main	Str	eet Ke	yse	r, W	IV 2	6726	
	snock, or n	cart Innure.	List only one ceu	ise on each lin	ie.	iot enter	une inc	oue or uyi	ng, such	as cerdiec of	reepii	atory an	rest,	Approximata interval Batween	
	iMMEDIATE CAUSE (Findisease or condition	iel	Ĭ	11110	0	- · · · /	- 50	2						Onset and Death	
	resulting in death)		a. OUE TO	(OR AS A CONSE	EOUENCE O	))/(L F):	- (1								
z			h											_i	
CERTIFICATION	Sequentially list conditi if any, leading to immed	diate	DUE TO	(OR AS A CONSE	EOUENCE O	F):									
2	cause. Enter UNDERLYI CAUSE (Disease or inju		с												
	that initiated eventa resulting in death) LAS		OUE TO	(OR AS A CONSE	EOUENCE O	F):									
5			d												
	PART II. Other significe	nt condition	e contributing to	death but not	resulting	in the ur	nderiyin	g cause-g	iven in F	Part i. 24a. V		AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
MEDICAL	SEU	ere	duc	mic	36	str	uc	tin			YES 2			AMAILABLE PRIOR TO COMPLETION OF CAUSE	
	Cuna	7	DISEC	A,	-1					_   ' ' '	/	NO.		OF DEATH?  1 YES 2 NO	
- H										-	,			TES 2 NO	
¥	25. WAS CASE REFERRED TO	MEDICAL					28. PI	LACE OF DI	ATH (Chec	ck only one)	-				
Sic	EXAMINER?		HOSPITAL: 1 ➡ Inpatient 2 □	ER/Outpatient	3 DOA	OTHER		ne 5 🗆 Re	sidence 8	Other (Speci	(fu)				
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF (Month, D	INJURY	28b. TIM	_	28c. IN.	JURY AT	-	28d. DESCRIBE		JURY OC	CURED		
BY		Pending Investigation	(Month, D	wy, roary	like.	M	_	YES 2	NO						
	3 Suicide 8	Could not be	28a. PLACE O building,	F INJURY — At h	ome, ferm, s	street, fact	lory, offic	:0		28f. LOCATION		nd Number	or Rural A	oute Number,	
Ë L	4  Homicide	datermined	1,75540.0							Ony or John	, Otato)				
교	29a. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the beat of	my knowledge, d	eath occum	ed at the t	ime, data	and place,	and due t	o the cause(a) a	nd mane	ner sa stal	led.		
COMPLETED														and manner as stated.	
	29b. SIGNATURE AND TITLE	OF CERTIFIER	X	-	-			29c. LICE	NSE NUME	BER	$\neg$	29d. DAT	E SÍGNEO	(Month, Day, Year)	
# 0	Ul	arle	Dac	3	1	M	)	D :	35481			16	(24	1193	
٩	30. NAME AND ADDRESS OF	PERSON WHO	O COMPLETED CAUS	SE OF DEATH (ITE	ЕМ 27) (Туре,	Print)									
	J.Pr. Mark	Sagin	-4th Floo	r-Memor	cial 1	Hosp:	ital	-Cuml	er1r	ad, MD	21.	502			
	31. DATE FILED MONING	3 ar) 94	La Barrian	AND HORSE	-					· · · · · · · · · · · · · · · · · · ·					
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BALTIMORE, MARYLAND 21215

rurs after death. Page 6 may be retained by the hospital or atten-

executed within

certificate be

requires that the death

DIRECTOR: A hours after de Item 28 Is

TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II FUNERAL WITHIN 72 8

2

RAUL LOPEZ.

31. DATE FILED (Month, Day, Year)

7 1993

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

HOSPITAL OR ATTENDING PHYSICIAN: The law

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

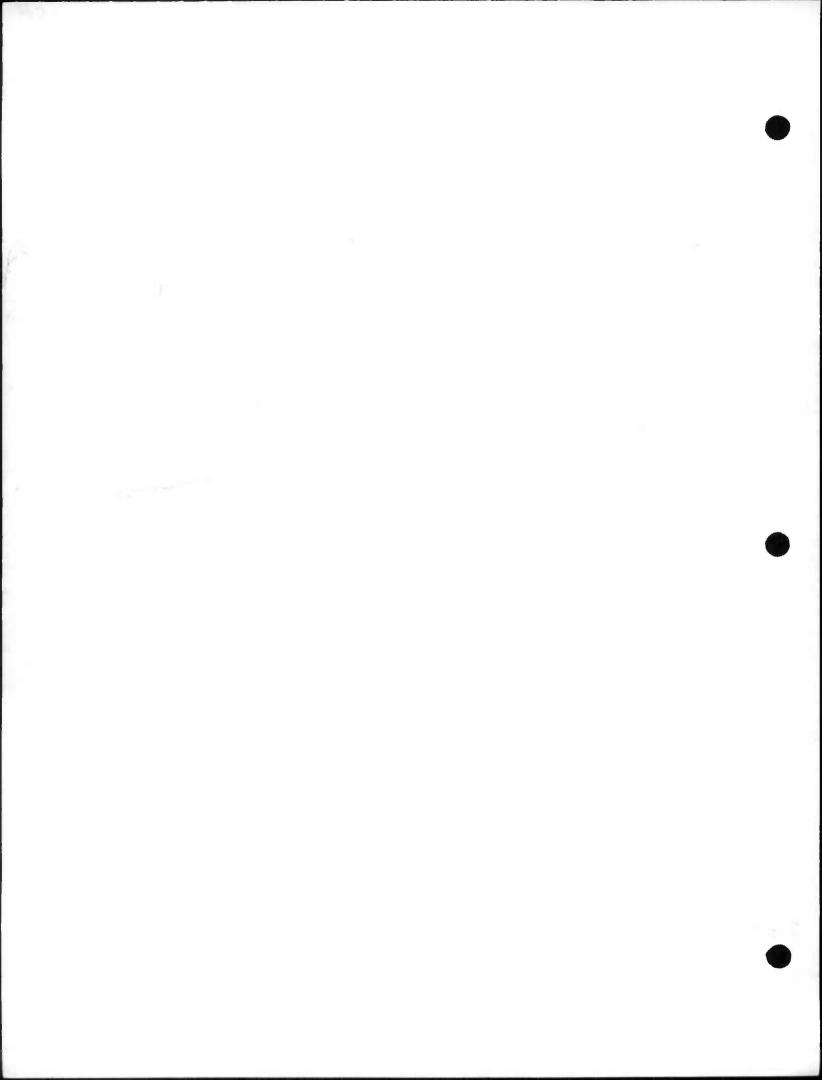
permit. Pages 1, 2, 3 should

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	page	r death with the State Dept. of Health and Mental Hygiene prior to burial. cremation. or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ROBERT BENJAMIN BUTLER 1993 JULY 10:45 Рм 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 05/17/24 214 15 7894 1 💢 M 2 🗌 F HOURS 69 MARYLAND YRS. 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR V.A. MEDICAL CENTER FORT HOWARD BALTIMORE RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE CITY none TXXYES 2 NO FUNERAL 10e. STREET AND NUMBER 10t. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1821 RUTLAND AVENUE 21213 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married
3 Widowed 4 Divorced 1 TES 2 NO BY Specify 4 Divorced 07/09/43-01/31/46 BLACK COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g Elementary/Secondary (0-12) 8th College (1-4 or 5+) none TRUCK DRIVER Social Service Administra-17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) tio unknown BE unknown 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 CAROLYN BUTLER 2742 The Alameda Balto, Md. 21218 20a METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata DATE 1 Burial 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
CALVIN B. SCRUGGS FUNERAL HOME 1412 E. Preston St. Balto, Md. 21213 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition RESPIRATORY FAILURE resulting in death) DUE TO (OR AS A CONSEQUENCE OF): LUNG CANCER CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS COMPLETION OF CAUSE 1 - YES 2 X NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Qinpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 ☐ YES 2 NO 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO ВҰ 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Sulcide ETED 6 Could not be 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data and place, and dus to the cause(s) and menner as stated. 296. SIGNATURE AND LITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) MD MAN 1-15232 Leely 4 1993

9600 NORTH POINT ROAD, FORT HOWARD, MARYLAND 21052





BALTIMORE, MARYLAND 21215-0020	has pital or attending physician.	unached for use as the burial-transit permit. Pages 1, 2, 3 should	onec.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Press of the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, and considerable for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be street of

	st, Middle, Last)	BESS:	IE BLOC	2K						TULY 1	1993	YEAR	3. TIME OF DEATH	
4. SOCIAL SECURITY NUM 216-14-049		5. SEX 1 M 2 F	6. AGE (In yrs. 71	lest birthday) YRS.	IF UNDER I	VEAR DAYS	IF UNDE	MIN.		E OF BIRTH	922		IPLACE (State or Foreign	
90. FACILITY NAME (II not UNION MEMC	RIAL H				эь. СПҮ	ALT	IMOR	DN OF DE	EATH	-	9c. COUNTY OF DEATH			
mesidence of de MARYLAND	10b. COUNTY			10c. CIT	Y, TOWN OF BALTI	LOCAT MOR	TON E						10d. INSIDE CITY LIMITS?  1X X YES 2 NO	
2903 FALLS		D,APT. 1	07			101	212					IZEN OF V	WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 \( \bar{\text{V}} \) 3 \( \bar{\text{Widowed}} \) \( 4 \) \( \bar{\text{Div}} \)		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 25	ARMED	11	yee, spe	ecify_Cube	OF HISPAN ori, Mexica Specify	in, Puerte	ilN? (Specify Yes o Rican, etc.)	s or No-	Black	E — American Indian, k, White, etc.	
15. DE (Specify or Elementary/Secondary (	CEDENT'S EDUC	CATION completed) College (1-4 or 5		DECEDENT'S (Give kind of life. Do NOT us	work done di	CUPATIO	ON st of worki	ng	10	Sb. KIND OF BU	SINESS/IND	DUSTRY		
12		College (1-4 or 5	+)		USEWI	[FE				AT	HOME	}		
17. FATHER'S NAME (First, I	SAMUEL	WEINSTE	IN				18. MOT			, Middle, Meiden KARSH	Surname)			
MR MELVIN	BLOCK			196. MAILING 2903	ADDRESS FALI	(Street a	nd Number	or Rural I	Aoute Nu	mber City or Tow 107 BA	n, State, Zie LTIMC	PRE,	MD 21209	
20e. METHOD OF DISPOSII 1- Buriet 2 Cremett 1 Donation 5 Donation	Specify)	2	20b. PLAC COME!	EANDDATE	OF DISPOSIT	TION (Na EMOF	me of RIAL	PARI	x 7-	2-93 R	EISTE	City or To	WN, MD	
H. SIGNATURE OF FURER	AL SERVICE AND	ENSEE			22 N	AME AN	D ADDRE	ee OF EA	A44 A					
23 ART i. Enter the c	ils <b>gate</b> a, or c	omplications the	it caused tha	death. Do r	60	010	SOL I	EVI	NOON	& BRO IN RD.	BALTI	MORE	Approximate	
iMMEDIATE CAUSE (Fi disesse or condition resulting in death)	nai -	MyE	OR AS A CONS	tial	60 not anter t	010	SOL I REIS	EVII STERS	NSON STOW h as ca	N RD.	BALTI	MORE	Approximate interval Between	
IMMEDIATE CAUSE (Fi	tions, dilate	Diaso Nove to	(OR AS A CONS	SEQUENCE OF	60 not anter t	010 the model	SOL I REIS de of dy	EVII STERS Ing. suci	NSON STOW h as ca	N RD.	BALTI	MORE	Approximate interval Between	
IMMEDIATE CAUSE (Fi disease or condition resulting in death)  Sequentially list condition from the condition of the condition	nei	DUE TO DUE TO MOVE TO LANGE TO	(OR AS A CONS	SEQUENCE OF	60 for antar t	olo she model of t	SOL I REIS de of dy	EVIII STERS Ing. such	NSON STOW h as ca	IN RD.	AUTOPSY	MORF	Approximate interval Betwee Onset and Dec	
IMMEDIATE CAUSE (Fi disesse or condition resulting in death)  Sequentially list condit of any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inj that Initiated events resulting in desth) LAS  PART II. Other algnifications EXAMINER?	tions, dilate fing cury ST	DUE TO DUE TO MOVE TO LANGE TO	(OR AS A CONS	SEQUENCE OF	60 for antar t	O10 he model of th	SOL I REIS da of dy	EVIII STERS Ing. such	NSON STOW h as ca	Z4a. WAS AN PERFOR	AUTOPSY	MORF	Approximate interval Betwee Onset and Des On	
iMMEDIATE CAUSE (Fi disease or condition resulting in death)  Sequentially ilst condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inj that initiated events resulting in death) LAS  PART II. Other algnific	tions, dilate fing cury ST	DUE TO  OUE TO  OUE TO  Contributing to	(OR AS A CONS (O	BEQUENCE OF SEQUENCE other:	DOIO he moo	COLUMN ACE OF D	EVIDSTERS	Part i.	24e. WAS AN PERFOR	AUTOPSY MED?	MORE rest,	Approximate interval Betwee Onset and Dea		
IMMEDIATE CAUSE (Fi disesse or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inj that initiated events resulting in desth) LAS  PART II. Other algnification EXAMINER?  1 YES 2 NO  77. MANNER OF DEATH	tions, dilate fing cury ST	DUE TO DU	(OR AS A CONS (O	BEQUENCE OF SECULENCE OF SECUENCE OF SECULENCE OF SECURENCE OF SECURENCE OF SECURENCE OF SECUENCE OF	OTHER:	26. PL: ing Homm	CBOL I REIS da of dy  CBUSE 9  ACE OF D  S Reise S S Reise S S C Reise S C	EVIDSTERS  Ing. such	Part i.	IN RD. rdiac or resp  24e. WAS AN PERFOR  1  YES 2	AUTOPSY MED?	MORE rest,	Approximate interval Betwee Onset and Decorate and Decorate and Decorate and Decorate and Decorate and Decorate and Decorate and Decorate and Decorate and Decorate and Decorate and Decorate and Decorate and Decorate and	
IMMEDIATE CAUSE (Fidisesse or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death to list in the l	tions, dilate (NG ury ST Condition)	DUE TO DUE TO OUE TO CONTRIBUTING to  HOSPITAL: 1   Inpatient 2   280. DATE OF (Month, D.) 280. PLACE O	(OR AS A CONS (O	BEQUENCE OF SECULENCE OF SECUENCE OF SECULENCE OF SECULENCE OF SECURENCE OF SECURENCE OF SECUENCE OF	OTHER:	26. PL: ing Homm	CBOL I REIS da of dy  CBUSE 9  ACE OF D  S Reise S S Reise S S C Reise S C	EVIDSTERS  Ing. such	Part i.	24e. WAS AN PERFOR	AUTOPSY SMED?	24b.	Approximate interval Betwee Onse1 and Dec Dec Onse1 and Dec Onse1 and Dec Onse1 and Dec Onse1 and Dec Onse1 and Dec Onse1 and Dec Onse1 and Dec Onse1 and Dec Onse1 and Dec Onse1 and Dec Onse1 and Dec Dec Onse1 and Dec Onse1 and Dec Dec Dec Onse1 and Dec Dec Dec Dec Dec Dec Dec Dec Dec Dec	
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IMMEDIATE CAUSE (Fi disesse or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inj that initiated events resulting in desth) LAS  PART II. Other algnific  EXAMINER?  1 YES 2 NO  17. MANNER OF DEATH  1 Natural 5   2 Accident 3 Suicide 6   4 Homicide  PSe. CERTIFIER (Check only)	tions, dilate find ury ST Conditions  Pending Investigation Could not be determined  TIFYING PHYSIC PICAL EXAMINES	DUE TO DU	(OR AS A CONS  (OR AS	BEQUENCE OF SEQUENCE OTHER: 4   Nursili E OF   2 PURY   M   2 street, factor	DIO  the moon of t	ACE OF D  STATE  ACE OF	GEVINSTERS Ing, such	Part i.  Part i.  SCK only of to the cutime, data	AN RD.  rdiac or resp  24a. WAS AN PERFOR  1 YES 2  AND STREET HOW I	AUTOPSY MED? ANO NJURY OCC	24b.  24b.  cured  or Rural F	Approximate interval Betwee Onse1 and Dec Dec Onse1 and Dec Onse1 and Dec Onse1 and Dec Onse1 and Dec Onse1 and Dec Onse1 and Dec Onse1 and Dec Onse1 and Dec Onse1 and Dec Onse1 and Dec Onse1 and Dec Dec Onse1 and Dec Onse1 and Dec Dec Dec Onse1 and Dec Dec Dec Dec Dec Dec Dec Dec Dec Dec		

Section 1 E,

MARK BARNHILL Tuly 2 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS 7. DATE OF BIRTH April 1 26, 1953 230-74-0301 40 DAYS HOURS MXM 2 F YRS. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number; 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR THE INTON MEMORIAL HOSPITAL BALTIMORE CITY 10e STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE use as the burial-transit 2310 Rueckert 21214 Avenue hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS

Never Married 2 Married 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If was accelfy Cuban. Maxican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES A NO BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Maxican, Pr 1 YES 2 NO Specify: BY IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY /Sn (Give kind of work done life. Do NOT use retired.) Jo Elementary/Secondary (0-12) College (1-4 or 5+) Sales Training Md. State detached once. 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Margaret Barnhill Richard Lewis 7 funeral director, page 5 should be BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3413 Keston Road Balto, Md. 21207 Mary Bolden pe 20s. METHOD OF DISPOSITION
143 Burial 2 Cremation 3 X Removal from St 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Forest Lawn Cemetery Norfolk, Virginia 4 Donation 5 Other (Specify examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Marshall W. Jones, Jr Funeral Home PA 4101 Edmondson Ave. Balto, MD 21229 the or removal. medical 23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. signed by the attending physician and completely filled in by . Health and Mental Hyglene prior to burial, cremation, or remo IMMEDIATE CAUSE (Final other traumatic event, the disease or condition resulting in death) severe HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within RECORDS, P.O. BOX 68760. DUE TO (OR AS A CONSEQUENCE OF): Status Prox cardiac CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO shows ; bas been s Dept. of H PHYSICIAN: 23 DIVISION OF VITAL 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) certificate h **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO npatient 2 - ER/Outpatient 3 - DOA ne 5 - Residence 8 - Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) with t 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Is marked, 1 Netural 1 YES 2 NO FUNERAL DIRECTOR: After to within 72 hours after death v BY 2 Accident 28a. PLACE OF INJURY — Al homa, farm, street, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 28 4 Homicide Hem 29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(s) and manner es stated. TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 has IMPORTANT: If it 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE - 2 Airi - lessent 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2 Ai E 201 LANU 8KW4 21218 Down uns 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1

93 19258

New York

10d. INSIDE CITY

14. RACE — American Indian, Black, While, etc. Specify: Black

12 YES 2 NO

Interval Between Onset and Death

2 da

3. THE OF TEATHM 2000

19,93

9c. COUNTY OF DEATH

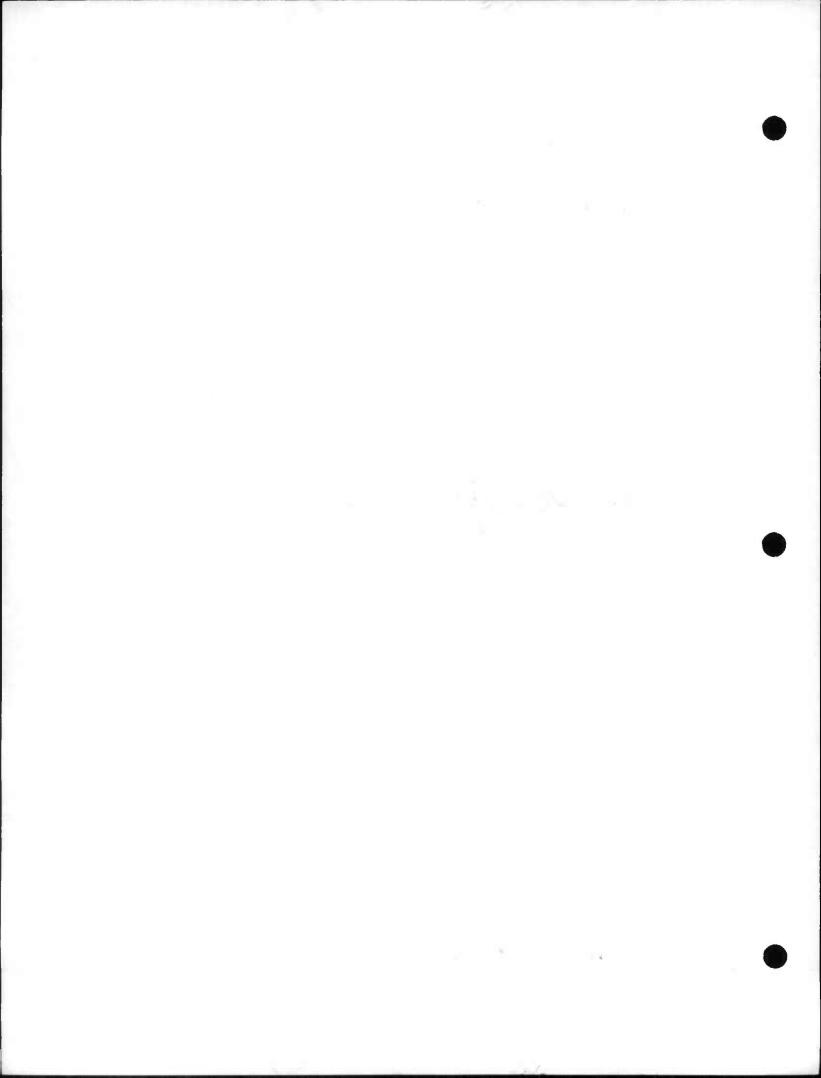
10g. CITIZEN OF WHAT COUNTRY?

U.S.A.

REG. NO.

2. DATE OF DEATH 2

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 T NO 29d. DATE SIGNEO (Month, Day, Year) 7/2/93 DHMH-16 Rev 1/89



	1	1. DECEDENT'S NAME (First, Middle, Last)		CERT	IFICATE OF	DEATH	2. DATE OF DEATH		3. TIME C	F DEA
		Rebecca NMI	BRAXTON				MONTH 0	9	3 8.	:32
	1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	E (In yrs. last birthd	77	IF UNDER 24 HRS.	7. DATE OF BIRTH	8	BIRTHPLACE (St	ite or
		215-14-9607	1 🗆 M 2 💢 F	72 YRS	S. MONTHS DAYS	HOURS MIN.	12-25-2	2	Country) Va	a .
		Da. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNT	Y OF DEATH	
DIRECTOR		University Hosp	ital		Ba1	timore				
	86	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT	Т	100	CITY, TOWN OR LOCA	TION			10d. INSI	
E E		Maryland					more City		1 YES	57
	-	IOo. STREET AND NUMBER			10	Dr. ZIP CODE	-	10a, CITIZE	N DF WHAT COUN	
FUNERAL		4743	Park Height	s Ave.		2	1215		U.S./	
15	1	1. MARITAL STATUS	12. WAS DECEOENT EVE FDRCES? 1 YE	R IN U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC DRIGIN? (Specify Ye	s or No- 14	. RACE — Americ	an Inc
BY		Never Married 2 Married	IF YES, GIVE WAR OF			S 2 X NO Specific	an, Puerto Rican, atc.) ly:		Black, White, at	
	12								Blac	ck
H		15. DECEDENT'S EDU (Specify only highest grad	CATION completed)	16a. DECEDEN (Give kind	T'S USUAL OCCUPAT of work done during m of use retired.)	ION lost of working	16b. KIND OF BU	ISINESS/INDUS	TRY	
1 2		Elementary/Secondary (0-12)	College (1-4 or 5+)	1 2 2 2						
COMPLETED	-	7. FATHER'S NAME (First, Middle, Last)		П	<u>ousewife</u>	T 40 1407147010 114				
		The transfer of the transfer o	Coongo Ta	wlon		18. MOTHER'S NA	ME (First, Middle, Maiden			
		9s. INFORMANT'S NAME (Type/Print)	George Ta		ING ADDRESS (Street	and Number or Pumi	Daisey  Route Number, City or Tow		-d-1	_
TO B		Mary W	hi to	Tou. MAIL		k Height:		lto. M		1 5
		On. METHOD OF DISPOSITION		20b. PLACE AND DA	TEDFDISPOSITION				y or Town, State	13
		Buriel 2 Cremation 3 Rem		cemetery, crematory						vid.
i	-	1. SIGNATURE OF FUHERAL SERVICE M	CENTEE)	WE:			M	Ca cons	ville, I	iu .
	1	7/1/1/1/	MILE STATE OF THE		EL HAMIL A	IND ADDRESS OF FA	CILITY			
$\vdash$		> // Luyus	Bunne			AND ADDRESS OF FA	William		own Comr	
1	+	· / pull	Drown		Funer	al Home	William 1206 W. N	orth A	ve. Ba	
	1	23. PART 4: Enter the diseasea, or ahock, or haart failure.	complications that cause on	sed the death. D	Funer	al Home	William 1206 W. N	orth A	ve. Ba	to
		MMEDIATE CAUSE (Final	List only one cause on	each ilna.	Funer To not enter the me	al Home	William 1206 W. N	orth A	ve. Ba	roxin rvai I et an
	1	anock, or naart failure.	List only one cause on	each ilna.	Funer To not enter the me	al Home	William 1206 W. N	orth A	ve. Ba	roxin rvai I et an
	i c	MMEDIATE CAUSE (Final disease or condition	a. Pul mana Due to (or A)	each lina.	Funer to not enter tha me	al Home oda of dying, aud	William 1206 W. No th as cardlac or resp	orth A	ve. Ba	roxin rvai I et an
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32. REGISTRAR'S SIGNATURE

June Davidson-Randell

22 S Green St. Balt., Md.

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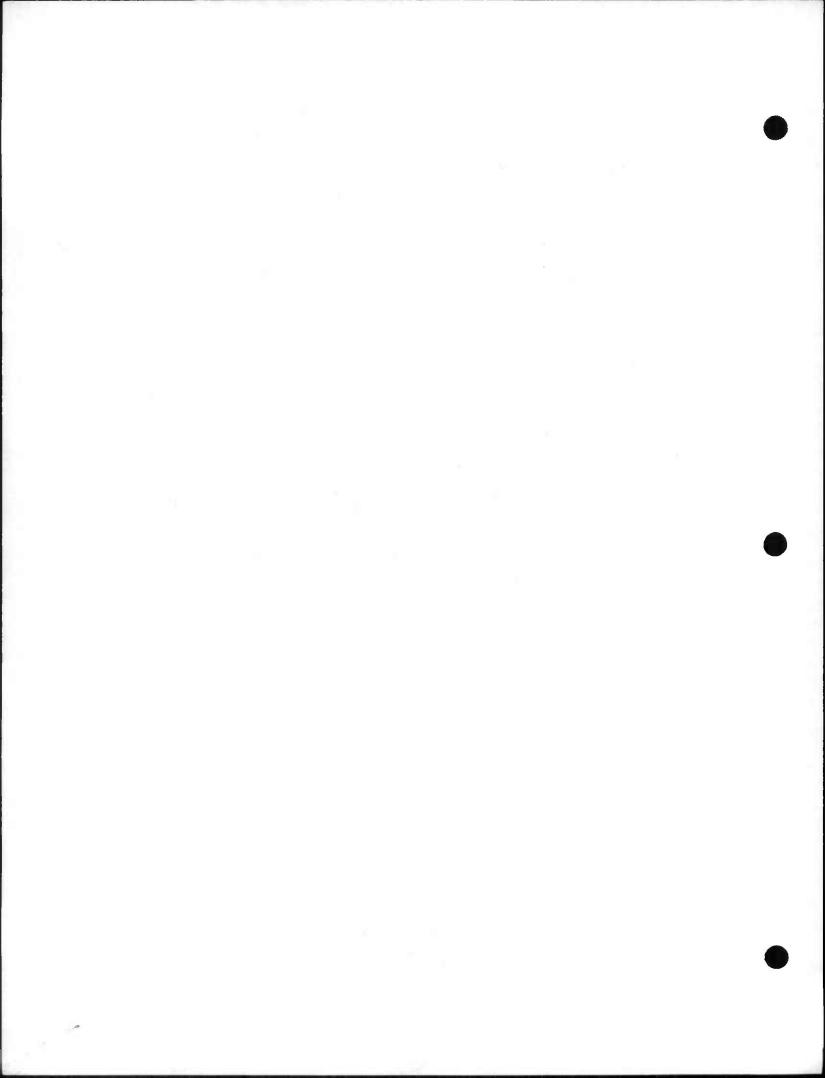
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31. DATE FILEO (Month, Day, Year)

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		1 - FOR STATE OF MARYLAND C	/ DEPARTMENT OF ERTIFICATE OF	HEALTH AND I	MENTAL HYGIEN		
		1. DECEDENT'S NAME (First, Middle, Last) ALICE C. CATON			A 1	6 199	3. TIME OF DEATH
P		4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In 1713. In 1814) 8. AGE (In	YRS. IF UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 2;	Cor	ATTNPLACE (State or Foreign untry)
2. 3 should	OR	ST. JOSEPH HOSPITAL	9c. COUNTY OF	F DEATN			
Pages 1.	DIRECTOR	10e. STATE 10b. COUNTY  Md Balto,	10c, CITY, TOWN OR LOCA	ATION			10d. INSIDE CITY LIMITS?
permit.		100. STREET AND NUMBER 95.05 DAWNVALE Rd.	1	01. ZIP CODE 2\2.3(		10g. CITIZEN O	1 VES 2 NO
NU 21215-0020 hospital or attending physician. ached for use as the burial-transit ce.	Y FUNERAL	11. MARITAL STATUS  1 Never Merried  12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 N IF VES GIVE WAR OR DATES		IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	pa or No — 14. R/Bi	ACE — American Indian, lack, Whila, etc.	
r attending use as the	TED BY	(Specify only highest grade completed) ((	ECEDENT'S USUAL OCCUPAT	ION			HITE
The hospital or detached for once.	COMPLETED	8 Compa (14 or 5+)	OUSCUIFE				
by the	BE CO	WALTER W. De Shields		Ann		pert	-
may be retained to or, page 5 should	10	FAMILY Kecords	9b. MAILING ADDRESS (Street		Route Number, City or Tox	vn, State, Zip Code)	
Page 6 may by director, page		4 Donation 5 Other (Specify)	AND DATE OF DISPOSITION (A rematory or other place)	onal Cemel	7/9/93	BALTO	Town, State
		21. SIGNATURE OF PUNERAL BERVICE LICENSES	EVA	NO ADDRESS OF FAI NS Chape DHARFEI	El of Me	mories	d. 2123A
cecuted within 24 hours bund completely filled in bund, cremation, or re- attic event, the med	NOI	23. PART I. Enter the diseases, or complications that ceused the denock, or heart failure. List only one ceuse on each lin IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. 5 tatus expected by the second condition and the second	elestous ;				Approximate interval Between Onset and Death
th certificat ending phy I Hygiene p	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUENCE OF):				
PHYSICIAN: The law requires that the dear this certificate has been signed by the art with the State Dept. of Health and Menat ried, or item 23 shows any injury,	: MEDICAL	PART II. Other significent conditions contributing to death but not	resulting in the underlying	ng cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SIAN: The ritificate his State D	YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO   1   Inpatient 2   Eg/Outpatient :	OTHER:	PLACE OF DEATH (Chi			
DING PHYSICIAN: After this certifica death with the St marked, or It	ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	INJURY W	JURY AT ORK? YES 2 NO	28d. OEŞCRIBE HOW	INJURY OCCURED	
TEND TOR: A after d	ETED	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At he building, stc. (Specify)	ome, lerm, street, factory, offi	ca	28I. LOCATION (Street City or Town, State	and Number or Run )	al Route Number,
E AZ =	COMPL	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of axamination and/or					e(a) and manner sa stateds.
TO WE HOSPI TO THE FUNER BE PART WITHIN	BE	296. SIGNATURE AND TITLE OPICERTIFIER  Office Cool MM	1	29c. LICENSE NUN	18ER 650	29d. DATE SIGN	160 (Month, Deg. Year)
(4	10	DR	M27) (Type, Print) el Aje Rd	Balt	no. Md.	2)236	
	5	31. DATE FILED-(Month, Day, Year)  32. REGISTRAR'S SIGNATURE  1111 0 7 1993 Suria Davidson-Range	N 2			No.	-



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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 - STATE REGISTRAR	STATE OF MARYLAND / D	EPARTMENT OF H	IEALTH AND	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Leet)	CLYDE	CALVE	RT	2. DATE OF DEATH DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  248-01-6592  9e. FACILITY NAME (If not Institution, give atm	5. SEX 1 ID M 2 D F	YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MAY 1915	8. BIRTHPLACE (State or Foreign Country)  GREWVILLE S. C
TOR	5918 THE A	LAMEDA	BAL;	TIMOR	EATH CITY 9c. CO	DUNTY OF DEATH
- DIRECTOR	MALYLAND 106. COUNTY		10c. CITY, TOWN OR LOCAT	more	5 0174	10d. INSIDE CITY LIMPTS? 1 P YES 2 ND
FUNERAL	100. STREET AND NUMBER  5918  11. MARITAL STATUS	PLAMEDA		f. ZIP CODE	39 6	TIZEN OF WHAT COUNTRY?
B¥	1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1   YES 2 PRO IF YES, GIVE WAR OR DATES	If yes, sp	CENDENT OF HISPAI Decity Cubes, Mexica 3 2 NO Specifi	NIC ORIGIN? (Specify Yee or No— an, Puerto Rican, etc.) y:	14. RACE — Affertoen-ladian, Bitale, White, etc.  Specify:  WHITE
LETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	completed) (Give	EDENT'S USUAL OCCUPATION with different work done during moto NOT use retired.)	ON OSt of working	16b. KIND OF BUSINESS/II	NDUSTRY
coMPL	17. FATHER'S NAME (First, Middle, Last)	150-	111/1910	18. MOTHER'S NA	ME (First, Middle, Meiden Surname,	
BE O	190. INFORMANT'S NAME (Type/Print)	196. 8	MAILING ADDRESS (Street #	AU C and Number or Rural	Route Number, City or Town, State,	Zip Code)
TO TO	200, METHOD OF DISPOSITION	ECOPUS	SAME	AS	ABOVE	
must	1 M Buriel 2 Cremation 3 Ramon 4 Donation 5 Other (Specify)	val from State cometary, charge	DID DATE OF DISPOSITION (No	SM.	73 PARK	- City or Town, State  VILLE, mD,
examiner must be notified at once.  TO BE COM	21. SIGNATURE OF FUNERAL SERVICE LICE	f Jan moo	KOTT EVE	ND ADDRESS OF FA	WERD (	PAMPEL
tic event, the medical	IMMEDIATE CAUSE (Final disease or condition resulting in death)	propiles of the coused the death ist only one cause on each line.  DUE TO (OR AS A CONSEQUE TO YOUR AS A CONSE	morey	- 2	th an cardiac or respiratory a	Approximata interval Between Oper and Death
r other traumatic event,	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (DR AS A CONSEQUE DUE TO (DR AS A CONSEQUE	<i>,</i>		,	
S S	PART II. Other algnificant conditions	contribution to death but not no	- tal and the about a shadow		[	
AN: MEDICAL	PART IN VIII SIGNIFICANT STREET,	contributing to eastir but not rea	uiting in the underlying	) ceuse given in	Part I. 24s. WAS AN AUTOPS' PERFORMED?  1 VES NO	Y  24b. WERE AUTOPSY FINORINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
티디		HOSPITAL:	OTHER:	LACE OF DEATH (Ch	eck only one)	
5 2	1 YES 2 NO 27. MANNER OF DEATH	1			6 Other (Specify)  28d. DESCRIBE HOW INJURY O	CCURED
marked, BY Py	Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY WO	YES 2 NO		ooones
m 28 is ETED	3 Suicide s Could not be 4 Homicide determined	26e. PLACE OF INJURY — At home, building, etc. (Specify)	, ferm, atreet, factory, offic	•	28f. LOCATION (Street and Numb City or Town, State)	er or Rural Route Number,
의 시	2 MEDICAL EXAMINER	AN: To the best of my knowledge, death On the besis of examination end/or inve				
O BE COM	296. SIGNATURE OF TITLE OF CONTINER			29c. LICENSE NUM D36	814 P-	42/93
F	30 HAME AND ADDRESS OF PERSON WHO	completed cause of Death (ITEM 2	STER	DR.	TOWSON	ms
10	JUL 0 7 1993	32 REGISTRAR'S SIGNATURE	est.		7	

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39 DIVISION OF VITAL RECORDS, P.O. BOX

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.  INPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examinar must he motified at nace.
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burial-transit permit.

1 - FOR STATE REGISTRAR

									9	3	19262
FOR STATE REGISTRAR		STATE OF I	WARYLAND / DEPA	ARTMEN	T OF I	HEALTH DEA	AND	MENTAL HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (FIRST, MICH			CALIVAS					2. DATE OF DEATH DA O7 0:		1993	3. TIME OF DEATH 11:21
126 16 5293	DER	5. SEX 1 M 2 F	6. AGE (In yrs. lest birthde	MONTHS	DAYS	IF UNDER	R 24 HRS.	June 5,19	28	a. BIRTH	PLACE (State or Fore
THE JOHNS	HOPK	INS HOSP	ITAL	9b. CIT	Y, TOWN BALI	TMOR	E C	EATH ITY		BALI	TMORE
RESIDENCE OF DEC											
Maryland	10b. COUNTY		10c. (	Bal	or loca						10d. INSIDE CITY LIMITS? 1 YES 2 NO
1917 Bank	Stree	t			10	7. ZIP COD 212			10g. CIT	U.S.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2	Merried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. ARMED YES 2 NO WAR OR DATES	13	Il yes, sp	CENDENT Concept Cube	n, Mexica	NIC ORIGIN? (Specify Yee in, Puerto Rican, etc.) y:	or No—	14. RACE Black Speci	American Indian,

MICHAI 1:21 AM 4. SOCIAL SECURITY NUMBER te or Foreign 126 16 5293 90. FACILITY NAME (If not institu THE JOHNS I DIRECTOR RESIDENCE OF DECE 10e. STATE E CITY Maryland 2 NO 10a. STREET AND NUMBER FUNERAL TRY? 1917 Bank S 11, MARITAL STATUS n Indian, 1 Never Married 2 Mer . BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
tife. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY dary (0-12) College (1-4 or 5+) Chief Financial Officer Food Town Supermarkets 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumeme) Haralambos Calivas Aspasia Halvadaki BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Virginia Calivas 1917 Bank St. Baltimore, Md. 21231 20e. METHOD OF DISPOSITION

Surial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Pinelawn Memorial Park 7/7 Pinelawn, New York 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Cary L. Kaufman Funeral Homes Leah 5695 Main Street Elkridge, Md. 21227 23. PART . Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory erreat, Approximate shock, or heart feilure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) TSCHEMIC CAP
DUE TO (OR AS A CONSEQUENCE OF): Cardionyessathy Years MEDICAL CERTIFICATION Artery Disease ormany Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TYES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 TES 2 NO Inpetient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OEȘCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending Investigation 1 YES 2 NO ВҰ 2 Accident 26a. PLACE OF INJURY — Al home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER (Check only Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date end place, end due to the ceuse(e) and menner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 7 9 30. NAME AND AGORESS OF PERSON AND COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Charles

Redfern July REGISTRAN Johns 31. DATE FILED (Month, Day, Year)

REG. NO.

2. DATE OF DEATH MONTH

7. DATE OF BIRTH (Month, Day, Year)

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

215-14-8537

1. DECEDENT'S NAME (First, Middle, Last)

Joseph Henry

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use as the burial-transit permit, Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 4807 Norwood Avenue Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Baltimore Maryland FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 4807 Norwood 21207 and death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Merried If yes, specify Cuban, Mexican, Puerto Ri IF YES, GIVE WAR OR DATES ΒY 1 TES XXNO Specify: 3 Widowed 4 Divorced WW2 COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY detached for Elementary/Secondary (0-12) College (1-4 or 5+) Postal Clerk 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surneme) 7 page 5 should be Joseph H. Chapman. Annie Scott notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Peggy Chapman 4807 Norwood Avenue Baltimore, pe 20s. METHOD OF DISPOSITION
THE Sourial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 7/6/93 20b. PLACE AND DATE OF DISPOSITION (Name of must filled in by the funeral director, examiner 21. SIGNATURE OF PUNERAL BERVICE LICENSEE Chatman-Harris F/H rri medical 23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final attending physician and completely \*\*\*
intal Hygiene prior to burial, cremation, the disease or condition Ita reaulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF executed CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING 8 certificate other 1 CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 0 has been signed by the atter Dept. of Health and Mental Injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? shows any 1 TES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL E e with the State [ Hem 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 YES 2 NO OTHER: DR ATTERNITE PHONOLIAN: ne 5 Residence 6 - Other (Specify) 6 28e. DATE OF INJURY (Month, Day, Year) 27, MANNER OF DEATH 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked. 5 Pending Investigation Natural BY 1 YES 2 NO death 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) THE HOSPITAL DR ATTERNOON THE FUNERAL DIRECTOR AS FILED WITHIN 72 hours after de 28 Is 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide Item CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) and menner se ateled. MPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 296 SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER BE In 1) 20396 2 2 3 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) June Duydon fundam JUL 0 7 1993

Chapman, Jr.

8. AGE (In yrs. last birthday)

YRS.

5. SEX

1 M 2 F

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR | IF UNDER 24 HRS.

HOURS

93 19263

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

YES 2 NO

Black

Maryland

Approximate interval Between

24b. WERE AUTOPSY FINDINGS

AWAILABLE PRIOR TO COMPLETION OF CAUSE

1 Tes 20 No

29d. DATE SIGNED (Month, Day, Year)

93

Onset and Death

year

6. BIRTHPLACE (State or Foreign

Virginia

10g. CITIZEN OF WHAT COUNTRY?

Specify:

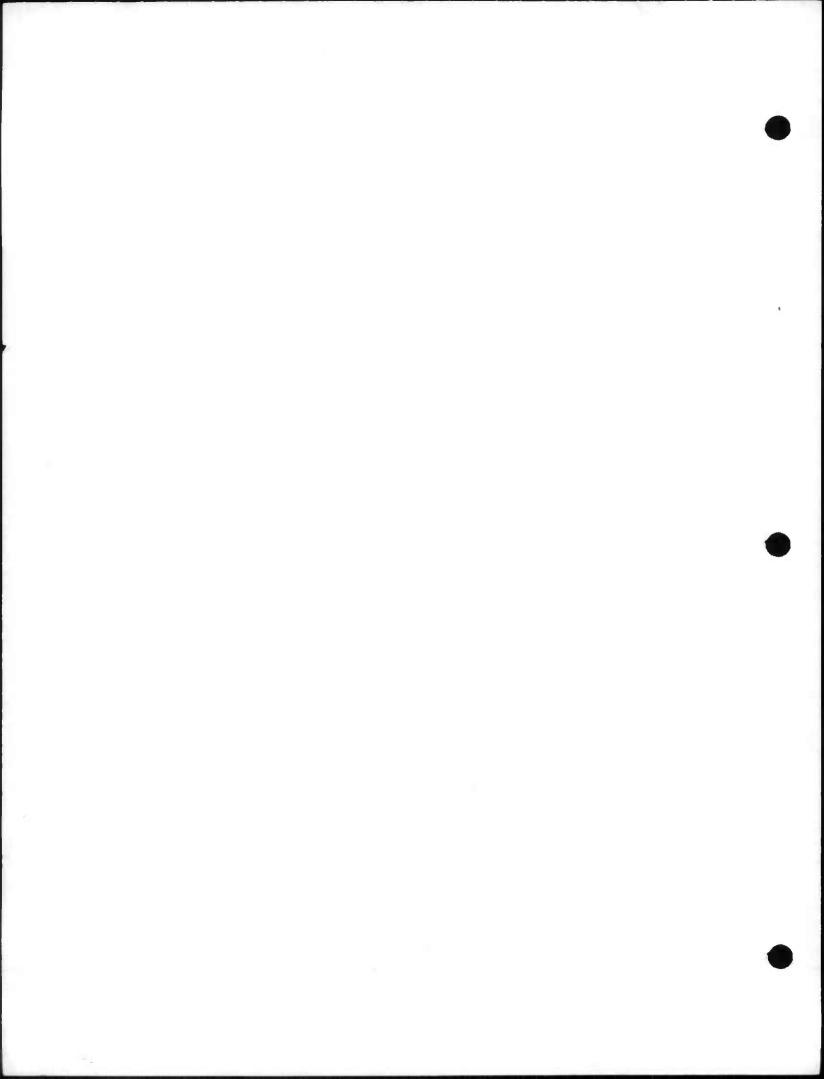
ings Mills, Md

1701 McCulloh St

Baltimore, Md21217

9c. COUNTY OF DEATH

USA



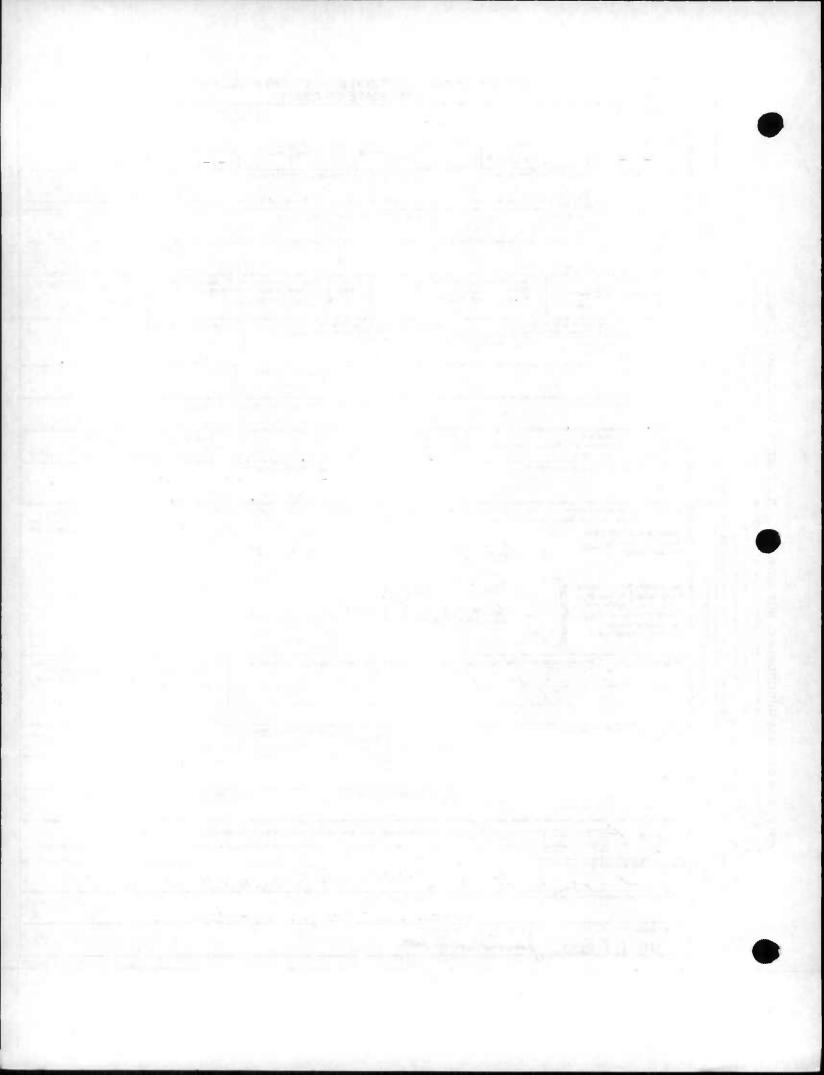
070	physician.
BALLIMORE, MARYLAND 21215-W20	ecuted within - nours after death. Page 6 may be retained by the hospital or attending physician
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DIVISION OF VITAL RECORDS, P.O. BOX 68

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THE PROPERTY IN THE PROPERTY I	OCCUPATION OF ATTAINOING PHYSICIAN; The law requires that the death certificate be executed within Thours after dea	Ş
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STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH AND	MENTAL	HYGIENE
	CERTIFICATE	OF DEATH		REG. NO.

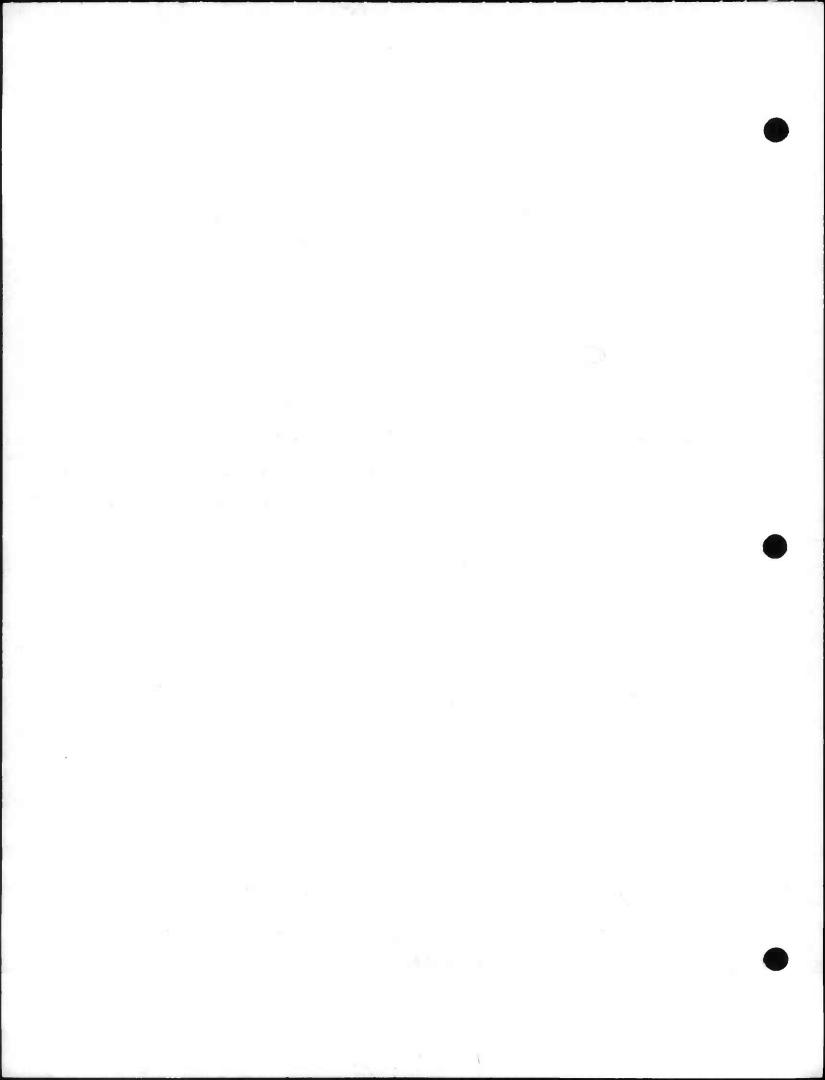
	1. DECEDENT'S NAME (First, Middle, Les	,				DATE OF DEATH	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		pert Jose		5	/ 1	93	
Щ	216 ↔ 20 → 6776	5. SEX   6. AGE		HTHS DAYS HOUSE		MATE OF BIRTH Month, Day, Year)	Count	
	9a. FACILITY NAME (If not institution, give	~	-	b. CITY, TOWN OR LOC	ATION OF DEATH	11-7-1926	Ma COUNTY OF E	ryland
e l	8156 Gray Haven Road Dundalk, Baltimore							
EG	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY							
DIRECTOR	Maryland	Baltimore			Dundal	k		LIMITS?
¥	10e. STREET AND NUMBER			10f. ZIP C			CITIZEN OF	WHAT COUNTRY?
FUNERAL	8156 Gray Haven					222		ted State
	1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1XX YES IF YES, GIVE WAR OR	2 NO	If yes, specify C	uban, Maxican, Pu	RIGIN? (Specify Yea or No erto Rican, etc.)		E — American India k, Whita, atc.
B	3 Widowed 4 Divorced	IF 1ES, GIVE WALLOW	DATES	1 🗆 YES 2 🔯	NO Specify:		Spec	white
밀	15. DECEDENT'S EI (Specify only highest gra		16a. DECEDENT'S US	done during most of w	orking	166. KIND OF BUSINESS	/INDUSTRY	
PLET	Elementary/Secondary (0-12) 11th Grade	College (1-4 or 5+)	ille. Do NOT use n	uaher		Bethleher	n Ctoo	P Caro
COMPL	17. FATHER'S NAME (First, Middle, Last)		I. KU		OTHER'S NAME (F	First, Middle, Maiden Surnar		L COMP.
BEC	Unknown Curt	is			Edith La	the		
2	19a. INFORMANT'S NAME (Type/Print)					Number, City or Town, State		
	Mrs. Elaine R. Curtis 8156 Gray Haven Road Dundalk, Maryland 21222  203, METHOD OF DISPOSITION DATE 200. LOCATION — City or Town, State							
	1 Donation 5 Other (Specify)	omoval from State	metery, cremetory or other	place)	7/3/	93 Balt	imatio	Manulan
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Se. Samo	22. NAME AND ADI	PRESS OF FACILITY	Υ		
	-					tal Home of Duridalk,		
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a Lun	A CONSEQUENCE OF):	-ce				
CERT	PART II. Other algorificent conditions				se given in Part	i. 24a. WAS AN AUTOI PERFORMED?	PSY 24t	. WERE AUTOPSY FIN
₹ II	(nron	of the	ses si	2		1  YES 2 NO		COMPLETION DF COOF DEATH?
- 1								
- 1	25. WAS CASE REFERRED TO MEDICAL			28. PLACE C	F DEATH (Check of	nily one)		
- 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Ou		28. PLACE O				
BY PHYSICIAN: MEDICAL	EXAMINER?	1   Inpetient 2   ER/Ou  26s. DATE OF INJURY (Month, Day, Year)	tpetient 3 DOA 4	THER:  Nursing Home 5   Nursing Home 5   EXAMPLE 28c. INJURY A WORK?  M 1 YES	Rasidence 8   28d	Other (Specify) . DESCRIBE HOW INJURY		
ED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Return 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined	1 Dipetiant 2 ER/Ou  28a, DATE OF INJURY (Month, Day, Year)	28b. TIME CINJUR	THER:  Nursing Home 5   Nursing Home 5   EXAMPLE 28c. INJURY A WORK?  M 1 YES	Rasidence 8	Other (Specify)		Route Number,
ETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Retural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER Check only  1 CERTIFYING PHY	1 Dipetiant 2 ER/Ou  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY	129b. TIME C INJUR  IY — At home, farm, streecity)	THER: Nursing Home 5   FY 28c. INJURY WORK? M 1   YES et, factory, office	Rasidence 8 28d 2 NO 28f. lace, and dus to the	Other (Specify)  DESCRIBE HOW INJURY  LOCATION (Street and Nu City or Town, State)  e cause(s) and menner as	mber or Rural	
ED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Retural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER Check only  1 CERTIFYING PHY	28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, stc. (Sp	129b. TIME C INJUR  IY — At home, farm, streecity)	THER: Nursing Home 5   FY 28c. INJURY WORK? Y 1   YES et, factory, offica	Rasidence 8 28d 2 NO 28f. lace, and dus to the	Other (Specify)  DESCRIBE HOW INJURY  LOCATION (Street and Nu City or Town, State)  cause(a) and manner at data and place, and dua	mber or Rural	
COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Retural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI	28a. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Sp  YSICIAN: To the best of my kno NER: On the best of axaminati	tpetient 3 DOA 4  28b. TIME C INJUR  IY — At home, farm, stresoffy)  wiedge, death occurred on and/or investigation,	THER: Nursing Home 5   FY 28c. INJURY WORK? Y 1   YES et, factory, offica et the time, data and p in my opinion, death o	Rasidence 8   T   28d   2   NO   28f.   Idea, and due to the course at the time.	Other (Specify)  DESCRIBE HOW INJURY  LOCATION (Street and Nu City or Town, State)  cause(a) and manner at data and place, and dua	mber or Rural	s) and manner as sto
BE COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Return 5 Pending Investigation 2 Accident Investigation 3 Sulcide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINERS	28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, stc. (Sp  VSICIAN: To the best of my kno NER: On the besia of axaminet	PATH (ITEM 27) (Type, Pr	THER: Nursing Home 5   F 28c. INJURY WORK? M 1 YES et, factory, office at the time, data and p in my opinion, death o	Rasidence 8   T   28d   28d   28d   28f	Other (Specify)  DESCRIBE HOW INJURY  LOCATION (Street and Nu City or Town, State)  cause(a) and manner at data and place, and dua	nter or Rural stated, to the cause(	s) and manner as sto



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	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Panes 1.2 3 should	fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	APORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	*
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	4 0000000000000000000000000000000000000		CERTIFIC	AIE UF	DEATH	REG. NO	D.	
	1. DECEDENT'S NAME (First, Middle, Last)		Chester	2		2. DATE OF DEATH MONTH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	3 <i>93</i>	
	216-24-3427	1 M 2 TXF		ONTHE DAYS	HOURS MIN.	(Month, Day, Year)		BIRTHPLACE (State or Foreig Country)
	Se. FACILITY NAME (If not institution, give stre	et end number)		b. CITY, TOWN C	R LOCATION OF D	09/29/20	9c. COUNTY	MD.
S.	Francis Scott	Voy Modia			Ltimore		1	
DIRECTOR	Francis Scott RESIDENCE OF DECEDENT  100. STATE  100. COUNTY	NEY MEDICA						
E I	MD.		1	own or locat				10d. INSIDE CITY
	10e. STREET AND NUMBER		Ба		ZIP CODE		I so citizes	1 YES 2 ☐ NO
FUNERAL	3216 Lake Ave				2121	5		.S.A.
3		12. WAS DECEDENT EVER II	N U.S. ARMED	13. WAS DEC		NIC ORIGIN? (Specify Ye		RACE — American Indian
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES		Il yee, sp	cify Cuban, Mexic	an, Puerto Rican, etc.)		Black, White, atc. Specify:
							В	lack
1	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	(Give kind of work life. Do NOT use re	done during mo	N st of working	16b. KIND OF BU	JSINESS/INDUS	TRY
PE	Elementary/Secondar (0-12)	College (1-4 or 5+)		employ	red			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N.	AME (First, Middle, Maide	n Sumama)	
ш	Andrew Chester				-	ance		00
8	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street e		Route Number, City or To	Glasc wn, State, Zip Co	
5	Romona Giles		3216	Lake A	Ave. Ba	ltimore,	MD.	21215
	20s. METHOD OF DISPOSITION 1 Remove a Comment of the Comment of th		D. PLACE AND DATE OF D netary, cremetory or other	DISPOSITION (No			OCATION — City	
	4 Donation 5 Other (Specify)	M	t. Calva	ry Cer		17/9 G1	en Bu	rnie, MD.
	21. SIGNATURE OF FUNERAL SERVICE LICE				D ADDRESS OF F			
_	Betts Funeral Home 1129 N. Caroline St. Balto, MD 2121							
ERTIFICATION	immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	A CONSEQUENCE OF):  A CONSEQUENCE OF):	VIA elius	Paln	iter we noway De	love	Onset and D
CERTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST		CONSEQUENCE OF):					
1 13	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PR mention, Congestive Item Forcour 1 yes 2 10 NO  246. WERE AUTOPSY PINOS  AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 10 NO							
N: MEDICAL								
AN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			ACE OF DEATH (C	heck only one)		
SICIAN: M	EXAMINER? 1 VES 2 NO	HOSPITAL:	patient 3 DOA 4	THER:		neck only one)  6 □ Other (Specify)		
HYSICIAN: M	EXAMINER?  1 VES 2 NO  27. MANNED OF DEATH		petient 3 DOA 4	THER: Nursing Home F 28c. INJI	5 Residence JRY AT RK?		INJURY OCCUR	ED
AN: M	EXAMINER?  1 VES 2 NO  27. MANNED OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	THER: Numing Home F 28c. INJI WO M 1   Y	5 Residence JRY AT RK? ES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW		
TED BY PHYSICIAN: M	EXAMINER?  1 VES 2 NO  27. MANNED OF DEATH  1 Netural 5 Pending	28s. DATE OF INJURY	28b. TIME OI	THER: Numing Home F 28c. INJI WO M 1   Y	5 Residence JRY AT RK? ES 2 NO	8 ☐ Other (Specify)	end Number or I	
PLETED BY PHYSICIAN: M	EXAMINER?  1 YES 2 NO  27. MANNED F DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only)	28a. DATE OF INJURY (Month, Day, Year)  26a. PLACE OF INJURY 26a. PLACE OF INJURY	28b. TIME OI NUURY  — At home, Ierm, street	Nursing Home F 28c. INJI WO 1 U st, fectory, office	5 GResidence JRY AT RK? ES 2 NO	8 Other (Specify)  28d. DE\$CRIBE HOW  281. LOCATION (Street City or Town, State  to the cause(s) and me	end Number or I	Rural Route Number,
COMPLETED BY PHYSICIAN: M	EXAMINER?  1 YES 2 NO  27. MANNED F DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only)	25a. PLACE OF INJURY (Month. Day, Year)  25a. PLACE OF INJURY building, etc. (Spec	28b. TIME OI NUURY  — At home, Ierm, street	Nursing Home F 28c. INJI WO 1 U st, fectory, office	5 GResidence JRY AT RK? ES 2 NO	8 Other (Specify)  28d. DESCRIBE HOW  281. LOCATION (Street City or Town, State  to the cause(a) and ma	end Number or i	Rural Route Number,
BE COMPLETED BY PHYSICIAN: M	EXAMINER?  1 YES 2 NO  27. MANNED OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	25a. PLACE OF INJURY (Month. Day, Year)  25a. PLACE OF INJURY building, etc. (Spec	28b. TIME OI NUURY  — At home, Ierm, street	Nursing Home F 28c. INJI WO 1 U st, fectory, office	o 5 Residence  JRY AT  RK?  ES 2 NO  end place, end due  path occured at the	8 Other (Specify)  28d. DESCRIBE HOW  281. LOCATION (Street City or Town, State  to the cause(a) and ma	end Number or i	Rural Route Number, susse(s) end manner es state
PLETED BY PHYSICIAN: M	EXAMINER?  1 YES 2 NO  27. MANNED OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	26a. PLACE OF INJURY (Month, Day, Year)  26a. PLACE OF INJURY building, etc. (Spec	28b. TIME OI INJURY  — At home, Ierm, streetily)  ledge, death occurred at n end/or investigation, in	THER: Nursing Hom F 28c. INJ WO M 1 V sol, fectory, office at the Hme, date n my opinion, de	o 5   Residence	8 Other (Specify)  28d. DESCRIBE HOW  281. LOCATION (Street City or Town, State  to the cause(e) and me Hime, date end place, e	end Number or I	Rural Route Number, susse(s) end menner es state



	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTM CERTIFIC	MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.					
	1. OECEDENT'S NAME (First, Middle, Last)	Amb Bill.		2. DATE OF DEATH DAY	TEAN 1. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 248-01-6914	S. SEX 8. AGE ((p. yrs. last bornday)	UNDER 1 YEAR OF UNDER 24 HHS. HTHS GATS HOURS MIN.	ER 24 HRS. 7. DATE ON BIRTH   B. BIRTHPLACE (State or Foreign					
NO.	94. FACILITY NAME (If not institution, give street between the	('0 10 1	CITY, TOWN OR LOCATION OF OR	ATH Se. COUNTY	Y OF DEATH				
DIRECTOR	10a. STATE 10b. COUNTY	18c. CITY, 19	MAY OR LOCATION	10d. INSIDE CITY					
FUNERAL D	10e. STREET AND NUMBER	new ave	101. ZIP CODE	CODE 169. CITIZEN OF WHAT COUNTRY					
BY FUNE	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S.A.D.MED FORCES? 1  YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica 1 YES 2 NO Specify	n, Puerto Ricen, etc.)	I. RACE — American Indian, Black, White, etc. Specify				
	15. DECEDENT'S EDUCA (Specify only highest grade co		done during most of working	16b. KIND OF BUSINESS/INDUS	TRY				
COMPLETED	TI FATHER'S NAME (First, Middle, Last)	a shall	18. MOTHER'S NA	ME (First, Middle, Melden Syname)	1-011				
TO BE	19a INFORMANT'S NAME (Type/Print)	19b. MAILING ADI	DRESS (Street and Number or Rural I	Pourte Number, City or Town, State, Zip, Co					
	and METHOD OF DISPOSITION 1 Surial 2 Cremetton 3 Remove 4 Donation 5 Other (Specify)	20b PLACEAND DATE OF D Complete, cremetary or other		DATE 20c. LOCATION - CH	o, InD. 2/2/5				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE TO TO	22. NAME AND ADDRESS OF FA	H wes!	1015 1015, Ma				
	23. PAPI i. Enter the diseases, or cor	mplications that caused tha death. Do not a	antar the moda of dying, such	h as cardiac or respiratory srres					
	immediate cause (Final disease or condition resulting in death)	QReho VASCO	of Deser	ze	Onset and Dasth				
NOI	Sequentially list conditions, if smy, leading to immediate  b. Consequence of:  b. Consequence of:  location and a consequence								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in desth) LAST	DUE TO (AR AS A CONSEQUENCE OF):	ule Jks	rust_					
AL CEF	PART II. Other significant conditions	contributing to death but not resulting in th	na underlying causa given in	Pert i. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS				
MEDICA				PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?				
	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Che	ck anh one)	1 725 2 100				
PHYSICIAN:	EXAMINER?  1 VES 2 NO  1  27. MANNER OF DEATH	Inpatient 2 ER/Outpatient 3 DOA 4	HER: Nursing Home 5 - Residence	6 Other (Specify)	41				
BY PI	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year) INJURY	M 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCUR	)ED				
	3 Suicide S Could not be 4 Homicide determined	26e. PLACE OF INJURY — At home, term, street building, etc. (Specify)	t, factory, office	281. LOCATION (Street and Number or City or Yown, State)	Rural Route Number,				
COMPLETED		N: To the best of my knowledge, death occurred at On basis of examination and/or investigation, in							
BE	294 SIGNATURE AND TITUE OF CENTERER	10.	29c. LICENSE NUM						
10	LLENO)	COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print	Edical list	7.4	21.7-				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	1 (1-1)						
	JUL / 1993	A range mendagon-Nongress							

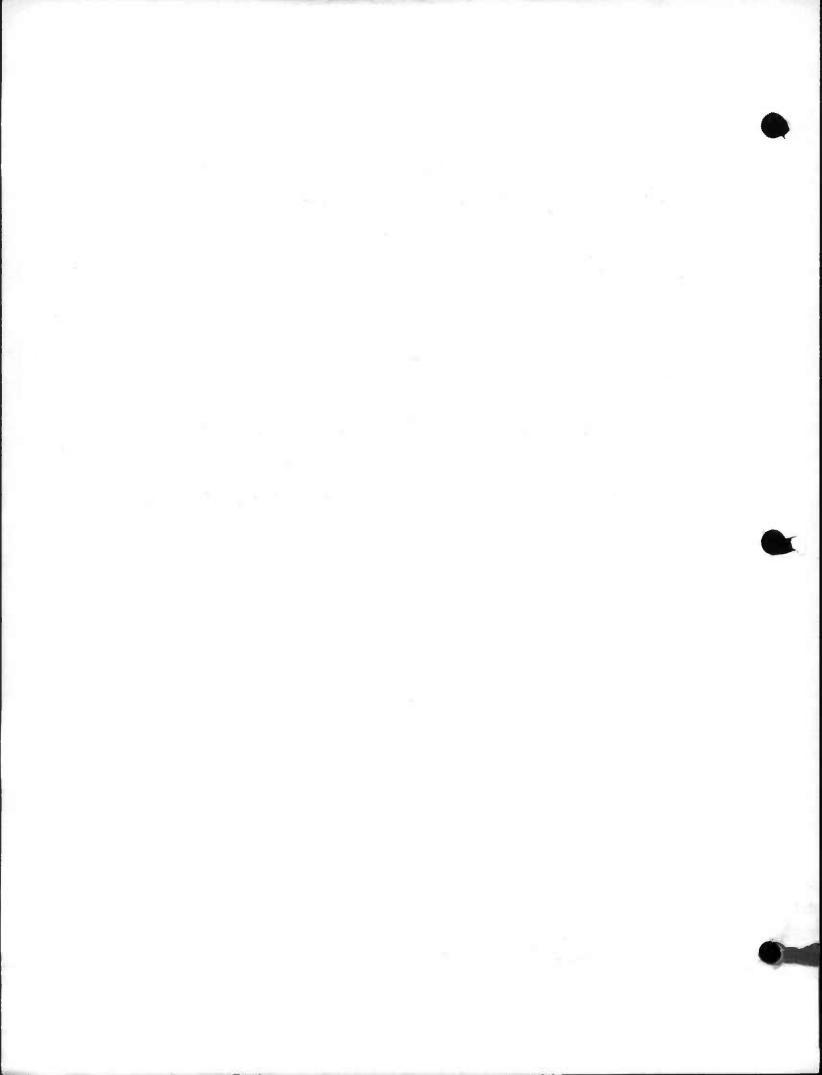
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DIVISION OF VITAL RECORDS, P.O. BOX 6/

FE VINERAL PRECINE After this certificate has been significant that may be found to the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should find useful to the funeral transit permit. Pages 1, 2, 3 should find useful to the purishment of burial-transit permit. Pages 1, 2, 3 should find useful to the purishment of the pur	be med within 12 hours are local; with the State Cept, or regular and mental stylene print to build, defined.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	10 THE FUNEACH PECTORS for that this certificate has been signed by the activation projection and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be falled within 27 bound and the city Law Completely filled by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be falled within 27 bound by the funeral transition of the funeral director and burial-transit permit. Pages 1, 2, 3 should be falled by the funeral director and burial-transit permit. Pages 1, 2, 3 should be falled by the funeral director and burial-transit permit.

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.										
8	1. DECEOENT'S NAME (First, Middle, Last)	K CORN	1154		TE OF DEATH	29 93	3. TIME OF DEATH  R  1205Pm				
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS.  7. DATE OF BIRTH (Month, Day, Year)  8. BIRTHPLACE (State, or Fox Country)  ND  18 M 2 F  4. Country)  ND										
TOR	96. FACILITY NAME (If not Institution, gives street and number),  96. CITY, TOWN OB LOCATION OF DEATH  96. COUNTY OF DEATH  PSIDENCE OF DECEDENT										
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO										
FUNERAL	100. STREET AND NUMBER 100. STREET AND NUMBER 100. STREET AND NUMBER 100. CITIZEN OF WHAT COUNTRY?  100. STREET AND NUMBER 100. CITIZEN OF WHAT COUNTRY?  100. STREET AND NUMBER 100. CITIZEN OF WHAT COUNTRY?  100. STREET AND NUMBER 100. CITIZEN OF WHAT COUNTRY?  100. STREET AND NUMBER 100. CITIZEN OF WHAT COUNTRY?										
BY FU	11. MADMAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS OECEOENT EVER IN U.S. AI FORCES? 1 YES 2 F IF YES, GIVE WAR OR DATES	NO If yes, s	CENDENT OF HISPANIC ORI pecify Cuban, Mexican, Puer 3 2 AO Specify:	GIN? (Specify Ye to Rican, etc.)		ACE - American Indian, Black, White, atc.				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) (6	ECEDENT'S USUAL OCCUPAT Sive kind of work done during m b. Do NOT use retired.)	ost of working	16b. KIND OF BU	ISINESS/INDUSTR	" cout				
BE COM	17. FATHERIS NAME (First, Middle, Last)	ornish	za pon	18. MOTHER'S NAME (Fire	st, Middle, Meider	Suramo)	ohy				
TO B	19a. INFORMANT'S NAME (Approprint)  19b. MAILING ADDRESS (Street and Number or Rural Righte Number, City or Town, State, Zip Gode)  3223 Lawn Well Company										
	20b. PLACE AND DATE OF DISPOSITION 1   Buriel 2   Cremation 3   Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of camelery, caping of cacher parcy) 20b. PLACE AND DATE OF DISPOSITION (Name of camelery, caping of cacher parcy) 20b. PLACE AND DATE OF DISPOSITION (Name of camelery, caping of cacher parcy) 20b. PLACE AND DATE OF CALL OF CAMERA (Name of Camelery, caping of cacher parcy) 20b. PLACE AND DATE OF CALL OF CAMERA (Name of Camelery, caping of cacher parcy) 20b. PLACE AND DATE OF DISPOSITION (Name of Camelery, caping of cacher parcy) 20b. PLACE AND DATE OF DISPOSITION (Name of Camelery, caping of cacher parcy) 20b. PLACE AND DATE OF DISPOSITION (Name of Camelery, caping of cacher parcy) 20b. PLACE AND DATE OF DISPOSITION (Name of Camelery, caping of cacher parcy) 20b. PLACE AND DATE OF DISPOSITION (Name of Camelery, caping of cacher parcy) 20b. PLACE AND DATE OF DISPOSITION (Name of Camelery, caping of cacher parcy) 20b. PLACE AND DATE OF DISPOSITION (Name of Camelery, caping of cacher parcy) 20b. PLACE AND DATE OF CACHER (Name of Camelery, caping of cacher parcy) 20b. PLACE AND DATE OF CACHER (Name of Camelery, caping of cacher parcy) 20b. PLACE AND DATE OF CACHER (Name of Camelery, caping of cacher parcy) 20b. PLACE AND DATE OF CACHER (Name of Camelery, caping of Cacher parcy) 20b. PLACE OF CACHER (Name of Cacher parcy) 20b. PLACE OF CACHER (Name of Cacher parcy) 20b. PLACE OF CACHER (Name of Cacher parcy) 20b. PLACE OF CACHER (Name of Cacher parcy) 20b. PLACE OF CACHER (Name of Cacher parcy) 20b. PLACE OF CACHER (Name of Cacher parcy) 20b. PLACE OF CACHER (Name of Cacher parcy) 20b. PLACE OF CACHER (Name of Cacher parcy) 20b. PLACE OF CACHER (Name of Cacher parcy) 20b. PLACE OF CACHER (Name of Cacher parcy) 20b. PLACE OF CACHER (Name of Cacher parcy) 20b. PLACE OF CACHER (Name of Cacher parcy) 20b. PLACE OF CACHER (Name of Cacher parcy) 20b. PLACE OF CACHER (Name of Cacher parcy) 20b. PLACE OF CACHER (Name of Cacher parcy) 20b. PLACE OF CACHER (Name of Cacher parcy) 20b. PLACE OF CACHER (Nam										
	· Gert	Julles	30	nd address of facility	# H	1634 BRA	ad army				
	23. PART I. Enter the disease, proshock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	EDMPICATIONS that caused the de Liat DRIY DNa cause DN each line a. OUE TO (OR AS A CONSE	PREUMONI				Approximate interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. CRYPTOCOCCAN MENING IT IS  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE DF):										
MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO 24b. WERE AUTOPSY FIND  24b. WERE AUTOPSY FIND  COMPLETION OF CAU  DF DEATH?										
PHYSICIAN: N	1 VES 2 NO										
YSIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Department 2 ER/Outpatient 3	OTHER:	LACE OF DEATH (Check only							
	27. MANNER OF DEATH  1 Return 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	INJURY W	DAK?	DESCRIBE HOW	INJURY OCCURED					
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined determined   Suicide   Su										
COMPLET		CIAN: To the best of my knowledge, de R: On the basic of examination end/or									
BE	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMBER			NED (Month, Day, Year)				
5	30. NAME AND ADDRESS OF PERSON WHI		M 27) (Type, Print) CREENE S	T BATT	40DE	MD	21201				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	ME.	Uncill		110	0.00.				



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13	1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE OF	DEATH	REG. NO	D			
38		COMPLETE ARID				July 2		year 3. TIME OF DEATH		
	ROSATIO	CUMBERLAND 5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTNPLACE (State or Foreign		
l .	218-07-3003	1 - M 2 X F 7	2 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 1-27-1		Maryland		
	9a. FACILITY NAME (If not institution, give str			9b. CITY, TOWN	OR LOCATION OF D			Y OF DEATN		
CTOR	Franklin Sq. Ho	sp.		Ro:	SSVILLE		Bal	timore		
EC	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		10c, CIT	Y, TOWN OR LOCA				10d. INSIDE CITY		
DIRE	Md. Balt	imore		Dundal	<			LIMITS?		
ERAL	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?		
KEH	2926 Sollers P	t. Rd.			21222		U	.S.A.		
FUN	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	U.S. ARMED			NIC ORIGIN? (Specify Year, Puerto Ricar, etc.)	s or No- 1	4. RACE — American Indian, Black, White, alc.		
В	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES 1		2 NO Specif			Specify: White		
60	15. DECEDENT'S EDUC	ATION	16s. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BU	JSINESS/INDU:			
Ē	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT us	vork done during mo e retired.)	ost of working					
TO BE COMPLET	8th		House	wife						
	17. FATHER'S NAME (First, Middle, Last)	4	ME (First, Middle, Maide	n Sumame)						
	Thomas Petty					Althoff				
	19a. INFORMANT'S NAME (Type/Print) Charles Sieling					Acute Number, City or To d. Balti				
			PLACE AND DATE					ty or Town, Stata		
	20s. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Remon	rel from State cerr	etery, crematory or of				ltimo			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
J	Connelly Funeral Home of Dundalk 7110 Sollers Pt. Rd. Dundalk 21222									
	23. PART i. Enter the diseeses, or co	mplications that caused	the deeth. Do n	ot enter the mo	Soller de of dving, auc	s Pt. Rd	. Dun	dalk 21222		
	shock, or heart failure. L IMMEDIATE CAUSE (Final	st only one ceuse on e	ech line.				,	interval Between Onset and Death		
	disease or condition	Sepsis						Onest and Death		
	a.	DUE TO (OR AS A	CONSEQUENCE OF			5.				
S	Sequentially list conditions, b.	End Stage (	Chronic (	) bstruct	ive Lung	Disease				
Ĕ	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING									
RTIFICATION	CAUSE (Disease or Injury that initiated events	CDUE TO (OR AS A CONSEQUENCE OF):								
E	resulting in death) LAST									
S	PADT II Other elections and disease									
B	PART II. Other algnificent conditions	contributing to deeth b	ut not resulting i	n the underlying	g ceuse given in	Part i. 24a. WAS AI PERFO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
EDIC						1 TYES	2 DYNO	OF OEATH?		
2								1 TES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF OEATH (Ch	eck only one)		<u> </u>		
SIC		HOSPITAL:	atient 3 🗆 ODA	OTHER:		8 Other (Specify)				
PHY	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ		26d. DESCRIBE HOW	INJURY OCCU	RED		
ВУ	1 Natural 5 Pending 2 Accident Investigation	(market, 20), (00)			YES 2 NO					
	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, alc. (Spec	— At home, ferm, s	treet, factory, offic	0	281. LOCATION (Street City or Town, State		Rural Route Number,		
COMPL		AN: To the best of my knowl								
Š	2 MEDICAL EXAMINER	On the besis of examination	n and/or investigation	n, In my opinion, d	leath occured at the	lime, data and place, a	nd due to the	cause(s) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER	-1-			29c. LICENSE NUI	MBER	29d. DATE S	SIGNED (Month, Day, Year)		
ш	VIA A A K. IN						I IN			
BE	Sugio B. M	acce								
ш	30. NAME AND AGORESS OF PERSON WHO	COMPLETEO CAUSE OF OE	ATH (ITEM 27) (Type,	Print)	10 Pal+ir	nove 110 2	1237			
BE		completed cause of del	ATH (ITEM 27) (Type, k1jn Squ	<sub>Print)</sub> are Driv	/e Baltir	nore, HD 2	1237			

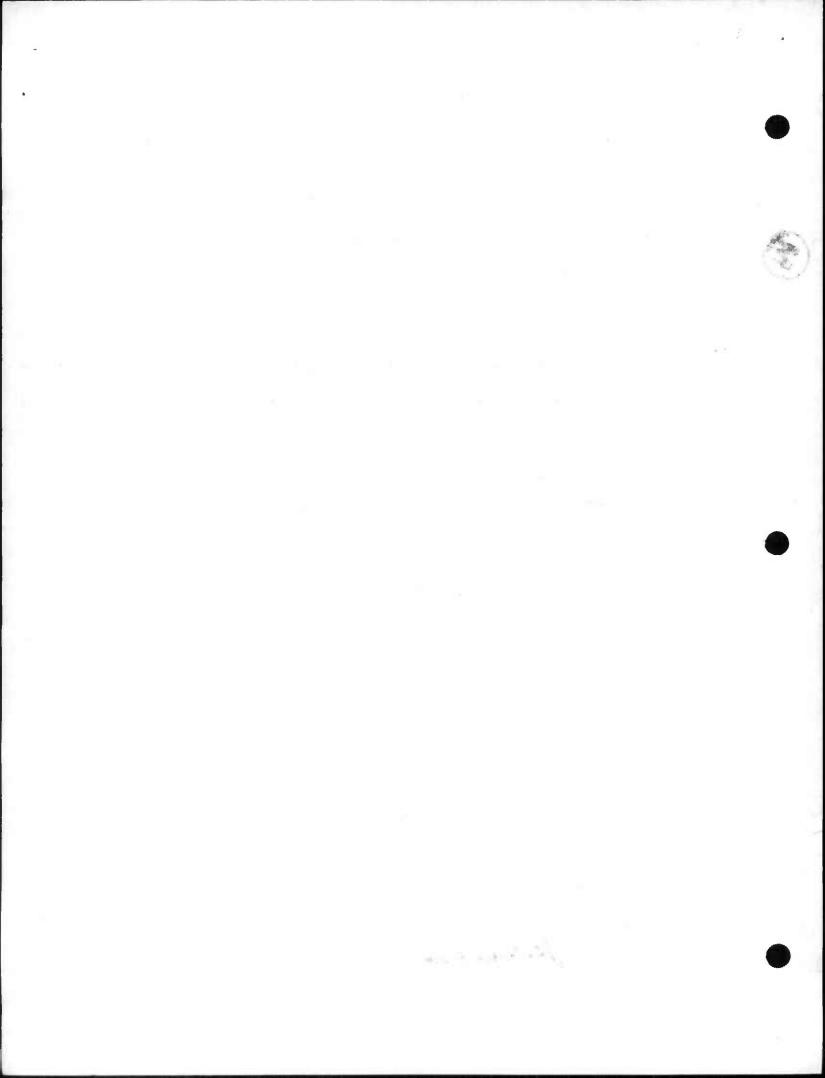


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		1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT O	F HEALTH AND OF DEATH	MENTAL HYGIEN			
Γ		1. DECEDENT'S NAME (First, Middle, Last)	. 1		IOAIE	JI DEAIN	2. DATE OF DEATN		3. TIME OF DEATN	
		WILLIAM 1	n Corre	W I	II		07 02	2000	3 6112 AM	
OR C		219-30-1389	I M 2 □ F	yrs. last birthday) 59 YRS.	MONTHS D	7. DATE OF BIRTIN (Month, Day, Year) 4/19/34		BIRTNPLACE (State or Foreign Country)  Maryland		
	OR	90. FACILITY NAME (N not institution, give stree Northwest Hospital				wn or Location of D ndallstown		sc. COUNTY Ba1		
	בֿ	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY								
- 1	DIRECTOR	Maryland Car	roll		y, town on L Ldersb				10d. INSIDE CITY LIMITS?  1 YES 2 NO	
	FUNERAL	6420 Locust Lane				101. ZIP CODE 2.1784			of what country?	
	5		2. WAS DECEDENT EVER IN U	J.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specify Ye		RACE — American Indian	
	ΒX	1 Never Married 2XXMarried 3 Wildowed 4 Divorced	FORCES? 1 YES			s, specify Cuban, Mexico YES ZYCKNO Specif			Specify: White	
	ETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	mpleted)	6a. DECEDENT'S (Give kind of a life. Do NOT us	vork done durir	PATION g most of working	16b. KIND OF BU	SINESS/INDUST		
	COMPL		College (1-4 or 5+) years	Execut	ive D	irector o	f Westmi	nister	Rescue Missio	
notified at once.	8	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maiden			
E D	H	William Murray Cor	rell Jr.				rl Walker			
011110	2	19a. INFORMANT'S NAME (Type/Print)		1			Route Number, City or Tow		de)	
De De	-	Mrs. Gladys Correl					dersburg,	MD 21	784	
examiner must		20c. METNOD OF DISPOSITION  120 Burlal 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  Lake View Mem. Park  7/6 Sykesville, MD								
IIDer		21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE		22, NAN	E AND ADDRESS OF FA	CILITY			
		Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21133								
event, the medical		23. PARY i. Enter the diseases, or conshock, or heert feliure. Lis iMMEDIATE CAUSE (Finel disease or condition resulting in death)	AUTO GIO	nary In	SUFFIC	mode of dying, suc	h as cerdiac or resp	Iratory errest	Approximate interval Between Onset and Death	
or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
5	- 1	PART II. Other significant conditions of	contributing to deeth but	not resulting I	n the under	lying ceuse given in	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
CO SHOWS ANY	PHYSICIAN: MEDICAL	<u> </u>	1 YES 2	1 VES 2 NO COMPOF DE 1						
E E	CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		OTHER:	6. PLACE OF DEATH (Ch	eck only one)			
10	Z	1 YES 2 NO 1	☐ Inpatient 2 N ER/Outpati	ent 3 DOA	4 - Nursing	Home 5 - Residence	6 Other (Specify)			
	BY PH	1 Natural 5 Pending 2 Accident Investigation	Rec. INJURY AT 28d. DESCRIBE HOW INJURY COCURED WORK?  1  YES 2 NO							
		3 Suicide 6 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
III II IIGIII	COMPLETED		N: To the best of my knowled On the basic of examination a						use(a) and manner as stated.	
	BE	296. SIGNATURE AND TITLE OF CENTIFIER	mo			29c. LICENSE NU	186	29d. DATE SIG	GNED (Month Day, Year)	
	0	30. NAME AND ADDRESS OF PERSON WHO C	CAMPLETED CAUSE OF DEATH	1 (ITEM 27) (Type,	Print) PBCD	TYRO.	SUBBSB1	126,1	10. 21184	

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year) 7 1993



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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n. Ariel tills celtilicate has been syline by the attending physician and compretely lines in by the luneral girector, page 3 should be		To examined as them 22 about next faither as other tensorable account the modified accounting
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CIIII	er death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	popular
5	death	0 000
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CAROLINA CUSTODIO,

31. DATE FILED (Month, Day, Year)

JUL 7 1993

											9	3	9270	
	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND	DEPAR	RTMEN	T OF H	HEALTH DEAT	AND I	MENTAL					
	1. OECEOENT'S NAME (First, Middle, Last	1		ENTIF	ICAI	E OF	DEAL	М		REG. NO	<u>.</u>			
	JOHN COX	,							MONTH		AY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In								1993		.0:30pm. M	
-	214-34-0245	1.5EX 1.5EXM 2 □ F		YRS.	MONTHS	DAYS	HOURS :	UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) APRIL 15,1			1000	6. BIRTHPI	LACE (State or Foreign	
	99. FACILITY NAME (If not institution, give		57	yns.						L 10,				
000							OR LOCATIO		HTA			TY OF DEA		
ᅙ	VA MEDICAL CENTE	SR .			FO	RT H	OWARD			_	BAL'	TIMOF	RE .	
DIRECTOR	10e. STATE 10b. COUN	TY		10c. CI1	Y, TOWN	OR LOCA	TION		-	-	-	1	Od. INSIDE CITY	
1 8	MARYLAND BALT	IMORE		MII	DDLE	RIV	ER					- 1	LIMITS?	
	10e. STREET AND NUMBER						f. ZIP CODE				Tine CITIZ		AT COUNTRY?	
FUNERAL	503-A BOWLEYS QU	ARTERS RO	)AD				21220				USA		AI COUNTAIT	
I	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AL	RMED	13				ALC OBIGIN	(Specify Ye			Amenders to disc.	
	1XXNever Married 2  Merried	FORCES? 1	YES 2 AR OR OATES	NO	-	If yes, sp	ecify Cuban	, Mexica	n, Puerto R	ican, etc.)	1 OF 140		- American Indian, White, etc.	
B	3 Widowed 4 Divorced		- 11/61			I 📙 TES	2 (X NO	Specify	γ:			Specify:	WHITE	
B	15. OECEDENT'S ED (Specify only highest grad	UCATION	18a, Di	ECEOENT'S	USUAL (	OCCUPATION	ON ost of working		16b.	KIND OF BU	SINESS/INDI	USTRY		
[	Elementary/Secondary (0-12)	College (1-4 or 5	1/6	b. Do NOT u	se retired.	auring mo	ost of worlding	9						
¥ 5				Cran	e 0	pera	ator							
COMPLET	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAI	ME (First, M	iddle, Maiden	Sumeme)			
BE (	MILTON COX						AU	GUSI	CA CO	NCANN	ON			
TO B	190. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	SS (Street a	and Number of	or Rural F	Route Numb	er, City or Tow	n, State, Zip	e, Zip Code)		
F	CLINICAL RECORDS		9	600 1	NORT)	H PO	INT R	OAD,	FOR	T HOW	ARD, 1	MD 21	.052	
	20a, METHOD OF DISPOSITION 1	movel from State	20b. PLACE cemetery, cri Met 1	AND DATE	OF DISPO	SITION(Na	ame of	7	7/9		cation - c	100		
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	11/				ND ADDRES		-	7 10	11011	1016	nu.	
	1/ DO E	. /	7.11			Conr	ells	7 F 13 T	nera	1 Home	300	Mace	eAve.2122	
-	melly	uneral	Hor	ne			_							
											Approximate Interval Between			
											Onset and Death			
	resulting in death)	ē				ASTAS	SES							
	DUE TO (OR AS A CONSEQUENCE OF):													
NO	Sequentielly list conditions,													
ERTIFICATION	If any, leading to immediate  Couse. Enter UNDERLYING													
은	CAUSE (Disease or injury that initiated events	cDUE TO	(OR AS A CONSE	OUENCE O	P.								-	
E	resulting in deeth) LAST		(		,.									
E E		d,												
A	PART if. Other significant condition	ns contributing to	death but not	recuiting	in the u	nderiyin	g ceuse gi	iven in i	Part I.	24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS	
MEDICAL										1 YES 2	**	0	MARLABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
WE													YES 2 NO	
									_			1		
\ \langle \	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF DE	ATH (Che	ck only one	)				
PHYSICIAN:	1 VES 2XXNO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE		e 5 Res	Idence	e 🗆 Other	(Specify)				
Ĕ	27. MANNER OF OEATH	28a. DATE OF (Month, D		26b. TIM		28c. INJ WO			_		NJURY OCCI	URED		
ВУ	12 Natural 5 Pending 2 Accident Investigation	(MONIN, D	ray, rour)	ling.	M		YES 2	NO						
3 Suicide 8 Could not be 28e. PLACE OF INJURY — Al home, lerm, streel, factory, office 28t. LOCATION (Street and Number or Rural Route								te Number,						
4 Homicide determined City or								Town, State)						
COMPLET	29e, CERTIFIER (Check only 1 CERTIFYING PHY	SICIAN: To the best of	my knowledge, de	eth occurr	ed at the	time, date	end place	end due	to the care	e(e) and mer	Iner ee etete	d.		
WC	one) 2 MEDICAL EXAMIN												nd manner as stated.	
ВСС	29b. SIGNATURE AND TITLE OF CERTIFIE						29c. LICEN						fonth, Day, Year)	
100	6. Cum	torken	, uno.				are civili	- SE 170M						
2	30 NAME AND ADDRESS OF PERSON W	HO COMPLETED CALL	1									<u>/6/93</u>		

M.D., VA MEDICAL CENTER, FORT HOWARD, MD 21052

DHMH-18 Rev 1/89

The tree bearings to the

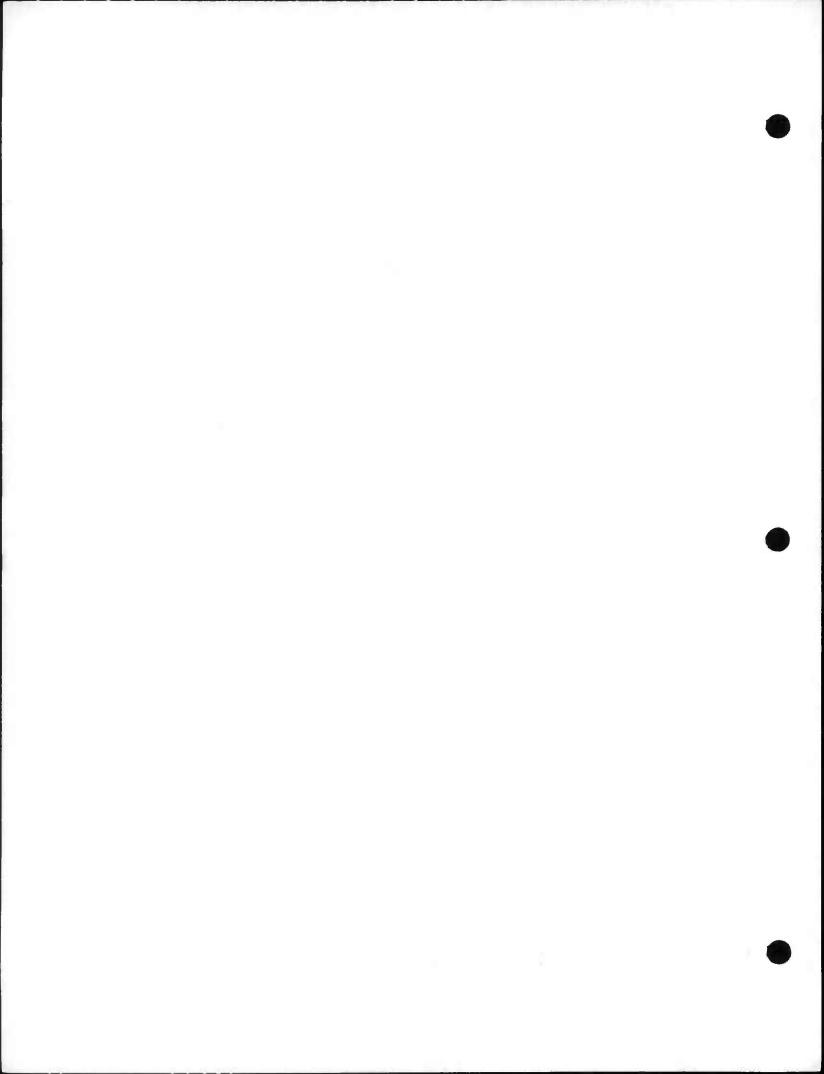
TO BE COMPI	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	INFORMANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached al.	IN THE FALD RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to a few and 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
r death. Page 6 may be retained by the hospita	IN THE HISPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospita
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1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H		D MENTA	REG. NO		
1. DECEDENT'S NAME (First, Middle, I	PAUL J	. CLAR	KE		2. DATI	of DEATH D		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 215-07-3213	<b>X</b> XM 2 □ F	79 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HR	(Mon	E OF BIRTH th, Day, Year) 8-23-	. [4	BIRTNPLACE (State or Foreign Country)  MARYLAND
90. EACH ITY NAME (If not inath-rion, SAINT JC RESIDENCE OF DECEDEN 100. STATE 100. CO MARYLAND E	SEPH HOSPI	TAL	9b. CITY, TOWN C	OWSON	DEATN			Y OF DEATH BALTIMORE
10a. STATE 10b. CO MARYLAND E		10c, CIT	Y, TOWN OR LOCAT	PARKVI	LLE			10d. INSIDE CITY LIMITS?
	ANTEE ROAD	)	101	ZIP CODE	36			N OF WHAT COUNTRY?
10e. STREET AND NUMBER 3449 S 11. MARITAL STATUS 1 Never Married 2 Married XXX Widowed 4 Diverced 15. DECEDENT'S	If yes, sp	ENDENT OF NIS	PANIC ORIGI	N? (Specify Yes Rican, etc.)	v Yes or No. 14. RACE — American Indian.			
WORLD WAR II  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) Coffege (1-4 or 5+)  12 YEARS  WORLD WAR II  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retined.)  SALESMAN						AUT	SINESS/INDUS	STRY
17. FATHER'S NAME (First, Middle, Last	PHEN CLARK				NAME (First,	Middle, Malden	Sumame)	
198. INFORMANT'S NAME (Type/Print) CAROLE L. BUR	KHART (DAUG	196. MAILING H.) 344	ADDRESS (Street a					21236
20a, METHOD OF DISPOSITION  X Buriel 2 Cremation 3 C  4 Donation 5 Other (Specify)	Removal from State	b. PLACE AND DATE Of the control of	her plecel		7-7			y or Town, State
21. SIGNATURE OF FUNERAL SERVICE  R. J. R.	ELICENSEE		I	ID ADDRESS OF IENRY YORK	W	JENKII	vs &	
23. PART I. Enter the disesses, shock, or heart failt iMMEDIATE CAUSE (Final disesse or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. OUE TO (OR AS	A CONSEQUENCE OF	adons Calo	Can ci'		0.	Uma	t, Approximata interval Betwe Onset and De
PART II. Other significant cond	tiona contributing to death	but not resulting i	n the underlying	g cause given	in Part i.	24e. WAS AN PERFOR 1 YES 3	MED?	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES XX NO  27. MANNER OF DEATH	HOSPITAL: XX inpetient 2 ER/Ou 28s. DATE OF INJURY	tpatient 3 DOA	OTHER: 4 I Nursing Nom		ce 8 🗆 Oth	er (Specify)		
Netural 5 Pending 2 Accident Investigat	on 28e PLACE OF IN HIS	INJ	M 1 1	RK? 'ES 2 NO	3-200,500	SCRIBE NOW II	The State of	
4 Homicide determine	d building, atc. (Sp.	ecity)			City	or Town, State)		Rural Route Number,
	NYSICIAN: To the best of my knowing the MINER: On the bests of examination							
296. SIGNATURE AND TITLE OF CERT	WHO COMPLETED CAUSE OF D	EATN (ITEM 27) (Type,	Print)	29c. LICENSE P	NUMBER 41 41	10	29d. DATE S	IGNED (Month, Day, Year)
31. DATE FILED (Month, Day, Year)	Selia Augustinas su	NATURE O 9. mg	3				<u></u>	

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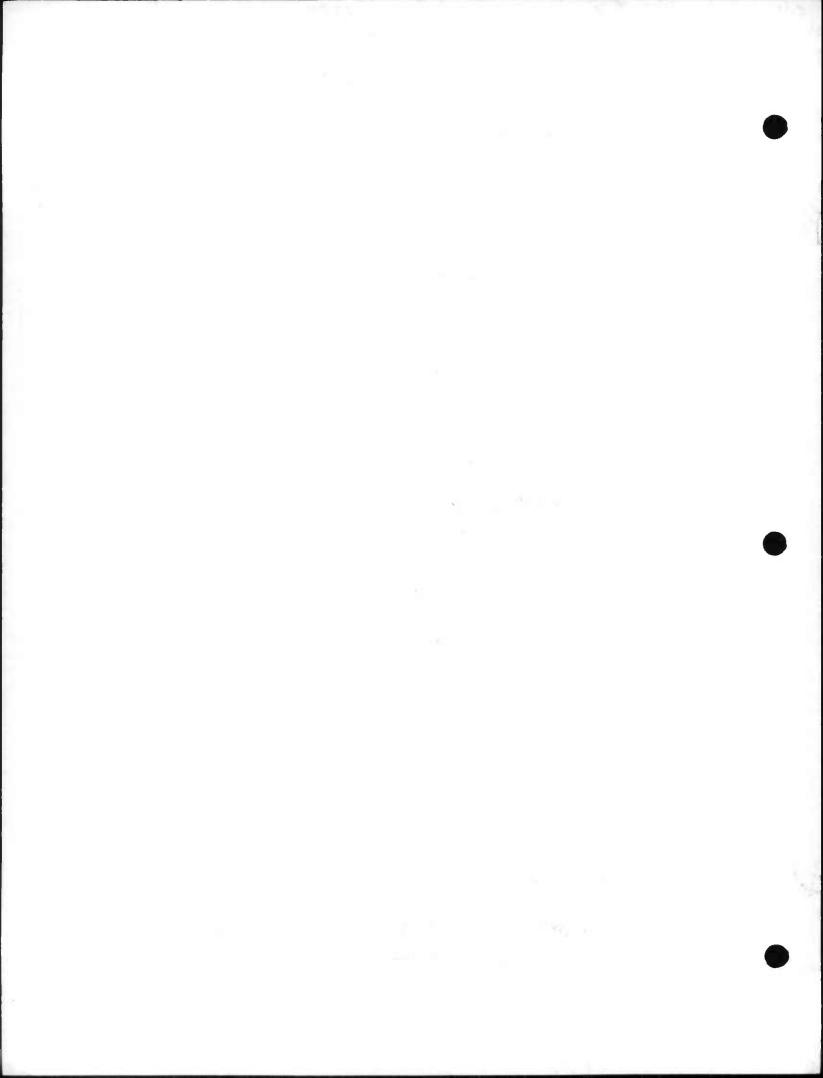
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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
I	1. DECEDENT'S NAME (First, Middle, Last)  JEANNE M. CROUSE  2. Date of Death MONTH DAY YEAR 07-01-93  1:30 P. M
	4. SOCIAL SECURITY NUMBER  212-01-6449  5. SEX  1
10R	9a. FACILITY NAME (If not institution, give street and number)  MERIDIAN, LONG GREEN  BALTIMORE CITY  9c. COUNTY OF DEATH  BALTIMORE CITY
DIRECTOR	10e. STATE 10b. COUNTY 10e. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?  BALTIMORE CITY  YEV YES 2 NO
IERAL	104. STREET AND NUMBER 524 NORTH CHARLES STREET 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 21201 U.S.A.
D BY FUN	11. MARITAL STATUS    X   Never Married   2   Married   3   Widowed   4   Diverced   12. Was DECEDENT EVER IN U.S. ARMED FORCES?   1   YES   X   NO
PLETE	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  PLUS  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refreed.)  ATTORNEY  16b. KIND OF BUSINESS/INDUSTRY
ed at once.	17. FATHER'S NAME (First, Middle, Last)  ANDREW L. CROUSE  16. MOTHER'S NAME (First, Middle, Maiden Surname)  LUCIE BYRNE
TO BE	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 210 N.CHARLES ST., BALTIMORE, MD. 21201
Hust	20s_METHOD OF DISPOSITION  A Squriel 2 Cremation 3 Removal from State  4 Donetion 5 Other (Specify) DATE  20b. PLACE AND DATE Of DISPOSITION (Name of Cemetery, crematory or other place)  NEW CATHEDRAL CEMETERY 7-7  BALTO., MD. 21229
si examiner	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  P. J. Rutti  22. NAME AND ADDRESS OF FACILITY HENRY W. JENKINS & SONS 4905 YORK ROAD, BALTIMORE, MD. 21212
vent, the medical	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Due TO (OR AS A CONSEQUENCE OF):  Approximats interval Between Onset and Desth
ry, or other traumatic event,	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Olsease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):
shows any inju	PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 VES XX NO  24b. WERE AUTOPSY FINDINGS ANALASEL PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO
r item 23	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL: OTHER:
5 2	1 VES XXNO 1 Inpetient 2 ER/Outpetient 3 DOA XXNursing Home 5 Residence 8 Other (Specify)  27. MANNER OF DEATH  XX Netural 5 Pending (Month, Day, Year) 2 Accident Investigation (Month, Day, Year)  1 VES XXNU NOTER:  26b. TIME OF 28c. INJURY WORK?  1 VES 2 NO  27. MANNER OF DEATH  28d. DESCRIBE HOW INJURY OCCURED INJURY WORK?  1 VES 2 NO
m 28 is marked, ETED BY PH	2 Accident Investigation 3 Suicide 6 Could not be determined  28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28s. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, State)
MPORTANT: It item O BE COMPLE	29a. CERTIFIER Check only 2 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.  One) 2 MEDICAL EXAMINER: On the basic of aximination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CENTIFIER  1 COUNTY OF CENTIFIER  296. LICENSE NUMBER  1 296. LICENSE NUMBER  1 296. DATE SIGNED (Month, Day, Year)  1 297. DATE SIGNED (Month, Day, Year)  1 298. DATE SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  NEAL M. FRIEDLANDER M.D., 301 SAINT PAUL PLACE, BALTO., MD. 21202  31. DATE FILED (Month, Day, Year)  12. REGISTRAR'S SIGNATURE
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  DHMH-16 Rev 1/89



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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT OF CERTIFICATE O		MENTAL HYGIENE REG. NO.					
1	1. DECEDENT'S NAME (First, Middle, Le DESS 4. SOPIAL AECURITZ NUMBER 7 2	9 MAE	CHILDS S (In yrs. last birthday) IF UNDER 1 YEAR	***		95 AT SAME OF DEATH				
	244-36-4173	1 M 2 M 7	OS YRS. WONTHS DAYS		7. DATE OF BIRTH	North Carol:				
DIRECTOR	PLESIDENCE OF DECEDENT		Ba	lt Ce	ty 1	Ball City				
	100. STREET AND MUMBER 4732	QWakeFleld	Avenue	Te Cat	) 10a. CI	104. INSIDE CITY LIMITED 1 NO RIZEN OF WHAT COUNTRY?				
FUNERAL	11. MARITAL STATUS	12. WAS DESIGNED EVER I	N U.S. ARMED 13. WAS D		U. NIC ORIGIN? (Specity Yea or No—	S . A .				
BY	3 Widowed 4 Divorced	FORCES? 1   YES	1 - Y	specify Cuban, Mexica ES 2 NO Specify		SpeBMack SpeBMack				
PLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	DUCATION aide completed)  College (1-4 or 5+)	(Give kind of work done during : iffe. Do NOT use retired.)  Claims Exam	most of working	State of					
E COMPL	17. FATHER'S NAME (First, Middle, Last) Frank Carson				ME (First, Middle, Malden Surname) Tillman					
TO B	James W. Chil				Route Number, City or Town, State, Zi ad, Baltimor					
	20a. METHOD OF DISPOSITION  1\(\times\) Burlar 2 □ Cremation 3 □ R  4 □ Donation 5 □ Other (Specify)  21. SIGNATUSE OF FUNERAL SERVICE	K	b. PLACE AND DATE OF DISPOSITION ( priory, cremetory or other place) ng Memorial	Name of Park AND ADDRESS OF FA	7/9 Randall	Stown, MD				
_	Dlova (	edams	mars 4101	hall W.J Edmonds	Jones,Jr Fungon Avenue,B	eral Home PA alto. MD 212				
NC	23. PART I. Enter the diseases, on heart failure immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions,	a. Due to (on As )	A COMBEDURICE OFF, TO SE	San/	Infally Mease	Approximete interval Betwee Onset and Dea				
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST									
MEDICAL	PART ii. Other significent condit	ons contributing to deeth b	out not resulting in the underly	ing ceuse given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	OTHER:	PLACE OF DEATH (Ch						
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. II	NJURY AT YORK? YES 2 NO	28d. DESCRIBE HOW INJURY OC	CURED				
ETED B	3 Suicide 6 Could not to determined	26a. PLACE OF INJURY building, atc. (Spec	/ — At home, farm, street, factory, off	lice	261. LOCATION (Street and Number City or Town, State)	r or Rural Route Number,				
COMPLE			riedge, death occurred at the time, da in and/or investigation, in my opinion,							
BE	296. SIGNATURE AND TITLE OF CERTIF	Elelin	).	29c. LICENSE NUN	ABER 29d. DAT	E SIGNED (Month, Day, Year)				
10	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	3455 Wil	Kene A	Phue 212	79				
	31 DATE FILED (Motion, Day, year)	/32. REGISTRAR'S SIGN	IATURE Rondo		MINI DIDO					



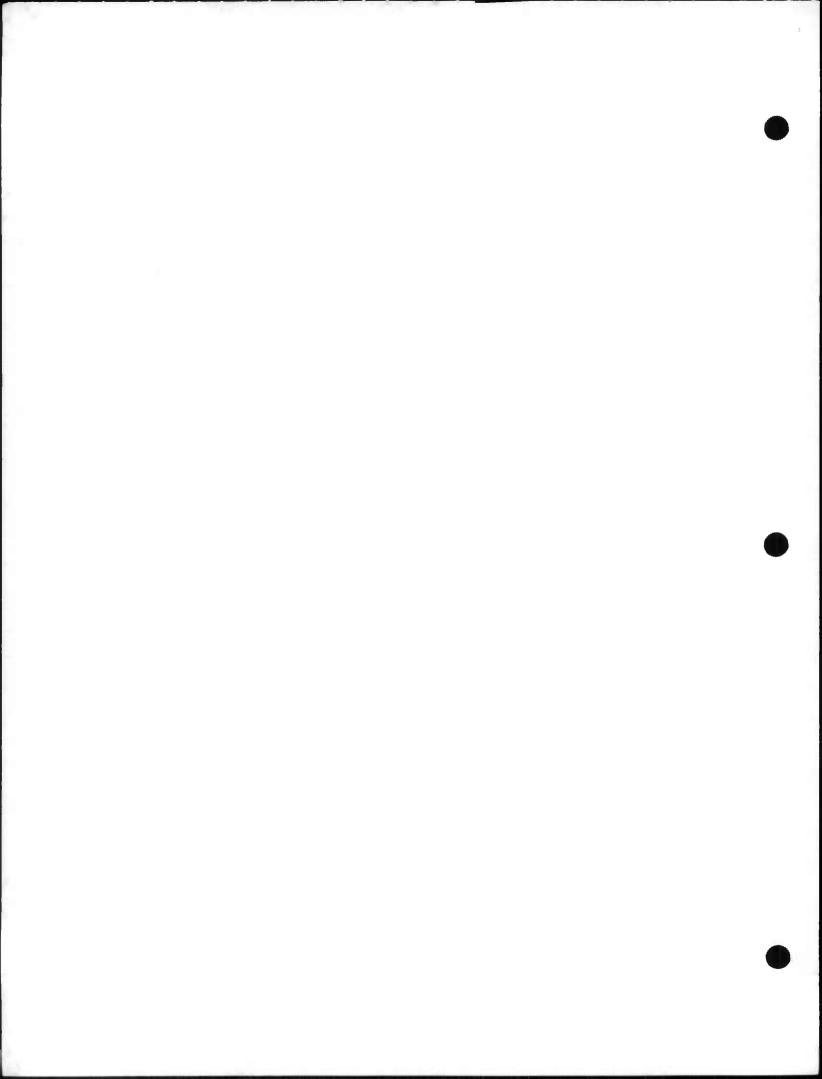
FOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE RANGE DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after each with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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¥	TO DAE RUNEAUL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the familied within 72 hours after death with the State Deot, of Health and Mental Hygiene prior to burial, cremation, or removal.	III
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR				ICATE O	LUCAIN		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							ATE OF DEATH			3. TIME OF DEATH
	NORA (NM)	N)			CAVES			7 O		93	09:55 AM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.			IF UNDER 24 HR	<del>_</del>	ATE OF BIRTH		, , ,	HPLACE (State or Foreign
	213-30-9119	1 🗆 M 2 🔯 F	80	YRS.	MONTHS DAY	HOURS MI	N. (A	fonth, Day, Year)	212	Count	TUCKY
	9e. FACILITY NAME (If not institution, give	street and number)	-10		Sh CITY TOW	N OR LOCATION O		1- 26-19	_	INTY OF C	
Œ		11.00	COOCT	TTON	100				9c. COL		
6	NORTH ARUNDEL H	USPITAL A	SSUCTA	TION	GLE	N BURNIE	5			A.A	. COUNTY
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c. CI	Y, TOWN OR LO	CATION					10d. INSIDE CITY
5	MARYLAND ANNE	ARUNDEL		G	LEN BUR	NIE					LIMITS?
	10e. STREET AND NUMBER					10f. ZIP CODE			10a CI1	TIZEN OF 1	WHAT COUNTRY?
FUNERAL	408 MAGNOLIA ROAD					21061			_	S.A.	WILL COOKING?
Ž	11. MARITAL STATUS	12 WAS DECEDEN	T EVED IN II S	ADMED	42 980 0	SOCIAL DE LUC					
	1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1		NO	If yes,	ECENDENT OF HIS specify Cuban, Ma			or No-	14. RAC Blac	E — American Indian, k, White, atc.
B	3√√Widowed 4 □ Divorced	IF YES, GIVE W	MR OR DATES		1 D Y	ES 2 NO Sp	secify:			Spec	MHITE
Ω	15. DECEDENT'S EDU	JCATION	16a	DECEDENTS	USUAL OCCUPA	TION		16b. KIND OF BUS	IN FOO III	DUCTON	
E I	(Specify only highest grade Elementary/Secondary (0-12)			(Give kind of life, Do NOT u	work done during	most of working		100. KIND OF BU	INESS/IN	DUSTRI	
7	9	College (1-4 or 5 + NONE	,	OMEMA				OWN HO	ME		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	NONE	111	OLIDIA		to Moruenio	NAME (S)	st, Middle, Malden			
	NOAH REYNOL	DS				ELIZA	NAME (F#	DAMOR			
BE	19a. INFORMANT'S NAME (Type/Print)			405 14 44 444							
임	SANDRA SMITH		- F	408	MAGNOLI	A ROAD,	GLEN	BURNIE	, State, Zi	· 21	061
	20s. METHOD OF DISPOSITION										
	1 🛱 X9urial 2 □ Cremation 3 □ Ran	novel from State		CEAND DATE crematory or c	OF DISPOSITION. other place)	Name of				City or To	
1	4 Donation 5 Other (Specify)	- Consideration	CEDA	R HIL	L CEMET			683 BRO	JKLY.	N PA	RK, MD.
	21. STORM OF PURE DE SERVICE D	CEMBEE	1		22. NAME	AND ADDRESS OF	FFACILITY	SINGLE	TON :	FUNE:	RAL HOME,
	Hamely	(QX	Land	1	1 SE	COND AVE	E., S	.W.,GLE	N BU	RNIE	,MD. 21061
	23. PART I. Enter the diseases, or	complications that	t causad the	daath. Do	not antar the r	node of dying, s	such ss c	ardiac or reapi	ratory sr	rest.	Approximata
	shock, or hasrt failure.  IMMEDIATE CAUSE (Final	List only one cau	se on each li	na.							Interval Between Onset and Death
	disease or condition		1	1.		1	4	-	00	1	Chast and Death
	resulting in death)	DUE TO	(OR AS A CONS	SOUENCE O	F):	Cuar	1			The same	
2											į
2	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONS	SEOUENCE O	F):						
S	cause. Enter UNDERLYING										
Ĕ.	CAUSE (Disease or injury that initiated events		(OR AS A CONS	SEOUENCE O	F):						
		DUE TO									
E	reaulting in dasth) LAST	d									
CERTIFICATION	-Sistri-Colonial	d									
	PART II. Other significant condition	d	death but no	t rasuiting	in the underly	ing cause given	in Part i	. 24a. WAS AN PERFOR		246	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
	-Sistri-Colonial	d	death but no	t rasuiting	in the underly	ing cause given	in Part i		MED?	240	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	-Sistri-Colonial	d	death but no	t rasuiting	in the underly	ing cause given	in Part i	PERFOR	MED?	246	AVAILABLE PRIOR TO
	-Sistri-Colonial	d	death but no	t rasulting	in the underly	ing cause given	in Part i	PERFOR	MED?	246	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	PART II. Other significant condition	d	death but no	t rasulting	26.	ing cause given		PERFOR	MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	PART II. Other significant condition	d			26. OTHER:	PLACE OF DEATH	(Check only	PERFOR  1 TYES 2	MED?	246	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	dns contributing to	ER/Outpetient	3 □ DOA	26. OTHER: 4   Nursing H	PLACE OF DEATH	(Check only	PERFOR  1 TYES 2	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	dns contributing to	ER/Outpetient	3 □ DOA 28b. TIN	OTHER: 4   Nursing H	PLACE OF DEATH	(Check only	PERFOR  1 YES 2  y one)  Wher (Specify)	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH	HOSPITAL: 1 inpatient 2 28e. DATE OF (Month, De 28e. PLACE OF	ER/Outpetlent INJURY ay, Year) FINJURY — At	3 DOA	OTHER: 4   Nursing H	PLACE OF DEATH Dome 5   Residen NJURY AT VORK?  YES 2   NO	(Check only ce 8 C C 28d.	PERFOR  1 YES 2  y one)  Wher (Specify)  DESCRIBE HOW III	MED?	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Netural 5 Pending Investigation	HOSPITAL: 1 inpatient 2 28e. DATE OF (Month, De 28e. PLACE OF	ER/Outpetient INJURY ny, Year)	3 DOA	OTHER: 4   Nursing H	PLACE OF DEATH Dome 5   Residen NJURY AT VORK?  YES 2   NO	(Check only ce 8 C C 28d.	PERFOR  1 YES 2  y one)  Wher (Specify)  DESCRIBE HOW II	MED?	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined	HOSPITAL: 1 inpatient 2 28a. PLACE Of building, 4	ER/Outpetient INJURY ny, Year) F INJURY — At etc. (Specify)	3 DOA 28b. TIM	26. OTHER: 4   Nursing H IE OF	PLACE OF DEATH  ome 5  Residen  NJURY AT  vork?  YES 2  NO	(Check only come is a Communication of Check only come is a Communication of Check only communication of Check on Check on Check on Check on Check of Check on Check of Check on Check of Check on Check of Check on Check of Check on Check of Check on Check of Check on Check of Check on Check of Check on Check of Check on Check of Ch	PERFOR  1 YES 2  Wher (Specify)  DESCRIBE HOW II  OCATION (Street a Sity or Town, State)	MED?	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, Date of building, of the bast of	ER/Outpetient INJURY FINJURY — At etc. (Specify) my knowledge,	3 DOA 28b. TiM IN,	26. OTHER: 4   Nursing H IE OF 28c. f IURY M 1   atreet, factory, of	PLACE OF DEATH  DOME 5   Residen  NJURY AT  VORK?  YES 2   NO	(Check only 28d, 28f, L	PERFOR  1 YES 2  Wher (Specify)  DESCRIBE HOW II  OCATION (Street a Sity or Town, State)	MED?  NO  NJURY OC	CURED  or Rural i	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1 Inpatient 2 28a. PLACE Of building, of the bast of the bast of the patient and the bast of	ER/Outpetient INJURY FINJURY — At etc. (Specify) my knowledge,	3 DOA 28b. TiM IN,	26. OTHER: 4   Nursing H IE OF 28c. f IURY M 1   atreet, factory, of	PLACE OF DEATH ome 5 Residen NJURY AT VORK? YES 2 NO fice its and place, and death occured at	(Check only control of the control o	PERFOR  1 YES 2  Wher (Specify)  DESCRIBE HOW II  OCATION (Street a Sity or Town, State)	MED?  NO  NJURY OC  Ind Number	r or Rural I	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1 Inpatient 2 28a. PLACE Of building, of the bast of the bast of the patient and the bast of	ER/Outpetient INJURY FINJURY — At etc. (Specify) my knowledge,	3 DOA 28b. TiM IN,	26. OTHER: 4   Nursing H IE OF 28c. f IURY M 1   atreet, factory, of	PLACE OF DEATH  DOME 5   Residen  NJURY AT  VORK?  YES 2   NO	(Check only control of the control o	PERFOR  1 YES 2  Wher (Specify)  DESCRIBE HOW II  OCATION (Street a Sity or Town, State)	MED?  NO  NJURY OC  Ind Number	r or Rural I	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Netural 5  Pending Investigation 3  Suicide 8  Could not be detarmined  29a. CERTIFIER (Check only one) 2  MEDICAL EXAMINE	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, De building, de la control	ER/Outpetient INJURY ny, Year)  F INJURY — At etc. (Specify)  my knowledge, camination and/o	3 DOA 28b. TIM IN. home, farm, death occurr	26. OTHER: 4  Nursing H IE OF JURY M 1  street, tactory, of	PLACE OF DEATH ome 5 Residen NJURY AT VORK? YES 2 NO fice its and place, and death occured at	(Check only control of the control o	PERFOR  1 YES 2  Wher (Specify)  DESCRIBE HOW II  OCATION (Street a Sity or Town, State)	MED?  NO  NJURY OC  Ind Number	r or Rural I	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1   Inpatient 2   28a. DATE OF (Month, Date of building, of the basis of ax	ER/Outpetient INJURY sy, Year)  F INJURY — At etc. (Specify)  my knowledge, camination and/o	3 DOA 28b. TIM IN. IN. IN. IN. IN. IN. IN. IN. IN. IN.	26. OTHER: 4   Nursing Hi E OF   28c. I IURY M 1   atreet, factory, of ed at the time, di on, to my opinion	PLACE OF DEATH Ome 5 G Residen NJURY AT VORK?  YES 2 NO Hica Ita and place, and death occured at  29c. LICENSE	(Check only ce 8 C C 28d. L 28f. L C C C C C C C C C C C C C C C C C C	PERFOR  1 YES 2  Wher (Specify)  DESCRIBE HOW II  COCATION (Street a Sity or Town, State)  Cause(s) and man  late and place, an	MED?  NO  NJURY OC  Ind Number	r or Rural I	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Netural 5   Pending Investigation 3   Suicide 8   Could not be detarmined  298. CERTIFIER (Check only one) 2   MEDICAL EXAMINE  298. SIGNATURE AND TITLE OF CERTIFIES  30. NAME AND ADDRESS OF PERSON WICHARLES WU, / 160	HOSPITAL: 1   Inpatient 2   28a DATE OF (Month, Date of building, of the basis of ax  10 COMPLETED CAUS	ER/Outpetient INJURY  Wy Year)  FINJURY — At etc. (Specify)  my knowledge, camination and/o	3 DOA  28b. TiM iN. home, farm, death occurr or investigate SW/G	26. OTHER: 4   Nursing Hi E OF   28c. I IURY M 1   atreet, factory, of ed at the time, di on, to my opinion	PLACE OF DEATH Ome 5 G Residen NJURY AT VORK?  YES 2 NO Hica Ita and place, and death occured at  29c. LICENSE	(Check only ce 8 C C 28d. L 28f. L C C C C C C C C C C C C C C C C C C	PERFOR  1 YES 2  Wher (Specify)  DESCRIBE HOW II  OCATION (Street a Sity or Town, State)	MED?  NO  NJURY OC  Ind Number	r or Rural I	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1   Inpatient 2   28a DATE OF (Month, Date of building, of the basis of ax  10 COMPLETED CAUS	ER/Outpatient INJURY INJURY — At etc. (Specify)  my knowledge, camination and/c	3 DOA  28b. TiM iN. home, farm, death occurr or investigate SW/G	26. OTHER: 4   Nursing Hi E OF   28c. I IURY M 1   atreet, factory, of ed at the time, di on, to my opinion	PLACE OF DEATH Ome 5 G Residen NJURY AT VORK?  YES 2 NO Hica Ita and place, and death occured at  29c. LICENSE	(Check only ce 8 C C 28d. L 28f. L C C C C C C C C C C C C C C C C C C	PERFOR  1 YES 2  Wher (Specify)  DESCRIBE HOW II  COCATION (Street a Sity or Town, State)  Cause(s) and man  late and place, an	MED?  NO  NJURY OC  Ind Number	r or Rural I	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,



Pages 1, 2, 3 should

permit.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	De filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bunta, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH (5) 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 1 DM 2 DF 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CO. RESIDENCE OF 10a STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY S 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No II yes, specify Cuber, Maxican, Puerto Rican, etc.)

1 YES 2 Specify: 11. MARITAL STATUS WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 D YES 2 NO 1 Never Married 2 1 IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION BE COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple ary (0-12) College (1-4 or 5+) CHANICAL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME SCI 19b. MAILING ADDRESS (Street and Number or 9 20a. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Rem 20c. LOCATION — City or Town, State 206. PLACE AND DATE OF DISPOSITION (Name of DATE MOUN CAM ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY morrium ha dispuse, or complications that caused the dea , or heart railura. List pnil one cause on each line. ops that caused the death. Do not antar the mode of dying, such as cerdiac or respiratory arrest, Approximate IMMEDIATE CAUSE (Final Onsat and Dasth Acute disease or condition mphoma 2 monte resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? asthm. w.te COPD 1 ☐ YES 2 ☐ NO OF DEATH? ARTERY CORONARU DISEASI 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 □ Inpatient 2 □ ER/Outpatient 3 □ DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Hasidence 8 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investige BY 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, larm, street, fectory, office building, stc. (Specify) 3 Suicide COMPLETED 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Homicide 1 (1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) MO 1315808 2

51-e3

1205

mo

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

WILLIAM E. RANDALL, JR

2,093

Lutherui 16

mo

RA

YURK

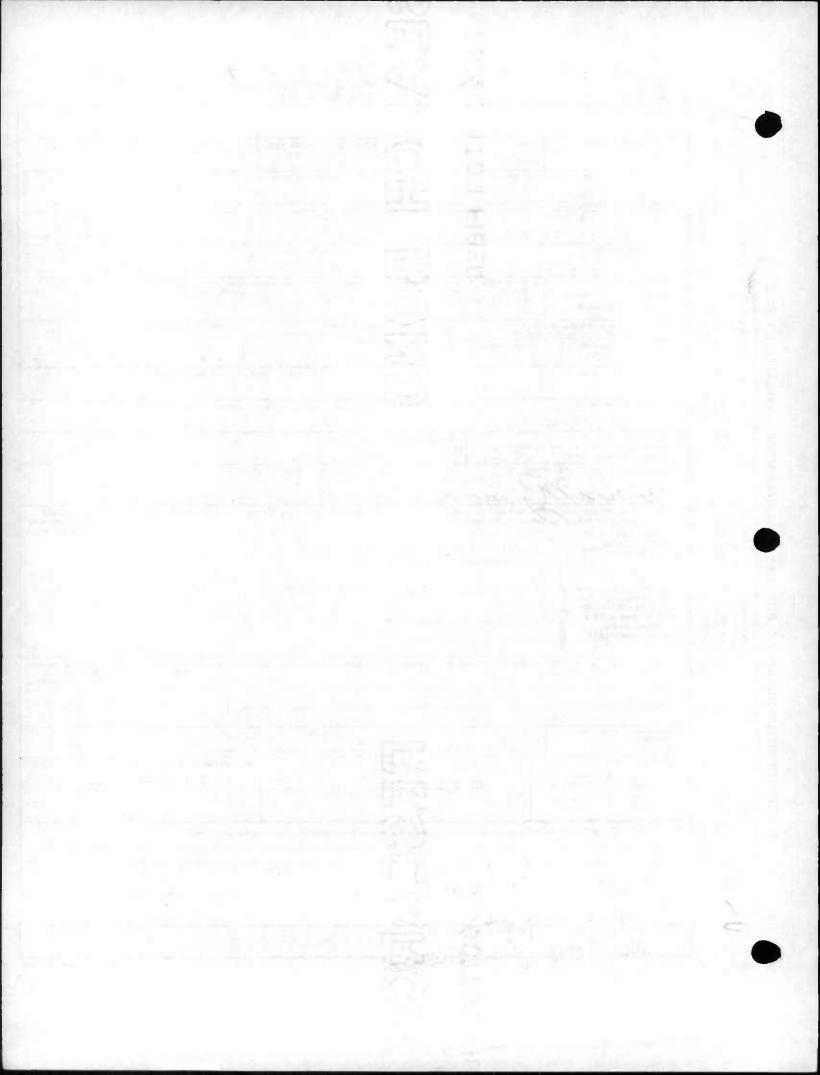
9276 ITEMS: 23 PART I,27,28,A,B, ,D,E,F PER MEO G-701 7/15/93 9 3

					DEATH	REG				
~	1. DECEDENT'S NAME (First, Middle, Lest) ROBERT	ERNEST	DRYD			2. DATE OF DEA MONTH	ТН	3. TIME OF D 93 7:52		
~	4. SOCIAL SECURITY NUMBER 212 44 0912	5. SEX 6. AGE (A	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, W 01/15/	N ear)	8. BIRTHPLACE (State of Country) Maryland	_	
ō l	98. FACILITY NAME (If not institution, give st BOAT - DOCKED AT, RESIDENCE OF DECEDENT	307 SOUTH DRIVE SEVERNA PARK						PC. COUNTY OF CEATH ANNE ARUNDEL		
DIRECTOR	10e. STATE 10b. COUNTY	· =====		town on Local				10d. INSIDE C LIMITS? 1 X YES 2		
FUNERAL	106. STREET AND NUMBER 4131 Hyden Cour	t		10	21225			S.A.	77	
BY FUR	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR OA	2 X NO	If yes, s	CENDENT OF NISPAI pecify Cuban, Mexica S 2 NO Specif	n, Puerto Rican, at		14. RACE — American I Black, White, atc. Specify: White		
PLETED	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12th Grade	CATION completed)  College (1-4 or 5+)	Ille. Do NOT use	ork done during m	ost of working		F BUSINESS/INDU			
E COMPL	17. FATHER'S NAME (First, Middle, Last)	Dryden			18. MOTNER'S NA	ME (First, Middle, M	alden Sumame)			
TO B	190. INFORMANT'S NAME (Typo/Print) Theodore Whitac	re		ADDRESS (Street	and Number or Rural			code) land 2122	7	
	20a. METHOO OF OISPOSITION 1 Burlal 2 Tormation 3 Remo	oval from State 20b.	PLACE AND DATE O	FDISPOSITION (A	lame of	DATE 20	c. LOCATION — C	City or Town, State		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST	OUE TO (OR AS A  OUE TO (OR AS A  DUE TO (OR AS A	INE INTO	Onset and E  NE INTOXICATION  DNSEQUENCE OF):						
SICAL	PART II. Other algnificant condition	e contributing to deeth bu	it not resulting l	the underlylr	ng cause given in	PE	1. 24a. WAS AN AUTOPSY PERFORMEO?  XXYES 2 NO		Y FINE IOR TO OF CA	
N: ME	25. WAS CASE REFERRED TO MEDICAL			26.5	LACE OF DEATH (Ch	eck only one)				
	EXAMINER?	HOSPITAL:	itlent 3 DOA	OTHER:	ne 5 🗆 Residence	XXOther (Specifi	OWN I	HIS BOAT		
PHYSICIAN:		1 Inpatient 2 ER/Output  28a. DATE OF INJURY FO(Month, Day, Year) 7 / 4 / 9	286. TIME F 0 U M 5 3 7 : 5	OTHER: 4   Nursing Nor OF   28c. IN IRY   W   1	JURY AT ORK? YES 2 NO	28d. DESCRIBE	IOW INJURY OCC	HIS BOAT		
	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending	1 Inpetient 2 ER/Outpi  28a. DATE OF INJURY FO (Month Day, Year)  7 / 4 / 9  28a. PLACE OF INJURY building, etc. (Speci	28b. TIME F 0 U N/5 7 : 5	OTHER: 4   Nursing Nor OF   28c. IN IRY   W   1	JURY AT ORK? YES 2 NO	SUBJECT	INGESTI	ED PILLS or Rural Route Number, ED AT 307	\$0	

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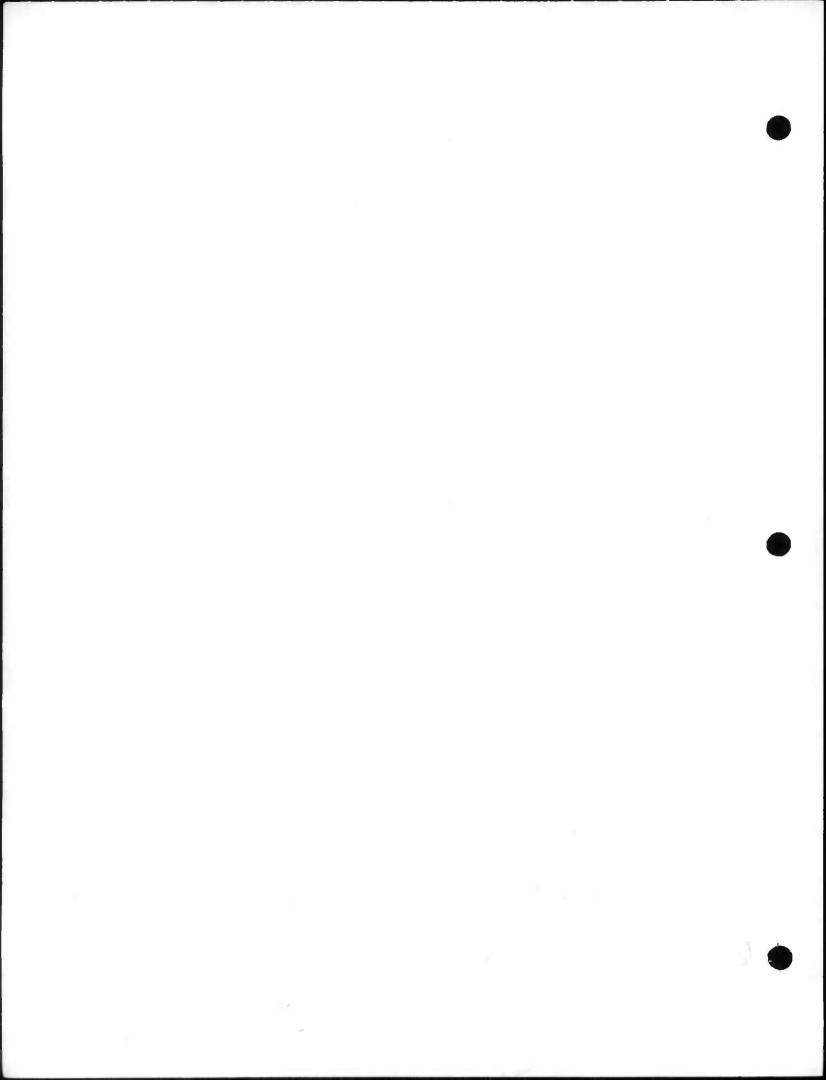
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,



nuit permit. Pages 1, 2, 3 should

	FOR 1 - STATE REGISTRAR	STATE OF M		DEPAR					MENTAL	HYGIEN REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O				3. TIME OF DEATH	
		William	V.	Davi	s				07	0		993	8:33 P. M	
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE O	F BIRTH Day, Year)		8. BIRTI	HPLACE (State or Foreign	
	215 38 1624	1 🔀 M 2 🗆 F	52	YRS.		- LANTS	HOUNS	and a		04/19	41		ryland	
<u>م</u>	9a. FACILITY NAME (If not institution, give s  5 - 2nd Avenue				1.0			ON OF DE	EATH		100	NTY OF D		
6	RESIDENCE OF DECEDENT	3			1	salt:	imore	=			Anr	ne Ai	rundel	
DIRECTOR	10a. STATE 10b. COUNT	IOL OIT, TOTA ON ECCATION								10d, INSIDE CITY				
		ne Arunde	1	Ba	altin	nore			LIMIT 1 YES					
₹ A	10e. STREET AND NUMBER					101	. ZIP COD		10g. CITIZEN OF WHAT COUNTRY?					
FUNERAL	5 - 2nd Avenue		21225 U.S.A.								A.			
15	11. MARITAL STATUS  1 Never Married 2 Married		YES 2 X N	MED 10		If yes, sp	ecify Cuba	ın, Mexica	n, Puerto Ri	(Specify Yes	or No-	14. RACI Blac	E — American Indian, k, White, etc.	
船	3 Widowed 4 Divorced	IF YES, GIVE W	IR OR DATES			1 YES	2 1 NO	Specify	y:			Spec	White	
COMPLETED BY	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON		16b. I	KIND OF BUS	SINESS/INC	USTRY	WILLCE	
19	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIo.	Do NOT us	se retired.)	aunng mo	St OF WORK	ng						
MP	7th Grade		I.a	and1c	ord									
	17. FATHER'S NAME (First, Middle, Last)	'irgil I	Davis				18. MOT			ddle, Maiden	Surname)			
BE	19a, INFORMANT'S NAME (Type/Print)	rigit i		MARINO	ADDRESS			Mar	4	Pusey				
2	David Wells			- 2r									d 21225	
	20a. METHOD OF DISPOSITION	-0.00	20b. PLACE A	ND DATE (	OF DISPOS	ITION (Na	me of		DATE		CATION —			
	1 Donation 5 Other (Specify)	oval from Stata	cemetery, crea	matory or o	ther place)  1 Cel	mete	rv		7/5				Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1		22.	NAME AN	D ADDRE	SS OF FAC	CILITY					
	Secome in	amuse	uhr	>						neral Balt				
	23. PART i. Enter the diseases, or	complications that	ceused the de-	eth. Do r	not enter	the mo	de of dy	ing, suci	h aa cerdi	ec or respi	ratory en	eat,	d. 21225	
	ehock, or heert fellure. IMMEDIATE CAUSE (Final	List only one ceus	on each line.	1.		0	. 1	1	2				Interval Between Onset and Death	
	disease or condition resulting in death)	. Coul	e Car	des	c. 4	no	ut	hm	ud					
		DUE TO (	OR AS A CONSEC	DUENCE OF	F):		10.	10	1		-1			
NO N	Sequentially list conditions,	STALL THE	MAN A CONSEC	L. M	aci	ion	CN	10	alex	essa	end	1		
Ķ	if any, leading to immediate cause. Enter UNDERLYING	alu g	4mh	A .	γ.				/					
E I	CAUSE (Disease or Injury that initiated eventa	DUE TO (	OR AS A CONSEC	DUENCE OF	F):									
CERTIFICATION	resulting in death) LAST	d.												
	PART II. Other algnificent condition	a contributing to d	leeth but not n	naulting i	in the un	derlying	L COURS (	ahan In	Port I	4a. WAS AN	ALITHORNA	1 445		
8				balanting i	iii die di	Corrying	l cansa i	diver in		PERFOR	MED?	240	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
EDIC,									-	1 YES 2	XNO		OF DEATH?	
₹ :									-				1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?					26. PL	ACE OF D	EATH (Che	ck only one)					
SK	1X YES 2 NO	HOSPITAL: 1   Inpatient 2	ER/Outpatient 3	DOA	OTHER		5 XP	sidence	6 Other	Specify)				
H	27. MANNER OF DEATH	28a. DATE OF II (Month, Day		26b, TIM	E OF URY	28c, INJU			28d. DESC	RIBE HOW IN	JURY OC	URED		
B	1 Natural 5 Pending 2 Accident investigation				М	1 🗌 Y	ES 2 [	NO						
8	3 Suicide 6 Could not be	28e. PLACE OF building, e	INJURY At hor tc. (Specify)	ne, farm, s	street, facto	ory, office			281, LOCAT City or	TON (Street a Town, State)	nd Number	or Rural F	Route Number,	
19	29a. CERTIFIER													
COMPL		CIAN: To the best of m											) and menner as stated.	
1 - 1	SIGNATURE AND TITLE OF CERTIFUE		- Internation with the last	- Garagatio	ii, iii iiiy o	pinion, de				nd placa, and				
8	11111	att.	11 )				29c. LICE	INSE NUM	C -		29d. DAT	SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITEM	27) (Type.	Print)		21	7.5	7 4		- 5	10	470	
	William 6 Bo	the!	UD	6	Sil	-11	nı	bel	and	m	1	2	1056	
	31. DATE FILED (Mogifs, Day, Year)	39. REGISTRAR	S SIGNATURE	7.40		- 1/				<del>, , , , , ,</del>			7.00	

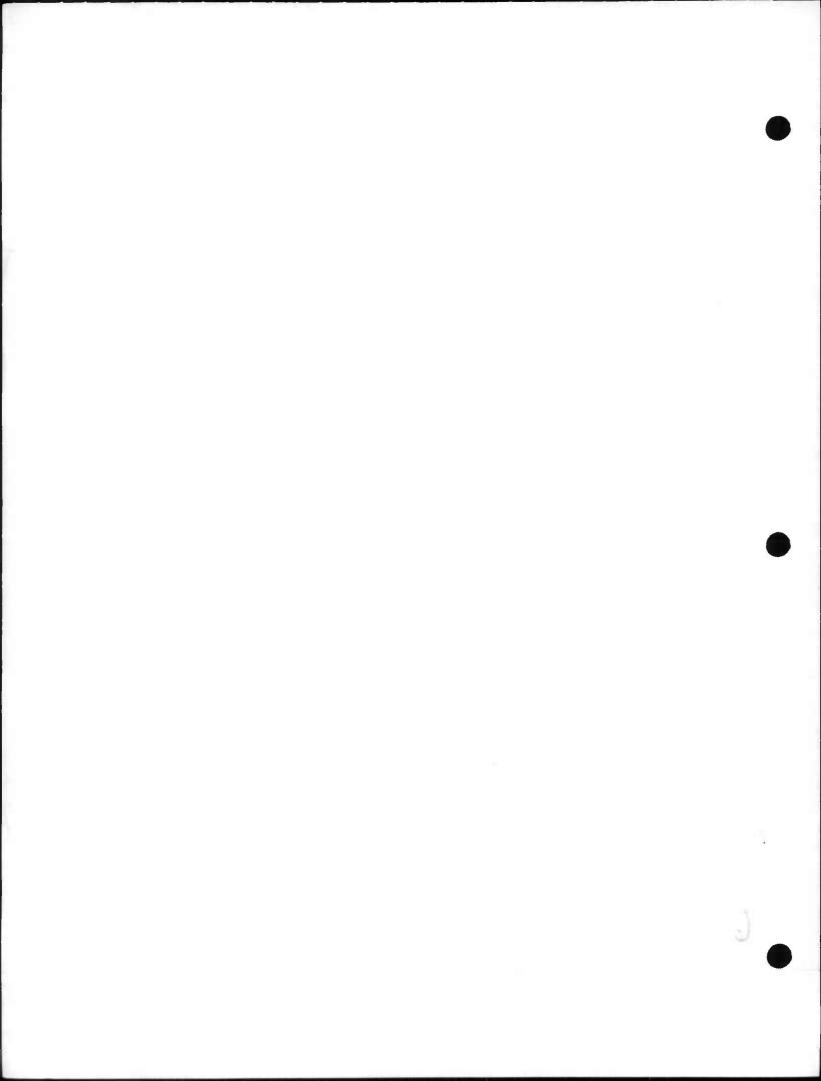


ff. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

6

	1 - STATE REGISTRAR		STATE OF N		/ DEPAR					MENTAL	HYGIEN REG. NO			
	1. DECEDENT'S NAME (First,  ANNIE	, Middle, Last)	DAY							2. DATE O MONTH 07		AY 5	YEAR 93	TIME OF DEATH
	4. SOCIAL SECURITY NUMB	22	5. SEX 1 M 2 F	6. AGE (In yrs. 82	last birthday) YRS.	IF UNDE	DAYS	IF UNDE	MIN.		F BIRTN Day, Year) Z//10		Country)	ACE (State or Foreign
TOR	9a. FACILITY NAME (II not institution, give street and number)  HARBOR HOSPITAL CENTER 3001 HanoverSt  BALTIMORE  RESIDENCE OF DECEDENT							EATH		Section Parties	TY OF DEA			
DIRECTOR	10a. STATE 10b. COUNTY 10e. CITY, TOWN OR LOCATION  M D ==================================								od. INSIDE CITY LIMITS?					
FUNERAL	100. STREET AND NUMBER				10	1. ZIP COD				10g. CITIZ	EN OF WH	YES 2 NO		
BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	FORCES? 1	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO IF YES, GIVE WAR OR DATES			If yes, sp	CENDENT (	OF NISPAN	n, Puerto Ri	(Specify Yea		14. RACE -	- American Indian, White, atc.	
COMPLETED	1s. DEC (Specify only Elementary/Secondary (0 12th Grade	EDENT'S EDUC highest grade	CATION completed) College (1-4 or 5+		DECEDENT'S (Give kind of life. Do NOT u	work done se retired.)	during me	ON ost of worki	ng	16b.		SINESS/INDU		
BE COM	17. FATHER'S NAME (First, Mi	ddle, Lest) George	Snyde	r				18. MOT		ME (First, Mi	iddle, Meiden	Surname)		A
TO B	190. INFORMANT'S NAME (7) Zella Scho	/pe/Print)			19b. MAILING 2223	Hamm	s (Street )	nd Number	r or Rumi I	Route Numbe	r, City or Tow	n, State, Zip (	code)	. 21227
	20e. METHOD OF DISPOSITI 1 M Burlal 2 Cremetio 4 Donation 5 Other	n 3 ☐ Reme	oval from State	cemetery	E AND DATE	OF DISPO	SITION (N	eme of		DATE	20c. LO	CATION — C	lty or Town	
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE 2 Zaran	nou	4.	22. G	HAME A	de J.	GOY	our ice Fi	nera]	L Home	P.A	7250 B 234 B 254 B
	IMMEDIATE CAUSE (Fin	aart Taniure, 1 al	List only one cau	t caused the se on each ii	desth. Do i	not anter	r tha mo	ode of dy	ing, suc	h as cardi	ac or respi	ratory arre	et,	Approximate Interval Between Onset and Death
	disease or condition resulting in death)	<b>+</b> ,	Conge DUE TO	Stive	near t BEOUENCE O	fa F):	ilvre	ಲ						1983 - 1993
CERTIFICATION	Sequentially list condition in sny, leading to immediate. Enter UNDERLY!! CAUSE (Disease or injuit that initiated eventa resulting in death) LAST	NG ry	Avteric DUE TO Ischer OUE TO	OSCIETO OR AS A CONS MIC (OR AS A CONS	SEQUENCE OF	Car F): F):	rdiov	ascu	lav	dise	asc			1983-1993 June 10/93-pm
CAL	PART II. Other significant	nt condition	a contributing to	death but no	t resulting	In the u	nderlyln	g ceuse	given in		24a. WAS AN PERFOR	MEO?	A	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE
A: MEDI										_	1 TES 2	L∦ NO	0	F DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO	MEDICAL	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE	R:			8 Other				
ВУ РН		Pending nvestigation	26a. DATE OF (Month, De		28b. TIM	E OF JURY M		URY AT ORK? YES 2	] NO	28d. DESC	RIBE NOW II	NJURY OCCU	RED	
		Could not be letermined	26s. PLACE OF building,	FINJURY — At Mc. (Specify)	home, farm, s	atreet, fac	tory, offic	•		26f, LOCAT	ION (Street a Yown, State)	and Number of	Rural Rou	e Number,
COMPLETED			CIAN: To the best of ax											nd manner as stated.
TO BE C	296. SIGNATURE AND TITLE Raymund	mil	lan MO					29c. LICE	NSE NUM	IBER				onth, Day, Year) 5 , 1993
	20. NAME AND ADDRESS OF RAYMUNDO	V. MI	LLAN	E OF DEATH (IT	ГЕМ 27) (Туре,	Print)								
	31. DATE FILE? (Month Day )	har)	32. REGISTRAI	7 190	33 %	Frehia	Levis	on A	2	3 :				
				^	0	-			Sec.	6				DHMH-16 Rev 1/6



THE HOSE THE FUNCE OF FILED WITH	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified
TO THE HOSPI TO THE FUNER Se filed within	TAL OR AT	AL DIRECT	If Item 2
5 0 0 0 M	HOSPIT	HE FUNER	BTANT
	E OT	2 3	MP

į	John James									OF DEATH			3. TIME OF OEATH
		1	DAVIDSON	SR.					7 /		AY }	93	4:30 A
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	est birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE (	Dev. Year)	1		HPLACE (State or Forman
	219 01 9254	XQ(() M 2 □ F	73	YRS.						12 1	.919		N.Y.
œ	9a. FACILITY NAME (If not institution, garanklin Sq. H						OR LOCATI		HTA		100	NTY OF	
Ē	RESIDENCE OF DECEDENT	_				ross	svil	Le			Bal	timo	re County
DIRECTOR		altimore		10c. CIT	Y, TOWN O	Mido	dle I	Rive	c				10d. INSIDE CITY LIMITS? 1 YES 2
FUNERAL	1625 Bowley	s Qtrs. Ro	1.			10f	ZIP COD	£ 21220	0		10g. CIT		WHAT COUNTRY? USA
à l	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 3 IF YES, GIVE V	TEVER IN U.S. A YES 2  WAR OR DATES WWY   1		- 61	f yes, sp	ENOENT ( ecity Cubi 2 XNO	in, Mexica	n, Puerto R	(Specify Yelcan, etc.)	s or No—	Blac	E — American Indian, k, White, etc.
	15. OECEDENT'S I (Specify only highest g		(0	ECEDENT'S Give kind of	work done a	CUPATIO	ON st of world	ng	16b.	KIND OF BL	ISINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5		B. DO NOT US	eman					Ut	ility	r Co.	
<b>#</b>		Davidson					Ir	ene	Hyl				
٥	John J. Davidso	n, Jr.	19	515 S	ADDRESS	ranc	nd Number	or Rural I	Tows	or, City or Tox On, M	vn, State, Zip D 2.12	286	
- 1	20a. METHOD OF DISPOSITION  1 Description   Description	emoval from State	206. PLACE cometery, or HOLL	AND DATE	DF DISPOSI	mori	me of	arde	pare	20c. La	Bal		own, State ore Co. MI
	21. SIGNATURE OF PUNERAL SERVICE	LICENSEE .	nd .		22. I	NAME AN	d ADDRE	ss of FA	uner	al Ho Bal	me PA		
	23. ART i. Enter the diseases, abock, or heart feilu iMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	enal Fa	a. ilure	2	the mod	da or dy	ing, suc	n wa carq	ec or reap	piratory an	rest,	Approximeta interval Betwee Onset and Dea
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSE	OUENCE OF	<b>ງ</b> :								
	resulting in death) LAST	d											
MEDICA	PART II. Other aignificent condition	iona contributing to	deeth but not	resulting !	n the unc	dariying	g cause	given in	Part i.	24a. WAS AI PERFO 1 YES		246	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (Ch	eck only one	)			
ASI	1 TYES 2 NO	POSPITAL: 1 Inpatient 2	ER/Outpatient	3 🗆 DOA	OTHER 4 Nurs		• 5 □ R	eldence	6 🗆 Other	(Specify)			
Ву РН	27. MANYER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D	INJURY lay, Year)	28b, TIM INJ	E OF URY M	28c. 8NJI WOI 1   Y	RK?	] NO	28d. OE\$	CRIBE HOW	INJURY OC	CURED	
	3 Suicida 8 Could not 4 Homicide detarmined	building.	F INJURY — At he etc. (Specify)	ome, farm, s	itreet, facto	ory, office			28f. LOCA City o	TION (Street Town, State	and Number	or Rural I	Route Number,
COMPLETED		YSICIAN: To the best of IINER: On the basis of a											i) and manner as stated.
H H	296. SIGNATURE AND TITLE OF CERTI							ENSE NUN		1			(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAU	SE OF DEATH (ITE	(M 27) (7)(N)	PWIG		مد	1 1 1		1			

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1	FOR STATE REGISTE
,	1. DECEDENT'S
	JOS

TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE	OF DEATH	REG.	NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	н		3. TIME OF DEATH
JOSEPH J. D'AN	GELO				MONTH 7	5	93	10:00A.
4. SOCIAL SECURITY NUMBER		AGE (in yrs. lest birthday)		EAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yes			HPLACE (State or Foreign
219-01-2534  De. FACILITY NAME (If not institution, give st	1 M 2 F	80 YRS.		OWN OR LOCATION OF I	6/15/13		LOL INTY OF D	isiana
2919 Alvarado So			1000	kville		27, 104	altin	
Maryland Balt	imore		ry, town or i					10d. INSIDE CITY LIMITS? 1 YES & NO
IOe. STREET AND NUMBER				10f. ZIP CODE		10g. CIT	IZEN OF V	WHAT COUNTRY?
2919 Alvarado Sq n. marital status	uare Apt.  12. WAS DECEDENT EV		13. WA	21234 S DECENDENT OF HISPA	NIC ORIGIN? (Specif	y Year or Mo	USA	E — American Indian,
I Never Married 2 Married  3 Wildowed 4 Divorced	FORCES? 1 VI IF YES, GIVE WAR O	YES 2 NO	If y	rs, specify Cuben, Mexic YES 2 NO Spec	an, Puerto Rican, etc		Spec	k, White, etc.
15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S (Give kind of	work done duri	IPATION ng most of working	16b. KIND OF	BUSINESS/IN	DUSTRY	***************************************
Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NOT u	use retired.)					
8th grade 7. FATHER'S NAME (First, Middle, Lest)		Chauf	ter	16. MOTHER'S N	Parts  AME (First, Middle, Me		.v Hc	ouse - Auto
Jack D'Angelo					Constanti	,		
9a. INFORMANT'S NAME (Type/Print)				treet and Number or Rura	Route Number, City or	Town, State, Zi		
James J. D'Angelo	**	20b. PLACE AND DATE		Ct. Apt.		LOCATION -		
Buriel 2 Cremation 3 Ramo Donation 5 Other (Specify)	val from State	cemetery, crematory or	other plece)					
1. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	MOSE HOLY		mer Cem. ME AND ADDRESS OF F Ohnson Fund			ere,	MD
Christina (	A. Do	Neget		521 Loch R			on,	MD 21286
ahock, pr heart failure. I MMEDIATE CAUSE (Final disease pr condition resulting in death)	DUE TO (OR	ndiac arrut  AS A CONSEQUENCE C	1.1					Onset and Dea
Sequentially list conditions, fam, leading to immediate cause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE	discoge					
ART II. Other aignificant conditions	contributing to dea	th but not resulting	In the unde	riying ceuse given ir	PER	S AN AUTOPSY FORMED?	24b	. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE
					'  ''E	S 2   NO		OF DEATH?  1 YES 2 NO
. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C	heck only one)			
1 U YES ON NO	HOSPITAL: 1   Inpatient 2   ER/	Outpatient 3 DOA	OTHER:	Home 10 Residence	6 Other (Specify)			
MANNER OF DEATH  LA Natural 5 Pending Investigation	(Month: Day, Ye		JURY	C. INJURY AT WORK?	28d. DESCRIBE HO	OW INJURY OC	CURED	
2 Accident investigation 3 Suicide 6 Could not ba 4 Homicide detarmined	28s. PLACE OF INJ building, atc.	JURY — At home, farm, (Specify)			28f. LOCATION (Str. City or Town, S		r or Rural F	Route Number,
	EAN: To the best of my k							a) and manner as stated.
b. SHANATURE AND TITLE OF CERTIFIER				29c. LICENSE NU				(Month, Day, Year)
. HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	F DEATH (ITEM 27) (Type	p. Print)	1 1944/	9		116	143
Dr. Oshida		Ru		Morgan Blo	da. 3rd	Flr		
OLE FICED Myorth, Day, Year) 44	32 DEGISTRAR'S	SIGNATURE PORTE			aya .II U			

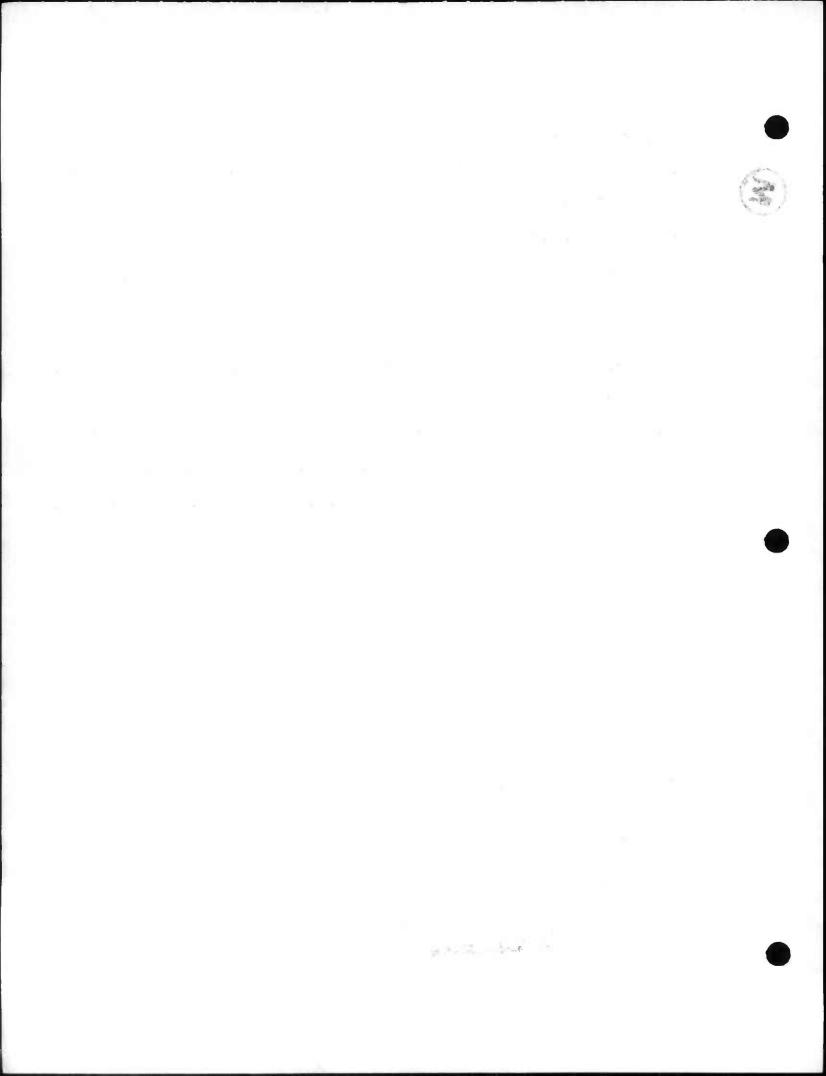
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages to have after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

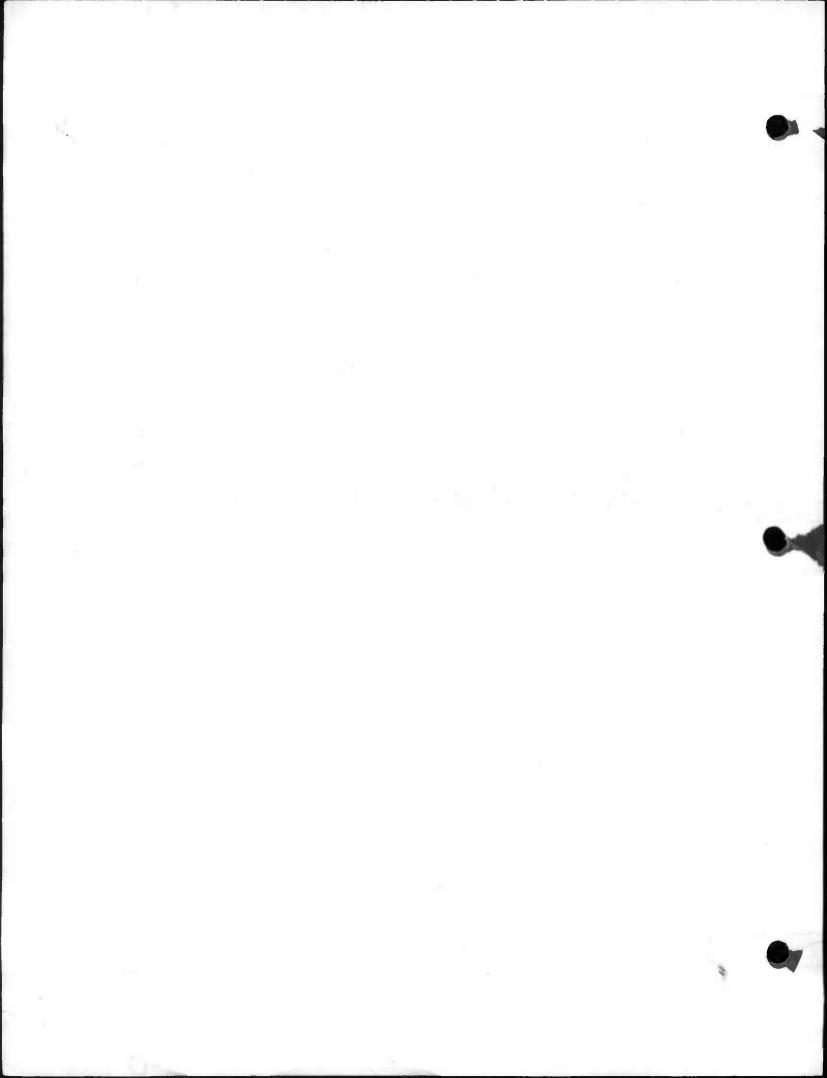
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/89



	1 - STATE REGISTRAR	STATE OF MARYL		ITMENT OF HE		MENTAL HYGIEN	EJJ	13201
	1. DECEDENT'S NAME (First, Middle, Last)		02.1111	TOATE OF E	ZEATT	2. DATE OF DEATH TO MONTH TO MY DA	N THREEVEL	R
	Mary E. Den:		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	4- 73	MRTHPLACE (State or Foreign
	219-07-3017	□ M 2 📉 F	82. YRS.	MONTHS DAYS	IOURS MIN.	(Month, Day, Year) 4-27-1911		ountry)
_	9a. FACILITY NAME (If not institution, give street	t and number)		96. CITY, TOWN OR	LOCATION OF DE		9c. COUNTY	OF DEATH
Į.	The Union Memorial	Hospital		Baltimor	e City			
DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCATIO	N			10d. INSIDE CITY -
	MD.			BALTIMORE	CITY			1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER	Averte			IP CODE		112	OF WHAT COUNTRY?
S	1300 SOUTH ELLWOO!	2 WAS DECEDENT EVER I	N U.S. ARMED		1224 IDENT OF HISPAN	IC ORIGIN? (Specify Yea		BACE — American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 PNO ATES	If yes, spec	fy Cuban, Mexican NO Specify:	, Puerto Rican, etc.)		Bleck, White, etc.
	15. DECEDENT'S EDUCAT	NON	184 DECEDENT'S	USUAL OCCUPATION		40. 4000 00 000		BLACK
ETED.	(Specify only highest grade co		(Give kind of a	work done during most	of working	16b. KIND OF BUS	INESS/INDUSTR	₹¥
COMPL			FACTO	ry Worker				
	17. FATHER'S NAME (First, Middle, Last)				IS. MOTHER'S NAM	NE (First, Middle, Maiden :	Surname)	
BE	19a. INFORMANT'S NAME (Type/Print)	-	19h MAII ING	ADDRESS (Street and	Number or Purel R	loute Number, City or Town	Sheet Tie Cont	
5	ANNA BLACK					E. BALTIMO		
	20a, METHOD OF DISPOSITION  Surial 2 Cremation 3 Remova	i from State	PLACE AND DATE	OF DISPOSITION (Name	of		CATION — City of	
	4 Donation 5 Other (Specify)	M	ARYLAND	NAT L CEN	ETERY	LAU	REL, M	ARYLAND
	· Charlen	2 D. K	noun	JOSEPH 1913 W. C	H BROW	NN JR. PUN St. Balto. M	ERAL HO D. 21223	ME, P.A. 3 P.O. BOX 4433
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of ATRIAL FIBRILL.  HYPERTENSION  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A  DUE TO (OR A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR A  DUE TO (OR A	CONSEQUENCE OF CONSEQ	The second of the time, data and of the time	E OF DEATH (Chor	Part i. 24a. WAS AN / PERFORI 1   YES 2   YES	JURY OCCURED  And Number or Ru  There is stated.	iral Route Number,
BE C	296. SIGNATURE AND TITLE OF CERTIFIER  NO	(	JY 2	~   2	PC. LICENSE NUMI		29d. DATE SIGI	NED (Month, Day, Year)
욘	30. NAME AND ADDRESS OF PERSON WHO C				D375			02/83
0	NIHARIKA KIRI 31. DATE FILED (Month, Day, Year)	M. A. REGISTRAR'S SIGN		MEDICINE,	UNION	MEMORIAL	HOSPIT	AL
9	JUL 0 7 1993 gal	to Davidson As	ndelle					

**BALTIMORE, MARYLAND 21215-0020** 



STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Clarence

Herbert

Eaton

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F VITAL RECORDS, P.O. BOX 68760,	
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2. DATE OF DEATH
MONTH DAY
1993 7. DATE OF BIRTN (Month, Day, Year, 4. SOCIAL SECURITY NUMBER 5 SEY B. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 218 05 9456 15 M 2 F March 23, use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 1040 Lerew Way DIRECTOR Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION
Baltimore FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 1040 Lerew Way 21205 ours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) þ College (1-4 or 5+) Steel Worker page 5 should be detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Charles Edgar Eaton Addie Lillian Sentz notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Louise Eaton, Wife 1040 Lerew Way Baltimore, MD 21205 pe 20e METHOD OF DISPOSITION
1-D Surial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE examiner must filled in by the funeral director, on, or removal. Tak Lawn Cemetery 7/6/93 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA 1407 Eastern Ave. Baltimore, MD 21221 medicai 23. ART i. Enter the diseases, or complicate shock, or heart fellure. List only ons thet caused the death. Do not enter the mode of dying, such es cerdiec or respiratory arrest, IMMEDIATE CAUSE (Fine) the nding physician and completely fille Hygiene prior to burial, cremation, Glio BLASTOMA disease or condition resulting in death) Mult forme other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING this certificate has been signed by the attending physician with the State Dept. of Health and Mental Hyglene prior to CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 0 23 shows any Injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one) Item OTHER:
4 □ Nursing Home 5 Presidence 6 □ Other (Specify) UNWITN+55 PU. 1 TYES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ŏ 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 286. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 714193 1 YES 2 NO After the death v BY 2 Accident 28e. PLACE OF INJURY — At home, larm, street, factory, offica building, stc. (Specify) 3 Suicide .00 281. LOCATION (Street and Number or Rural Route Number, COMPLETED 8 Could not be FUNERAL DIRECTOR: within 72 hours after 4 Homicide 22 them 29a. CERTIFIER (Check only SERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. MPORTANT: 11 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER WEWN MATTHEW JUST 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

John Morkins

31. DATE FICED (Month, Day, Year)

7 1993

Mospi had

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

93 19282

3. TIME OF DEATH

10d. INSIDE CITY 1 THES 2 NO

White

interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS

1 - YES 2 - NO

29d. DATE SIGNED (Month, Day, Year)

AVAILABLE PRIOR TO COMPLETION OF CAUSE

8. BIRTHPLACE (State or Foreign Country)

Maryland

14. RACE — American Indian, Black, White, etc.

YEAR

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

Specify:

USA

Steel Mill

24s. WAS AN AUTOPSY

1 TYES 2 NO

PERFORMED?

Street

600 N.

Wolk

20c. LOCATION — City or Town, State

Paltimore Co., MD

REG. NO.

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By Home wo

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1 - FOR STATE REGISTRAR

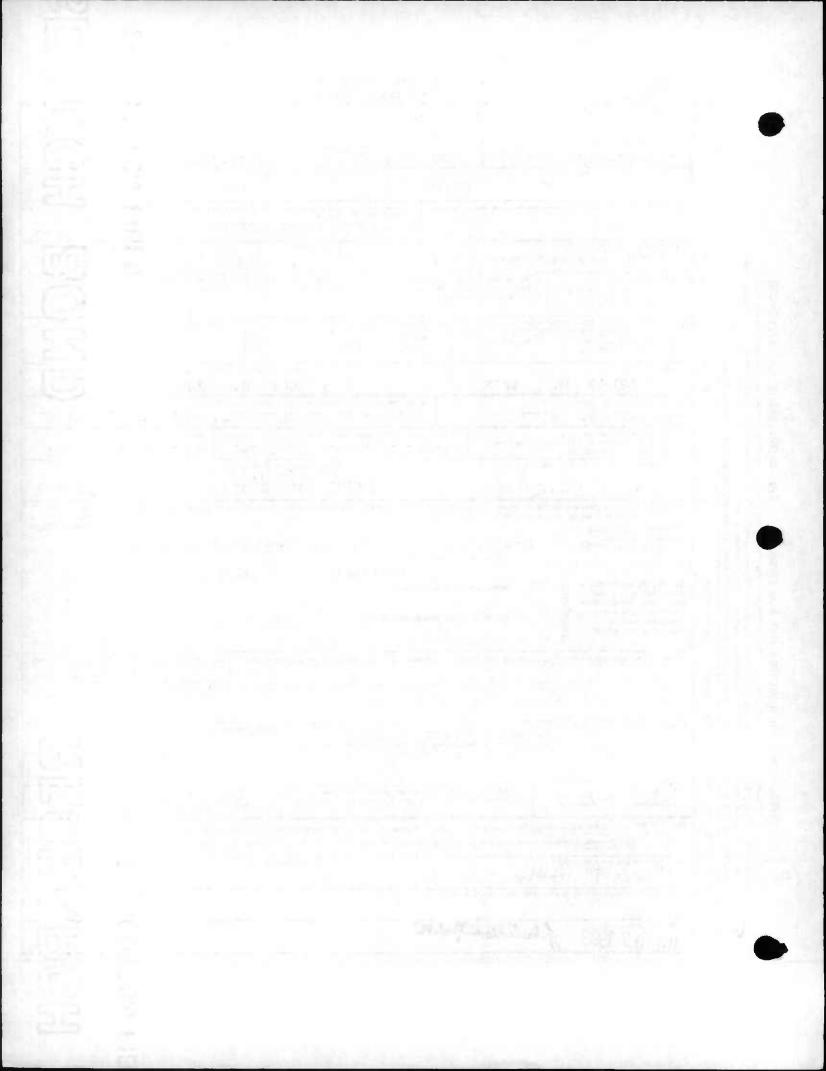
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		EDNA D.	ENSOR	}			2. DATE O	7-01-93	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthda	y) IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE O	7 01 33	AND DESCRIPTION OF THE PARTY OF	8:12 PLACE (State or Fore
,	217-58-8890	1 🗆 🗚 🗶 F	90 YRS.	MONTHS	DAYS	HOURS MIN.		Day, Year) 17–93	Country	RYLAND
	9a. FACILITY NAME (If not institution, give		Two			OR LOCATION OF D	DEATH	9c. CO	UNTY OF DE	
	5309 HERRIN	IG RUN DR	IVE	В	ALT	IMORE	CITY			
noiseulo.	100. STATE 10b. COUNT MARYLAND	ry	10c, C	сіту, тожн		IMORE	CITY			10d. INSIDE CITY LIMITS?
- 15	10e. STREET AND NUMBER				101	I. ZIP CODE		10g, C		HAT COUNTRY?
LONERAL	5309 HERRIN	IG RUN DR	IVE			212	14		υ.:	S.A.
5	11. MARITAL STATUS 1 Never Married 2 Married  XXWidowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D		13. Was DECENDENT OF HISPANIC ORIGIN? (Spi If yee, specify Cuban, Mexican, Puerto Rican, 1 YES A. M. D. Specify:				(Specify Yes or No — can, etc.)	city Yes or No — 14. RACE — American Indian, Black, White, atc.  Specify:  WHITE	
3	15. DECEDENT'S EDU (Specify only highest grade		18a. DECEDENT	T'S USUAL O			16b. i	16b. KIND OF BUSINESS/INDUSTRY		
COMPLE	Elementary/Secondary (0-12) 12 YEARS	College (1-4 or 5+)	Me. Do NOT	USEWI	934	ast of working		OWN H	OME	
	17. FATHER'S NAME (First, Middle, Last)  CHARLES D.	DAVIS					_	ddle, Malden Surname	)	11.11.
9	19a. INFORMANT'S NAME (Type/Print)	DAVIS	T 10h MAII I	NG ADDRES	R /Ctmat a	MARY		ALLEN	7in Codel	
2		VITZ						, BALTIM		MD.212
	20a. METHOD OF DISPOSITION	20	b. PLACE AND DAT	TE OF DISPOS	SITION (Na	ame of	OATE	20c. LOCATION		
	4 Donation 5 Other (Specify)	Н	TGHLAN		_		7-7	STREE	T,MD	. 2115
	21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE			H	ND ADORESS OF F ENRY YORK	W. JE	NKINS BALTIMO	& SORE,	ONS MD.212
2	IMMEDIATE CAUSE (Final disease or condition resulting in death)	DEOWNING DUE TO (DR AS	A CONSEDUENCE	PUCA OF): NOVAS	TIN	G AF	TERIO ISEA	ecurpot Se	70	
ATIO	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEDUENCE OF):									
RTIFIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS								
- 11	CAUSE (Disease or injury that initiated events resulting in death) LAST	d	ut not resultin	or in the u	nderivin	a cause alven k	Part I	MA WAS AN AUTORS	V 1045	WEST ALTONOV S
MEDICAL	CAUSE (Disease or injury that initiated events	d	out not resultin	ng in the u	nderlyIn	g cause given in		24a. WAS AN AUTOPS PERFORMED?		AVAILABLE PRIOR 1 COMPLETION OF CA OF DEATH?
MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL	d	out not resultin	ng In the u				PERFORMED?		WERE AUTOPSY FIN AWAILABLE PRIOR T COMPLETION OF C OF DEATH? 1 YES 2 N
SICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition	d		OTHE	28. PI	g cause given in	Sheck only one)	PERFORMED?		AVAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?
PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  XX YES 2 ND  27. MANNER OF DEATH  1 Natural 5 Pending	d	patient 3 DOA	OTHE	28. PI R: reing Hom 28c. INJ WC	LACE OF GEATH (C	heck only one)  5 ① Other  28d. DESC	PERFORMED?	CCURED	AVAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?
TED BY PHYSICIAN: MEDICAL CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  XX YES 2   ND  27. MANNER OF DEATH	HOSPITAL:  1   Inpatient 2   ER/Out  28e. DATE DF INJURY  07-01-9  28e. PLACE OF INJURY	patient 3 DOA  28b. 7  8:  Y — At home, farm	OTHE	28. PI R: rsing Hom 28c. INJ WO	LACE OF OEATH (C	8 Other 28d. DESC DRO	PERFORMED?  Tyes 2   NO  Specify)  RIBE HOW INJURY O  WN IN B  TIDN (Street and Numb. Town, State)	ATH OPERATE ACTION OF THE PROPERTY OF PROP	AMALABLE PRIOR COMPLETION OF C
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  WEYES 2 ND  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be detarmined  29e. CERTIFIER 1 CERTIFYING PHYS	HOSPITAL:  1   Inpatient 2   ER/Out  28e. DATE DF INJURY  07-01-9  28e. PLACE OF INJURY	patient 3 DOA  28b. 7  8: Y — At home, farm  AT	OTHE: 4   Nutroe of INJURY OOA.  To street, fact HOM	28. PI R: sing Hom 28c. INJ WC 1  tory, offic E	LACE OF OEATH (C) THE X PRESIDENCE SHAPE SHAPE THE SHAPE	s Other 28d. DESC DRO 28f. LOCAL City or 5309	PERFORMED?  VES 2 NO  Specify)  RIBE HOW INJURY O  WN IN B  TIDN (Street and Numit  Town, State)  HERRIN  (a) and manner as a	ATH Service or Rural Richard.	SUBJEC TUB Oute Number, N DRIV
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  WEYES 2 ND  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be detarmined  29e. CERTIFIER 1 CERTIFYING PHYS	HOSPITAL:  1   Inpetient 2   ER/Out  28e. DATE DF INJURY  O7 - O1 - 9  28e. PLACE OF INJURY building, etc. (Spe	patient 3 DOA  28b. 7  8: Y — At home, farm  AT	OTHE: 4   Nutroe of INJURY OOA.  To street, fact HOM	28. PI R: sing Hom 28c. INJ WC 1  tory, offic E	LACE OF OEATH (C)  TO Residence URY AT PIK? YES XX NO re or and place, and du feath occurred at the 29c. LICENSE No.	28d. DESC DRO 28f. LOCAL City or 5 30 9 as to the cause time, data a	PERFORMED?  VES 2 NO  Specify)  RIBE HOW INJURY O  WN IN B  TIDN (Street and Numb. Town, State)  HERRIN  s(a) and manner as a  nd place, and due to	CCURED ATH Toer or Rural Ro G RUI tated. the cause(s)	AMALABLE PRIOR I COMPLETION OF C OF DEATH?  1 YES 2 N  SUBJEC FUB oute Number, N DRIVI and manner as att (Month, Day, Year)
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  27. MANNER OF DEATH  1 Natural S Pending Investigation  3 Suicide 1 Homicide S Could not be detarmined  290. CERTIFIER 1 CERTIFYING PHYS ORE)	HOSPITAL:  1   Inpatient 2   ER/Out  28e. DATE DF INJURY  O7-O1-9  28e. PLACE OF INJURY building, etc. (Spe	patient 3 DOA 3 8: Y — At home, farm AT  wiedge, death occups and/or investigate  EATH (ITEM 27) (7)	OTHE 4 Nutrities of Nutrities o	28. PI R: sing Hom 28c. INJ WC 1	LACE OF OEATH (C) The XINResidence URRY AT THIS THE THE THIS THE THIS THE THIS THE THIS THE THIS THE THIS THIS THIS THIS THIS THIS THIS THIS	check only one;  6 Other  28d. DESC  DRO  28f. LOCAL City or  5309  is to the cause time, data a	PERFORMED?  VES 2 NO  Specify)  RIBE HOW INJURY O  WN IN B  TIDN (Street and Numb. Town, State)  HERRIN  s(a) and manner as a  nd place, and due to	CCURED ATH Der or Rural Ric G RUI tated. the cause(a) ATE SIGNED	SUBJEC  FUB  oute Number,  N DRIV  and manner as at (Month, Day, Year)

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



DIVIS

SICIA OF VITAL RECORDS, P.O. BOX 68/60,	BALIII	BALLIMORE, MARYLAND 21215-0020
ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	s after death. Pag	le 6 may be retained by the hospital or attending physician.
DR: After this certificate has been signed by the attending physician and completely filled in the forest with the State Deut, of Health and Mental Hydiene prior to burial, cremation, or re-	by the funeral di emoval.	RR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Joseph **FLAHERTY** 3:50 AM 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year 10 - 2 -IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 W M 2 | F 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH COSEDALE DIRECTOR Baltimore County RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION
PARKVIV 10d. INSIDE CITY 1 YES 2 NO FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify If yes, specify Cubari, Mexican, Puerto Rican, stc.)

1 YES 2 ND Specify: 14. RACE 1 Never Married 2 Merried WAR DR DATES BY 3 Widowed 4 Divorced ES COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ary (0-12) College (1-4 or 5+) SUPERVISOR 17. FATHER'S NAME (Fjrst, Middle, Last) 16. MOTHER'S NAME (First, Middle BE 19b. MAILING ADORESS (Stre 2 20c, LOCATION — City or Town, State 9 20a. METHOD OF DISPOSITION

1 (1) Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION /Name of DATE ■ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS 800 i. Enter the disees of or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death è disease or condition Acute renal failure resulting in death) DUE TO (OR AS A CONSEDUENCE OF Rhabdomyolysis CERTIFICATION Sequentisily list conditions, DUE TO (OR AS A CONSEQUENCE DF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO 24s. WAS AN AUTOPSY Anoxic ischemic encephalopathy COMPLETION OF CAUSE 1 YES 2 2 OF DEATH? Status post cardiopulmonary arrest three times 1 TYES 2 TO NO Ischemic bowel disease 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE DF DEATH (Check only one) HOSPITAL: OTHER: Inpetient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural
Accident 5 Pending BY 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 28 DIRECTO HOURS After TO THE HOSPITAL DR ATT
TO THE FUNERAL DIRECT
DE filed within 72 hours at
IMPORTANT: If Item 2. 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the ceuse(e) end menner as atated 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) Chambing ma HO, M.D 4/93 2

Dr Chan-hing Ho M.D 9000 Franklin Square Drive Baltimore Maryland 21237

A REPOSTATE SIGNATURA



31. DATE FILED (Month, Day, Your JUL 0 7 1993

DHMH-16 Rev 1/89

Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 DR ATTENDING PHYSICIAN: The law TO THE TO THE DE filed V

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

median.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted for use as		
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. No.

2. DATE OF DEATH 7/3/93 YEAR 400TH 1. DECEDENT'S NAME (First, Middle, Last) JANE R. FLEMING 3. TIME OF DEATH JANE 300 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Yea. IF UNDER 1 YEAR IF UNDER 24 HRS 6. BIRTHPLACE (State or Foreign 1 - M 2 MONTHS DAYS HOURS 214-16-5374 73 YRS. JUNE 16,1920 MARYLAND 9a. FACILITY NAME (If not institution, give street and nu 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 919 FORDWOOD CIRCLE BALTIMORE CATONSVILLE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE MARYLAND CATONSVILLE 1 TYES XX NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 919 FORDWOOD CIRCLE 21228 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES TO NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES YNO If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES NO Specify: 1 Never Married MM Merried BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY iost of working (Give kind of work done during m life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ANDREW MYERS BE CATHERINE MAE MILLER 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 HARRY FLEMING 919 FORDWOOD CIRCLE, CATONSVILLE, MARYLAND 21228 ( HUSBAND) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata cemetery, crematory or other place)

RESTLAWN CEMETERY 7/6/93 onation 5 Other (Specify) MARRIOTISVILLE, MD. 21. SIGNATURE OF FUNERAL SETVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228 23. PART I. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such ea cerdiac or respiratory arrest. Approximate shock, or heart feliure. List only one ceuse on eech line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition OHOL ARCINOHA resulting in death) DUE TO (OR AS A CO CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFOR AWAIL ARLE PRIVOR TO COMPLETION OF CAUSE 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 TYES NO tient 2 - ER/Outpetient 3 - DOA nce 6 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, 18st) TIME OF 28rd. DESCRIBE HOW INJURY OCCURED Natural 2 Acciden 5 Pending T YES 2 NO BY 28e. PLACE OF INJURY - At home, ferm, street, fectory, 3 🔲 Swicide 281. LOCATION (Street and Number or Rural Route Number, City or Years, State) COMPLETED 6 Could not be CERTIFIER ed at the time, date and place, and due to the cause(s) and man BE sth. Dim: West 3/93 94 2 DEATH (ITEM 27) (Non. Print) 00

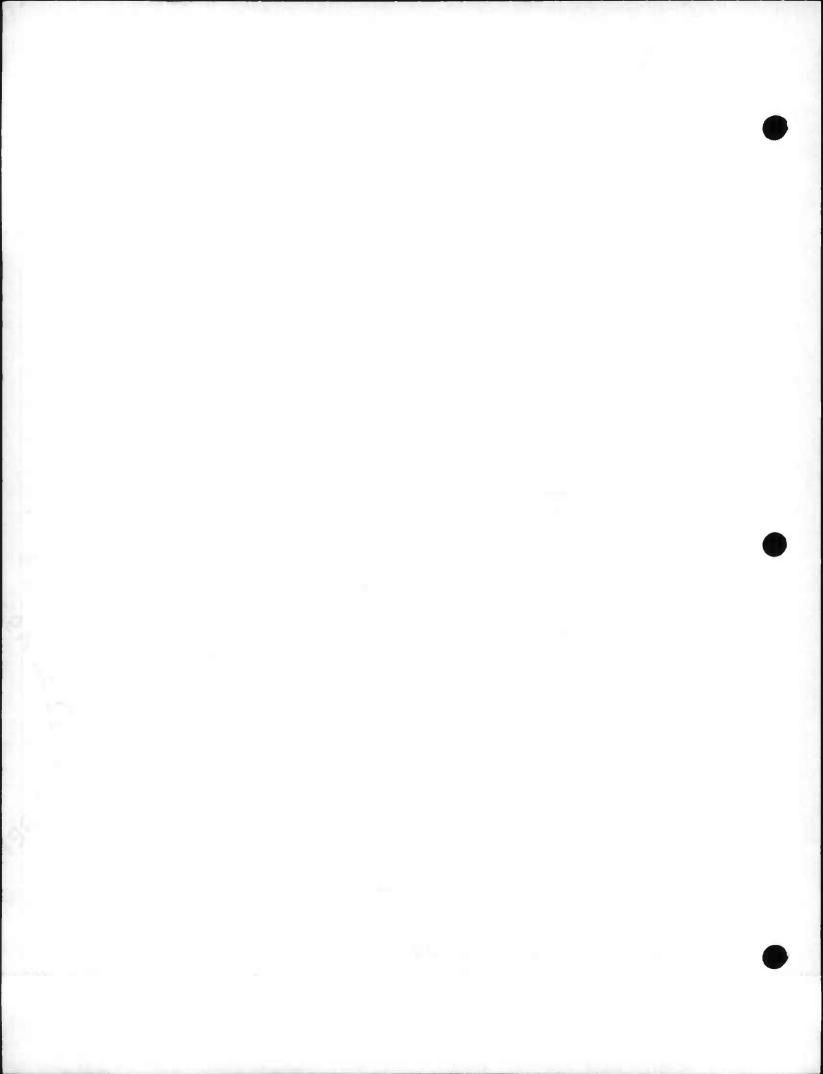
M. REGISTRAR'S SIGNATURE

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or arte	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use he find within 72 hours after death with the State Deor of Heath and Mental Evolene prior to burial cremation or removal	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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93 19286 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

	1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DEPARTI			MENTAL HYGIE		19286
	1. DECEDENT'S NAME (First, Middle, La. ANN	D.	FRANCK			2. DATE OF DEATH	DAY VI	3. TIME OF DEATH 3:00 P M
	4. SOCIAL SECURITY NUMBER  125-03-4391  9a. FACILITY NAME (If not institution, gh	1 🗆 M 2 💢 F	71 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept. 26,	1921	BIRTHPLACE (State or Foreign Country) Maryland
CTOR	THE JOHNS HO	OPKINS HOSPIT		BALTI	MORE C	ITY	BAL	TIMORE
DIRECTOR		altimore		TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	14 Airway Circ				21286-3		Uni	ited States
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVE FORCES? 1   Y IF YES, GIVE WAR OF	YES 2 NO	If yes, spe		NIC ORIGIN? (Specify Y an, Puerto Rican, etc.) lly:	es or No— 14.	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	EOUCATION trade completed)  College (1-4 or 5+)	life. Do NOT use n	rk done during mo: retired.)	XN st of working	16b. KIND OF B	USINESS/INDUST	
	17. FATHER'S NAME (First, Middle, Last)		<u> Homem</u>	laker.		AME (First, Middle, Maide		
BE (	Robert Duga	n	19b. MAILING A	DORESS (Street a		atherine (		ris)
10	Mr. John M.					wson, Md.	21286	
	20e, METHOD OF DISPOSITION 1 \( \text{D} \) Burlel 2 \( \text{Cremetion } 3 \) R 4 \( \text{Donation } 5 \) Other (Specify)		20b. PLACE AND DATE OF	DISPOSITION (Na	ame of	DATE 20c I	OCATION - CITY	
	21. SIGNATURE DF FUNERAL SERVICE  Mayle		T. Zavoyna	22. NAME AN	ND ADDRESS OF FA	Ruck, Inc.	- A THE ST	re, 21214
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. A DUE TO (OR A  DUE TO (OR A  DUE TO (DR A  DUE TO (DR A	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):	feng p	Distres	5 Synds		Interval Between
MEDICAL	PART II. Other algorificant condit	ions contributing to deat	h but not reaulting in	tha undariying	) cause given in	Part i. 24a. WAS A PERFC	IN AUTOPSY DRMED? 2 2 NO	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES ND
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	LACE OF DEATH (Ch	heck only one)		L
HYSI	1 TYES 2 NO	1 Inpatient 2 ER/C	Outpatient 3 DOA 4	□ Nursing Home		6 ☐ Other (Specify)	THE PERSON ACCOUNT	
	1 Natural 5 Pending	(Month, Day, Yea		RY WO	YES 2 NO	28d. DESCHIBE HOW	INJURY OCCUR	ÆD
тер ву	2 Accident Investigated 3 Suicide 6 Could not i	be 26e. PLACE OF INJU	JURY — At home, ferm, stre (Specify)	set, factory, office		28f. LOCATION (Stree City or Town, State	t and Number or I	Rural Route Number,
COMPLET		HYSICIAN: To the best of my kr						
TO BE C	296. SIGNATURE AND TITLE OF CERTIF	Ott. Mil	1 Mark	4	29c. LICENSE NUI	MBER	29d. DATE SI	IGNED (Month, Day, Year)
	Mark John O.	WHO COMPLETED CAUSE OF	600 N. W.	offe i	Theof			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	- Jandell'					



attending physician. use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

0, BALTIMORE, MARYLAND 21	ithin 24 hours after death. Page 6 may be retained by the hospital or	letely filled in by the funeral director, page 5 should be detached for unmarion, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up the filed within 72 hours after death with the State Deor, of Health and Mental Hydiene prior to burfat, cremation, or removal.	And the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section is a second section in the second section is a second section in the second section is a second section in the second section is a second section in the second section is a second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section in the section in the section is a section in the section in the section in the secti

31. DATE FILED (Month, Day, Year)

JUL 0 7 1993

32. REGISTRAR'S SIGNATURE

						20	13201
	FOR	STATE OF MARYLAND	/ DEDARTME	NT OF HEALTH AND	MENTAL LIVOIS	ME	
	1 - STATE REGISTRAR			TE OF DEATH	MENIAL HYGIE REG. N		
	1. DECEDENT'S NAME (First, Middle, Lest)	,			2. DATE OF OEATH		3. TIME OF DEATH
	Anolic L	ester 1	orre	ST	Trans.	J - 92	4,00 /4
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. I	last birthday) IF UN	DER 1 YEAR IF UNDER 24 HRS		8, Bil	TTHPLACE (State or Foreign
	241-38-5915	10×120 F 62	YRS. MONTH	B DAYS HOURS MIN	(Month, Day, Year)		untry)
	9a. FACILITY NAME (If not lestitution, give st		9b. C	ITY, TOWN OR LOCATION OF		9c. COUNTY O	FOEATH
8	5500 PERd	46 AVE		BAHO.			
5	RESIDENCE OF DECEDENT			1311110.			
DIRECTOR	10a. STATE 10b. COUNTY	1	19c. CITY, TOW	N OR LOCATION	-		10d. INSIDE CITY LIMITS?
	rria,		13.	A110 -			YES 2 NO
FUNERAL	100. STREET AND NUMBER			10f. ZIP CODE			F WHAT COUNTRY?
빌	S500 FERdo	ne Ave		212	39	4.	5
וֹבֶּן	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. A	RMED	3. WAS DECENDENT OF HIS	PANIC ORIGIN? (Specify Y	bs or No — 14. R.	ACE — American Indian, leck, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR OATES	,	If yes, specify Cuban, Max 1 XYES 2 NO Spe		1	pecify:
	15. DECEDENT'S EDUC	1952-1955				1	Black
Щ	(Specify only highest grade	completed)	DECEDENT'S USUAL (Give kind of work do ite. Do NOT use retire	ne during most of working	16b. KIND OF B	USINESS/INDUSTR	1
12	Elementary/Secondar (0-12)	College (1-4 or 5+)	2	1-POSTA/	1.10.11.	100	/ 11. 11
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		CIIKE		WALKER	- /1/6	11 HAndle
	10/1	rrest		18. MOTHER'S	NAME (First, Middle, Maide	n Surname)	
BE	19a. INFORMANT'S NAME (Type/Print)		ION MAILING ADDO	IIIA	10014	HICK	1471
2		rest	IND. MAILING ADDR	ESS (Street and Number or Rur	al Route Number, City or To	wn, State, Zip Code)	24239
	20q. METNOD OF DISPOSITION		3500	PERduc	Hye	DAM.	ma
	1 Burial 2 Cremation 3 Remo		EAND DATE OF DISF rematory or other pla	00)	DATE 20c. L	OCATION — City or	Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEF	OCI LAW	22. NAME AND ADDRESS OF	18 0	18 11 1	na
				2. NAME AND ADDRESS OF	PACILITY		
	13etts 1-	-4nena//	done	11291.	CArol.		_
	23. PART I. Enter the diseases, or c	complications that caused the d	death. Do not en	tar tha moda of dying, s	uch as cardiec or res	piratory arrest,	Approximeta
1 1	IMMEDIATE CAUSE (Final						Onset and Daath
	diseese or condition resulting in dasth)	> Wall cely	derig to	na wri	h meta	stasis	124cous
	CHIL CO. DCCCC Sec.	DUE TO (OR AS A CONSI	EOUENCE OF):	200	/		
Z	Sequentially list conditions.	b	400	peral or	dond n	eninge	o memore
ERTIFICATION	if any, leading to immediate	DUE TO (OR AS A CONSI	EOUENCE OF):				
2	CAUSE (Disease or injury	D					
빝	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI	EOUENCE OF):				
15		d					
اد	PART ii. Other aignificent conditions	a contributing to death but not	resulting in the	undarlying cause given	in Part I. 24a. WAS A	N AUTOPSY 2	4b. WERE AUTOPSY FINDINGS
MEDICAL					PERFO	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
밀					1 TES	2   NO	OF DEATN?
							1 YES 2 NO
				26. PLACE OF DEATH	Check and and		
AN	25. WAS CASE REFERRED TO MEDICAL		OTH	ER:			
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			e 6 Other (Specify)		
HYSICIAN:		1 Inpatient 2 ER/Outpatient	3 DOA 4 1			IN ILIEN OCCUPEO	
РНУ	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending			28c. INJURY AT WORK?	28d. OESCRIBE HOW	INJURY OCCURED	
ву рну	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Outpatient  26a, DATE OF INJURY (Month, Day, Year)  26a, PLACE OF INJURY — At h	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. OEŞCRIBE HOW	71.2	al Route Number
ED BY PHY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 ☐ Inpatient 2 ☐ ER/Outpatient 28e, DATE OF INJURY	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO		t and Number or Run	si Route Number,
ETED BY PHY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined	1 Inpatient 2 ER/Outpatient 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — At h building, etc. (Specify)	3 DOA 4 P 28b. TIME OF INJURY M nome, farm, street, t	28c. INJURY AT WORK?  1 YES 2 NO sectory, office	28d. OESCRIBE HOW  28f. LOCATION (Street City or Town, State	t and Number or Run e)	si Floute Number,
ETED BY PHY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)  1 VERTIFYING PNYSIC	1 Inpatient 2 ER/Outpatient  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY — At h building, atc. (Specify)  CIAN: To the best of my knowledge, of	3 DOA 4 P	28c. INJURY AT WORK?  1 YES 2 NO sectory, office	28d. OESCRIBE HOW  28f. LOCATION (Street City or Town, State) us to the cause(a) and m.	t and Number or Run e) anner as stated.	
ED BY PHY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  4 Nomicide determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER	1 Inpatient 2 ER/Outpatient  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY — At h building, atc. (Specify)  CIAN: To the beat of my knowledge, of	3 DOA 4 P	28c. INJURY AT WORK?  1 YES 2 NO sectory, office	28d. OESCRIBE HOW  28f. LOCATION (Street City or Town, State) us to the cause(a) and m.	t and Number or Run e) anner as stated.	
E COMPLETED BY PHY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER  29b. SIGNATUSE AND TITLE OF CERTIFIER	1 Inpatient 2 ER/Outpatient 28a. DATE OF INJURY (Month, Dey, Year)  28a. PLACE OF INJURY — At houlding, etc. (Specify)  CIAN: To the best of my knowledge, of R: On the basis of axamination and/or	3 DOA 4 P	28c. INJURY AT WORK?  1 YES 2 NO  sctory, offica  e time, data and place, and d y opinion, daeth occured at 1	28d. OESCRIBE HOW  281. LOCATION (Street City or Town, State the to the cause(a) and make time, data and placa, a	and Number or Run enner as stated.	e(a) and manner as stated.
COMPLETED BY PHY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER	1 Inpatient 2 ER/Outpatient 28a. DATE OF INJURY (Month, Dey, Year)  28a. PLACE OF INJURY — At houlding, etc. (Specify)  CIAN: To the best of my knowledge, of R: On the basis of axamination and/or	3 DOA 4 P	28c. INJURY AT WORK?  1 YES 2 NO  sctory, offica  e time, data and place, and d y opinion, daeth occured at 1	28d. OESCRIBE HOW  281. LOCATION (Street City or Town, State the to the cause(a) and make time, data and placa, a	and Number or Run enner as stated.	e(a) and manner as stated.

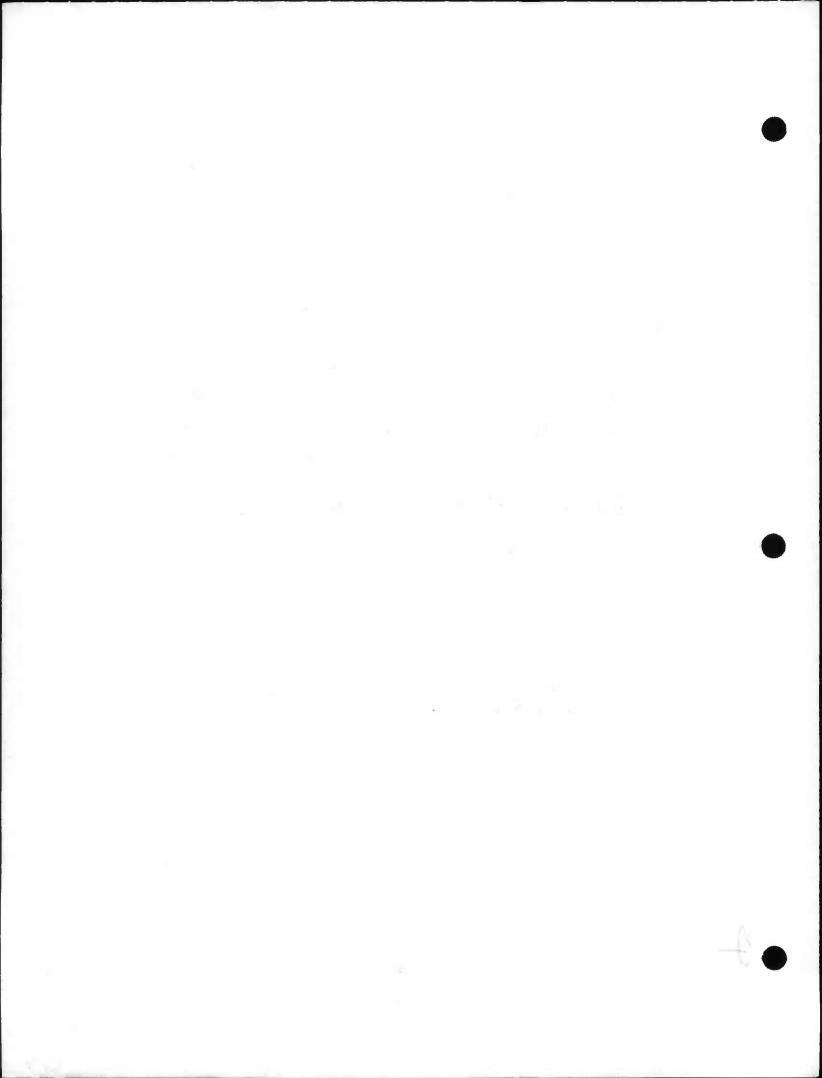
31. DATE FILED (Month, Day,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH EMMA 74:10 PM SON 04 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER t YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 241- 32-0769 17107 23 1 M 2 F YRS. N.C mit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give etreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Liberty Medical Center Balto RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Balto Me 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101. ZIP COOE 1701 Eutaw Place Apt 502 21217 U.S.A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 TYNO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify/Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician or 1 Never Married 2 Merried BY 3 X Widowed 4 Olvorced Black COMPLETED 15. DECEDENT'S EOUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr Elementary/Secondary (0-12) College (1-4 or 5+) Factory 11th Worker 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surneme)
Ellen Barrett Sim Cameron F BE notified 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3906 Sybil Rd Balto, Md. 21133 ဝ Leslie E. Faison pe 28e. METNOD OF DISPOSITION
11 Buriel 2 Cremetion 3 Ref
4 Donation 8 Other (Specify) 206. PLACE ANODATE OF DISPOSITION (Nome of come Kyring rightory Wenney) ial PK 7/10/93 Randallstown, must 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY led in by the figure or removal. March F/H- West 4300 Wabash Ave medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, shock, or heart fellure. List only one cause on each line. filled in by t Approximate Interval Batween IMMEDIATE CAUSE (Final Onset and Death completely filled rial, cremation, o other traumatic event, the disease or condition resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF): attending physician and con mal Hygiene prior to burial, 0 CERTIFICATION Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 signed by the atter Health and Mental PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY PERFORMED? shows any 1 YES 2 NO DF DEATH? 1 TYES 2 NO has been to Pept. of H PHYSICIAN: Anemia 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATN (Check only one) Item certificate h OTHER 1 YES 2 NO 1 Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 10 27. MANNER OF DEATH 28e. DATE OF INJURY this c 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 5 Pending Investigation DIRECTOR: After the hours after death w 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, tactory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER

1 OERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner ee steted. FUNERAL ( IMPORTANT: If 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and placa, end due to the ceuse(a) and manner as stated. 29b. SIGNATURE AND LITLE OF CERTIFIER 29d. OATE SIGNED (Month, Day. BE 29c. LICENSE NUMBER 불분 D>7/4 43 23 2 30. NAME AND ADORESS OF 1588 WD

DHMH-16 Rev 1/89



TO HE ASPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TOTHE PHIEDAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

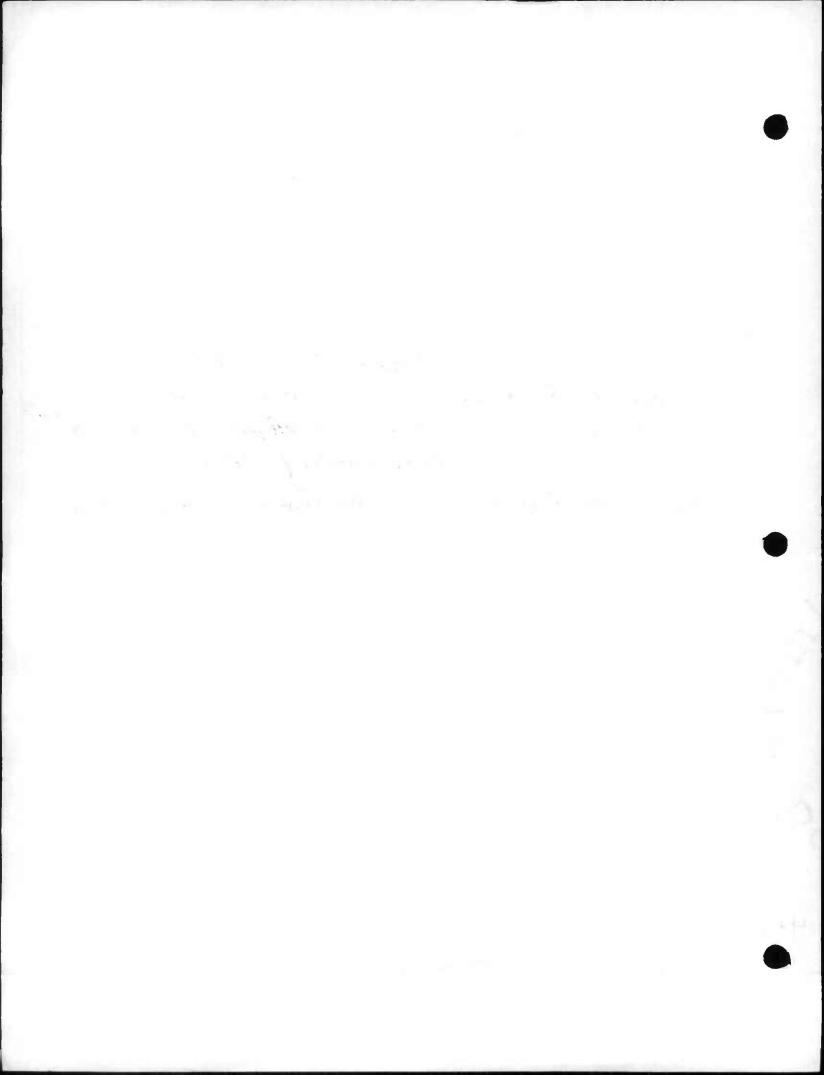
_	HEGISTHAN		CERTIFICA	ALE OF DEATH	REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)	SHAM			2. DATE OF DEATH MONTH 2 DAY 9	3 YEAR SODAM						
	4. SOCIAL SECURITY NUMBER 212-36-8587	1 - M 2 XF 5		UNDER 1 YEAR IF UNDER 24 HRS. THIS DAYS HOURS MIN.	7. DATE OF BIRTH (Mgrith, Dev. Weer) 38	BUSTHPLACE (Steps or Foreign System)						
TOR	9a. FACILITY NAME (If not institution, give stress of DOPH) RESIDENCE OF DECEDENT	in St.	96	DA HIMES	VE CITY SC. C	COUNTY OF DEATH						
DIRECTOR	10s. STATE 10b. COUNTY 10c. OTT, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?  1 YES 2 NO											
2726 Reese St. 101. ZIP CODE 10g. CITIZEN OF WHAT COI												
ВҰ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AFMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, apacity Cuben, Markean, Puerto Rican, etc.) 1 YES 2 NO Specify:											
COMPLETED	16. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary(Secopdary (0-12) College (1-5 or 5+)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.)  16b. KIND OF BUSINESS/INDUSTRY											
OME	17. FATHER'S NAME (First, Middle, Last)	T		18. MOTHER'S N	AME (First, Middle, Malden Surnam	701						
띪	19a. HOORMANT'S RAME (Type/Print)	IONES	19b. MAILING ADD	MA	Poute Number, City or Town, State,	(illiAMS						
10	KICHARD /	MILBURN										
	Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICES LICE	val from State cemete	ACE AND DATE OF OIL  ry, crematory or other p	lace)		I — City or Town, Stata						
	1	and	_	17/2 West	North Aur S	Both Md 21219						
	23. FART I. Enter the diseases, or co shock, or heart failure. L IMMEDIATE CAUSE (Final	lat only one cause on aacl	1 lina.			Interval Between						
	disease or condition resulting in death)	DUE TO (OR AS A CO		Carcinoma	of tonsil	(right)						
NOL	Sequentially list conditions, If any, leeding to immediate  Due TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  OUE TO (OR AS A CONSEQUENCE OF):											
H	resulting in death) LAST											
EDICAL (	PART II. Other algnificent conditions	contributing to death but	not resulting in th	a underlying cause given in	Part 1. 24a. WAS AN AUTOPPERFORMEO?	AMILABLE PRIOR TO						
PHYSICIAN: ME						1 - YES 2 - NO						
S S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	28. PLACE OF DEATH (C	neck only one)							
₹		1 Inpatient 2 ER/Outpatie	nt 3 DOA 4	Nursing Home 5 Residence								
BY P	1 Astural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME OF INJURY	28c, INJURY AT WORK?  1 YES 2 NO	28d. OEŞCRIBE HOW INJURY OCCURED							
	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY — building, stc. (Specify)	At home, farm, street	tactory, office	281. LOCATION (Street and Num. City or Town, State)	ber or Rural Route Number,						
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of my knowledge: On the basis of exemination as	ge, death occurred at	the time, data and place, and du-	to the cause(s) and manner as	stated. o the cause(s) and manner as stated.						
W	29b. SIGNATURE AND TITLE OF CERTIFIER Shiwas	mile	om o	29c. LICENSE NU 0 9 5 0 2	A MD 29d. C	DATE SIGNED (Month, Gay, Year)						
2	30. NAME AND AGORESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)	neral Hosp		inse 2(201						
	31. DATE FILEO (MONTH, Day, Year)	a Devidence of the	3									

Jan. Sim Veosbo ow.

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CERTIFICATE	OF DEAT	TH		REG NO

	REGISTRAR		CERTIF	ICATE OF DEATH	F	REG. NO.	
- 8	1. DECEDENT'S NAME (First, Middle, Last) FORD, LYNN P.	10			2. DATE OF	26 19	3. TIME OF DEATH 2:45 P M
- 33	4. SOCIAL SECURITY NUMBER	5. \$EX 6. AGE (In y	rs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS	00112	BIRTH 8.	BIRTHPLACE (State or Foreign
	231 22 2003	1 💢 M 2 🗆 F	66 YRS.	MONTHS DAYS HOURS MIN.	2/28/	27"	MARYLAND
00	V.A. MEDICAL CE			96. CITY, TOWN OR LOCATION OF FORT HOWARD	DEATH		Y OF DEATH
5	RESIDENCE OF DECEDENT	NIEK		FURI HUWARD		BALT	IMORE
DIRECTOR	10e. STATE 10b. COUNT	TY		Y, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
	MARYLAND  100. STREET AND NUMBER	MARYLAND BALTIMORE					1 YES 2 NO
FUNERAL	2525 PARK HEIGH	TS TERRACE		21215		U.S	N OF WHAT COUNTRY?
N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U. FORCES? 1 X YES	S. ARMED	13. WAS DECENDENT OF HISP If yes, specify Cuban, Mex	Black, White, etc.		
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATE	21/46	1 VES 2 NO Spe	clly:	n, etc.)	Specify: BLACK
TED	15. DECEDENT'S EDI (Specify only highest grad	JCATION 16 completed)	Sa. DECEDENT'S (Give kind of	USUAL OCCUPATION work done during most of working	/ 16b. Kill	ND OF BUSINESS/INDUS	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	PONOT U	protind.)		-04-6	
MO	17. FATHER'S NAME (First Middle, Last)	111	1 KU	18. MOTHER'S	NAME (First, Midd	le, Maiden Surname)	
BEC	Lynn P. T	rord SR		SAR	A	Wilson	
0	190, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Syset and Number or Fur	of Route Number,	City or Town, State, Zip Co	21215
	200. METHOD OF DISPOSITION	20h Pl	ACEAND DATE	OF PIERCE HIS	ghis	2000LOCATION - CIT	ario MD
	1 Burial 2 Cremation 3 Ren 4 Donytion 6 Other (Specify)	noval from State	AKO.	ther Cemerell	6/28	BAITO	y or Town, State
	THE OF FUNERAL SERVICE L	ICENSEE OOO		22. NAME AND ADDRESS OF	FACILITY	17.	21
-	Juneveu à	- Kedd		Kedd Fune	eal St	Price N	1. Monege
1	23. PART i. Entar the diseases, or shock, or heert failure.	complications that caused the List only one cause on each	na death. Do r n line.	not enter the mode of dying, se	uch aa cardiec	or reapiratory arres	t, Approximata
	IMMEDIATE CAUSE (Final disease or condition	CANCER OF T	TIE TIME				Onset and Death
	resulting in death)	DUE TO (OR AS A CO					
N	Sequentially list conditions,	b					
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	ONSEQUENCE O	F):			
IFIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF	F):			
ERT	resulting in dasth) LAST	d					
	PART II. Other significant condition	ns contributing to death but	not resulting	In the underlying ceuse given	in Part i. 24	n. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
DICAL	CACHEXIA					PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEC					''	_ res 2 fg no	OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL.  EXAMINER?  1 YES 2 NO	HOSPITAL:		26. PLACE OF DEATH (			
HYS	27. MANNER OF DEATH	1 Å Inpetient 2 ☐ ER/Outpatie	28b, TIM	4 Nursing Home 5 Residence E OF 28c. INJURY AT WORK?		BE HOW INJURY OCCUP	RED
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	WORK?  M 1 TES 2 NO			
ED 8	3 Suicide 6 Could not be	28a. PLACE OF INJURY — building, etc. (Specify)	At home, farm,	street, factory, offica	281. LOCATIO	ON (Street and Number or own, State)	Rural Route Number,
ETE	20a CEPTIFIED						
COMPLET	(Check only   CEHTIFYING PHYS			ed at the time, data and place, and d on, in my opinion, death occured at t			
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	4		29c. LICENSE N			IGNED (Afbrith, Day, Year)
TO BI		Allow		D305	2-8	D 6	26 93.
-	30. NAME AND ADDRESS OF PERSON WI BALA S. DUGGIRAL				D HOUSE	D. MARTIN AND	D 040F0
	31. DATE FILED (Month, Day, Year)	A, M.D., 9600	NOKIH I	POINT ROAD, FOR	HOWAR	D, MARYLAN	D 21052
	JUL 7 1003	Lulia Novil.	0	1			
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BALTIMORE, MARYLAND 21215-0020	Since	COAL DISCORDS After this partitions has a single by the attending place and partition of partitions of the transfer of the tra
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	acuted v	and ho
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use as the burial-transit permit. Pages 1, 2, 3 should nding physician. Ď TO THE HORFING OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 flours after death. Page 6 may be retained by the drach TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

											_	3	19291
	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR					MENTA	L HYGIENI REG. NO.	E		
1	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	γ.	YEAR	3. TIME OF DEATH
	KROT.CZYK, FRA  4. SOCIAL SECURITY NUMBER	NK M							7	6		9 <sup>5</sup> 3 <sup>n</sup>	0500 M
9		6. AGE (In yrs. les	YRS.	MONTHS	DAYS	IF UNDER	24 HRS.	7. DATE	of BIRTH h. Day, Ybar) .13,19	15	Country	PLACE (State or Foreign ryland	
	218-03-2904 12 M 2 F 78 YRS.  9a. FACILITY NAME (If not institution, give street and number)				9b. CIT	Y, TOWN C	R LOCATI	ON OF DE	EATH	• 17 1 1 7		NTY OF D	
OR	Perry Point V.A									d Co.			
CT	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	ESIDENCE OF DECEDENT											
DIRECTOR	Maryland	INC. CITY, TOWN ON LOCA					ION					- 1	10d. INSIDE CITY LIMITS?  1 YES 2 NO
								ZEN OF W	HAT COUNTRY?				
ER/	610 S. Washingt	on St.					212	31			_	5 . A .	
100. STREET AND NUMBER 610 S. Washington St.  11. MARITAL STATUS 1 Nover Married 2 Married 11. Nover Married 2 Married 12. Was DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 ND If yes, specify Cuben, Maxican, Puerto Rican, etc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Maxican, Puerto Rican, etc.) 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Maxican, Puerto Rican, etc.)				17 (Specify Yes Rican, etc.)	or No		— American Indian, , White, etc.						
ED	15. DECEDENT'S EDUI (Specify only highest grade		16a. DE	CEDENT'S	USUAL (	CCUPATIO	N et of workin		168	. KIND OF BUS	INESS/IND	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	1	Do NOT us			ac or workin	•		Shopya	rd		
MO	8 17. FATHER'S NAME (First, Middle, Last)	4	111	acmi	IITI				_	,			
	Joseph Krolcz	zyk								Middle, Meiden : racki	Sumame)		
) BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a		_	-	ber, City or Town	, State, Zip	Code)	
5	Victoria Caperna	à								Balto.			231
	20a. METHOD OF DISPOSITION  1	ovel from State	cometery, cre	matory or o	thar place	1		,	0AT	20c. LOX		City or To	wn, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	Welled	Prus.)		22	NAME AN	D ADORE	SS OF FA	CILITY	& Son Balto.			231
ERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO	t caused the de	QUENCE O	PICA	r the mo	de of dy	QU	h as carr	diac or respir	ratory arr	reat,	Approximate interval Between Onset and Death
SER	resulting in death) LAST	d											
PHYSICIAN: MEDICAL	D RATT II Observed and the second sec							AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
IAN	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Ch	eck only o	10)			
SIC	EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE	R: rsing Hom	5 🗆 Re	eldence	6 🗆 Othe	er (Specify)			
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF (Month, D		26b. TIM	E OF URY M		URY AT RK? 'ES 2	] NO	28d. DE:	SCRIBE HOW IN	JURY OC	CURED	
	2 Accident investigation 3 Suicide 6 Could not be determined	26a. PLACE O building,	F INJURY At ho etc. (Specify)	me, ferm,	street, fac	tory, office	•			ATION (Street a or Town, State)	nd Number	or Aural A	loute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI												) end manner as stated.
ш	296. SIGNATURE AND TITLE OF CENTIFIES	1:01	100				29c. LICI	NSE NUI	WBER	I	29d. DAT	E SIGNED	(Month, Day, Year)
TO B	30 NAME AND ADDRESS OF DEPSON WA	(80-1	/YI_)				De	121	413		<b>&gt;</b> -	7-6	, 43

AME AND ADDRESS OF PERSON
GREGORY MIEI

31. DATE FILER (Month, Day, Year)

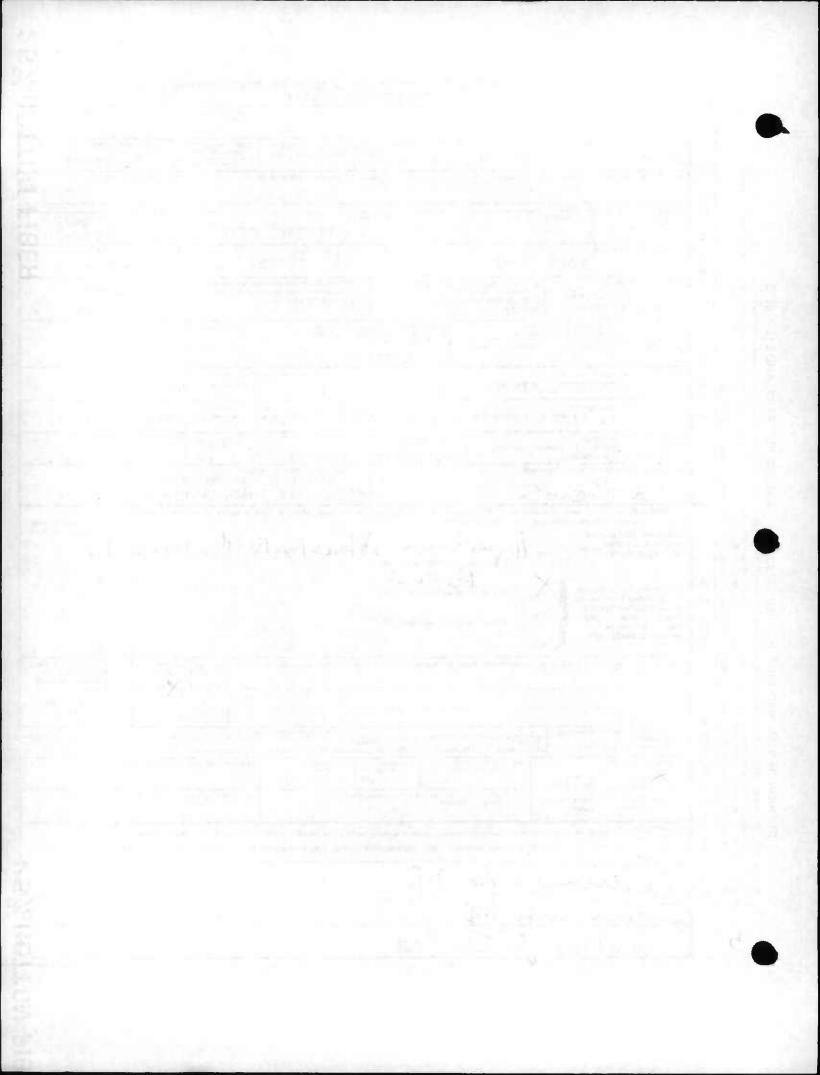
WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

NG PHYSICIAN: The law requires that the death certificate be executed within	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should at the State Court of March and March Union price to burial comparison or second	lied within 2 shouls after death with the State Dept. On realth and mental revent, the medical examiner must be notified at once.
HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificat	E	INFO WITH 12 HOUS diet treat with the State Dept. Of regult and method bygeing IPORTANT: If Item 28 is marked, or item 23 shows any injury, or other

	FOR 1 - STATE REGISTRAR	STATE OF N			RTMENT OF H				HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF MONTH	DEATH	YEAR			
	1AMES 4. SOCIAL SECURITY NUMBER 220-18-8790	5. SEX	8. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	SHE IF UNDER HOURS		0 6 7. DATE OF (Month, E		8. Btf	RTHPLACE (State or Foreign untry)  VIRGINIA		
TOR		e. FACILITY NAME (If not institution, give street and number) 4901 YORK ROAD					CIT		•	e. COUNTY OF	F DEATN		
DIRECTOR	MARYLAND 10b. COUNTY			10c. CITY, TOWN OR LOCATION  BALTIMORE CIT					TY  10d. INSIDE 6 LIMITS?  XX YES 2				
FUNERAL	106. STREET AND NUMBER 4901 YORK ROAD			10f. ZIP CODE 21212					10g. CITIZEN OF WHAT COUNTRY? U.S.A.				
B⊀	11. MARITAL STATUS  XX Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AR FORCES? XX YES 2 I IF YES, GIVE WAR OR DATES  KOREAN WAR			MED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Mexican, Puarto Rican, stc.)  1  YES NO Specify:  WHITE						pecify:		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12 YEARS	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) (Give kind of work done life. Do NOT use retired.)					UAL OCCUPATION (done during most of working stired.)  16b. KIND OF BUSINESS/INDUSTRY  FITHED AT HOME						
ш	17. FATHER'S NAME (First, Middle, Last) ERNEST	FISHER				16. MOTI		ME (First, Mid	die, Maiden Sun S POI	wer			
TO B	19a. INFORMANT'S NAME (Type/Print)  JOHN A. SLADE (FRIEND)  19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  4905 YORK ROAD, BALTIMORE, MARYLAND 21212												
	20e. METHOD OF DISPOSITION XXBurlet 2 Cremetton 3 Remo	oval from State	cametery, cre-	matory or o	of DISPOSITION (No other place)		RY	7-2		ION — City or	Town, State ILLS, MD.		
	21. SIGNATURE OF FUNERAL SERVICE LICE  R. J. Rest	ENSEE			22. NAME AI	ENRY	SS OF FA	JENI	KINS 8	SON			
CERTIFICATION	23. PART i. Enter the diseases, or on shock, or heart failure. If immediate cause, condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSECTION AS A CONSE	QUENCE O	Alene						Approximate Interval Between Onset and Death		
PHYSICIAN: MEDICAL C	PART II. Other eignificant condition	a contributing to	death but not n	eaulting	in the underlyin	g cause (	given in		PERFORME	D?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1 5 D O 4 - 1 - 1		OTHER:	-		eck only one)					
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF (Month, D	INJURY	28b. TIM	JURY WO	URY AT			Specify) NIBE HOW INJU	IRY OCCURED			
TED BY	2   Accident investigation   1   YES 2   NO   NO   NO   NO   NO   NO   NO								al Route Number,				
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC										e(a) and manner as stated.		
BE	290. SIGNATURE AND TITLE OF CERTIFIER	lock	em	0			C.M		25		1ED (Month, Day, Year)		
5	TARW (S	COMPLETED CAUS							re M				
	31. DATE-FILED (Moore, Day, Yoar) . REGISTBAR'S GICHATURE												



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	I DO ATTENDIAL DAMPING DEVICE the security of

FOR STATE REGISTRAR	
1. DECEDENT'S NAME (First,	A
4. SOCIAL SECURITY NUMBE 217-18-38	
2702	1
10a. STATE	
10e. STREET AND NUMBER	

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First, Middle, Last)	= Muri	FI	Flow	d 2	DATE OF DEATH	O YEAR	3. TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.	last birthday) IF UI YRS. MONT		UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)	6. BIRTI	HPLACE (State or Foreign	
phonic		9a. FACILITY NAME (If not institution, give str		1000	CITY, TOWN OR L	OCATION OF DEAT	5-30-	9c. COUNTY OF D	PEATH D	
2,3	TOR	2702 RIG	95 AVE.	E	salte	7,				
Pages	DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TOV	MN OR LOCATION	MORF			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
burial-transit permit, Pages 1,		100. STREET AND NUMBER	nath st		101. ZII	P CODE		10g. CUTIZEN OF		
burial-transit	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.	ABMED			ORIGIN? (Specify Yes	Or No - 14. RAC	E — American Indian,	
- A	BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	E NO	1 TYES 2	y Cuban, Maxican, F PNO Specify:	Puerto Rican, atc.)	Spec	k, White, etc.  MY: BLACK	
3	ETED	15. DECEDENT'S EDUC. (Specify only highest grade of	completed)	DECEDENT'S USUA (Give kind of work d life. Do NOT use retin	one during most o	f working	16b. KIND OF BUS	INESS/INDUSTRY		
ached fo	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	actory	work	ER				
at on	W	JOHN M. H	righes		10	. MOTHER'S NAME	(First, Middle, Maiden S	Surname)		
5 should notified	TO B	194. INFORMANT'S NAME (Type/Print)	oud	19b. MAILINO ADOI	RESS (Street and I	Number or Rural Rou	te Number, City or Town	State, Zip Code)	1 2/2/6	
ector, page must be		20a. METHOD OF DISPOSITION 1 Deurlai 2 Cremetion 3 Remo		CE AND DATE OF DIS		of	DATE 20c. LOC	ATION — City or To	own, State	
		4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE	+ 2101	The second second	ADDRESS OF FACIL	1-6 Or	4170.5	- P.A.	
the funeral divol.		Charlen	UP BIO	un	1913	W.B	A170.	st =	1223	
ed in by the or remova		23. PART I. Enter the diseases, or co shock, or heert feliure. L IMMEDIATE CAUSE (Final	omplications that caused the ist only one cause on each i	deeth. Do not ei	nter the mode	of dying, such a	s cerdiac or reapir	atory arrest,	Approximata interval Between Onset and Death	
ompletely fille I, cremation, event, the		disease or condition resulting in deeth)	Such	feel	use			1	3 week	
	NO	Sequentially list conditions,  DUE TO (OR AS A CONSCIUNACE OF):  Line TO (OR AS A CONS								
sician orior to traum	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CON	ISEQUENCE OF):			4	7		
Hygie of	RTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS A CON	SEQUENCE OF):						
The Me		PART II. Other significent conditions	contributing to deeth but n	of resulting in the	underlying c	ause given in Pa	rt I. 24a. WAS AN A		. WERE AUTOPSY FINDINGS	
amy	EDICAL	chonic	active !	hefal	ilis		PERFORI		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Sho of	Σ			•			1	7.4	1 TYES 2 NO	
certificate has h the State De d, or Item 2	SICIAN		HOSPITAL: 1   Inpatient 2   ER/Outpatient		26. PLACE HER: Nursing Home	OF DEATH (Check				
this certi with the rked, or	PHYSICI	27. MANNER OF OLATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY WORK	AT 20	Other (Specify)  8d. DESCRIBE HOW IN	JURY OCCUREO		
R. After this or death with ls marked	D BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY — A building, stc. (Specify)	t home, ferm, street,	factory, office		B1. LOCATION (Street as City or Town, State)	nd Number or Rural	Route Number,	
DIRECTOR: hours after Item 28 Is	LETE	4 Homicide determined	IAN: To the heat of my knowledge							
₹ R ==	COMPL	onei	IAN: To the best of my knowledge On the basis of examination and						s) and manner as stated.	
물로등	BE	296. SIGNATURE AND TITLE OF CERTIFIER	MUNO()	IN	26	HOPLICENSE NUMBE	2/17	29d. DATE SIGNED	(Month, Day, Year)	
Z	10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (	ITEM 27) (Type, Print)			54.	BUI	m) 3130	
9	2	31. DAYE FILED (Month, Day, Year)	## RECVETRAR'S SIGNATUR	E	861	Vac	K HO	e Dat	10. ME 2130	
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GERTRUJE MULTIEL Floyd 7 2 93
217-18-3818 73 5-30-93 MD
2702 Riggs Ave.

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Charles D. Brun

HOSPITAL DR ATTENDING PHYSICIAN: The

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e executed within 24 hours after death. Page 6 may be retained by the hospital or attending physi	funeral		marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Ther o	/ the	removal.	19
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JING PHYSICIAN: The law requires that the dea	n sig	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,	hows
W.E	s be	ept.	3 8
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be notified at once.

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Item 2

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FUNERAL DIRECTOR: within 72 hours after (

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Pages 1, 2, 3 should

93 19294 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Gregory 43 2122 6. AGE (In yrs. last birthday)
45 YRS. 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH IF UNDER 4 YEAR 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 216-48-0366 1**36** M 2 □ F Virginia 9e. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Baltimore UMMS Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MdBaltimore Baltimore City 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1210 Valley Street 21202 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried BY 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) BG&E 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Milton L. Gregory, Sr. Mary Ghee BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 0 Garland Gregory 1210 Valley St. Balto., Md. 21202 29e. METHOD OF DISPOSITION

1 V Buriel 2 Crymation 3 Re
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION DATE City or Town, State DRUID RIDGE CEMETERY PIKESVILLE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H East 1101 E. North Avenue 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or reepiratory arrest, shock, or heart failure. List only one ceuse on sech line. Approximate Interval Between IMMEDIATE CAUSE (Finel **Onset and Deeth** disease or condition\_ Squarrous call lung Carcer reaulting in death) VY PHYSICIAN: MEDICAL CERTIFICATION Sequantially list conditione, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other aignificant conditions contributing to death but not recuiting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 - YES 2 - 10 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 | YES 2 00 4 ☐ Nursing Home S ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending BY 1 YES 2 NO 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide COMPLETED 8 Could not be 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 4 Homicide

29e. CERTIFIER
(Check only one)

One)

MEDICAL EVANISHED OF The best of my knowledge, death occurred at the time, data and piecs, and dua to the ceuse(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data end place, end due to the ceuse(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, 92

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

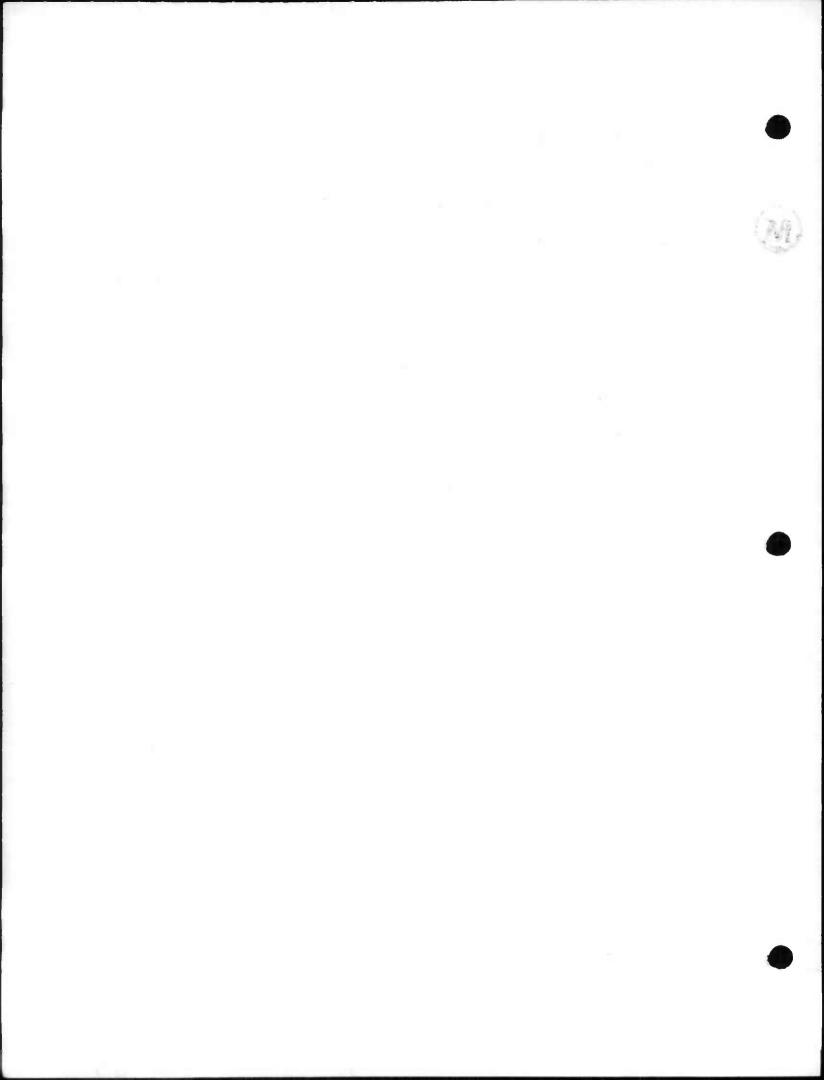
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DECEDENT'S NAME (First, Middle, Last)     2. DATE OF DEATH												-	3. TIME OF OEAT	тн	
	Odis E.								-4-199		YEAR	5:30			
	4. SOCIAL SECURITY NUMBER	5	. SEX	ast birthday)	IF UNDE	1 YEAR	IF UNDER	24 HRS.	7. D/	TE OF BIRTH	, ,	8. BIRTH	IPLACE (State or Fo	_	
	236-12-6539	1	M 2 □ F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	5-	onth, Day, Year) -24-19:	1 0	Count	st Va/	
	9s. FACILITY NAME (If not institution	on, give street	snd number)			9b. CITY	, TOWN C	R LOCATIO	ON OF DI		24 17.		UNTY OF O		
NO.	Francis Scot	t Ke	v Med.	Ctr.				imon				_			
DIRECTOR	RESIDENCE OF DECEDE	NT	J				7410	TIM O	, 1	i i u .					
2		COUNTY				Y, TOWN		ION					-	10d, INSIDE CITY LIMITS?	1
	Md.	Balt	imore		D	unda	alk							1 TYES 2X	NO
₹¥	10e. STREET AND NUMBER						101	ZIP CODE						VHAT COUNTRY?	
FUNERAL	3420 McShane							212	22			U.	S.A.	•	
E	11. MARITAL STATUS  1 Never Married 2 Marrie		FORCES? 1	FEVER IN U.S. A	RMED	13.	WAS DEC	ENDENT O	F HISPAI	NIC ORI	GIN? (Specify Yes	or No-	14. RACI	— American India c, White, atc.	en,
ВҰ	3 Widowed 4 Divorced	.	IF YES, GIVE W	AR OR DATES	R DATES 1 ☐ YES 2½ XNO Specify:						y: Specify:				
	15. DECEDEN	T'S EDUCAT	ION	140.0	ECEDENTIC	HOUAL O	001104710						Whit	:e	
	(Specify only higher Elementary/Secondary (0-12)	est grade con	npleted)		OECEDENT'S USUAL OCCUPATION     (Give kind of work done during most of working life. Do NOT use retired.)					16b. KIND OF BUSINESS/INDUSTRY				- 1	
P	12 yrs	,	College (1-4 or 5 +	,							C : : 1				
COMPLETED	17. FATHER'S NAME (First, Middle, I	Last)		11	Model Maker					Civil Service  (First, Middle, Melden Surmerne)					
M C	George D. G	Graha	ım					Ed			nes	Sumame)			
00	19a. INFORMANT'S NAME (Type/Pri			1	9b. MAILING	ADDRESS	S (Street e				umber, City or Tow	e Clote 7	'a Cadal		-
2	Mary R. Gra	ham									dalk,			2	- 1
	20s. METHOO OF DISPOSITION		Catalogo and		AND DATE	_			, ,				- Cify or To		
	1 ☐ Buriel 2 X Cremation 3 4 ☐ Donation 6 ☐ Other (Speci		from Stats	cametery, cr	rematory or o	thar place)			2 K W	1	6-93				- 1
	21. SIGNATURE OF FUNERAL SER	VICE LICENS	Poto												2.2
		1	) Tete	I D.AS	511 L O 1	Br	adl	e y - A	sht	con	Funer	al l	Home	, Inc.	22
	23. PART I. Enter the disease	AT OF COM	pilostions that		0011	21	34	Will	OW	Sp	ring R	d, Di	unda		
	anock, or neart i	ellure. Liat	only one caus	e on each iin	e.	iot enter	the mo	de of dyl	ng, auc	h aa c	ardiac or respi	ratory a	rrest,	Approxima interval Be	
	iMMEDIATE CAUSE (Final disease or condition		D		120									Onset and	Death
	resulting in death)	8	DUETO	- COMP	1 CA	D.									
_	DUE TO (OR AS A CONSEQUENCE OF):														
0	Sequentially list conditions, [ b. End stage regal disease of: DUE TO (or AS A CONSCOUENCE OF):														
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E	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  OUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	resulting in deeth) LAST	d	Ch.	Sino	00	stru	chiv	10	PU	mo	nary-	d 154	2950		- 1
0	PART II. Other aignificant co	nditiona c	ontributing to	death but not				-							
ICAL			on the state of th	Seath pat not	reading	in the on	derrying	cause g	iven in	Part I.	24a, WAS AN PERFOR		24b.	WERE AUTOPSY FIR AVAILABLE PRIOR 1	TO
											1 TYES 2	KNO		OF DEATH?	AUSE
Σ														1 TYES 2 N	10
PHYSICIAN: MED	25. WAS CASE REFERRED TO MED	ICAL .					00.00	105.05.05	Awar co.						
SC	EXAMINER?  1 YES 2 NO		OSPITAL:	EB/Outpetlant	2 🗆 🗆	OTHER	<b>1</b> :	ACE OF DE			-1.59				_
Ħ	27. MANNER OF DEATH		26a. DATE OF		28b. TIM		28c. INJU	_	sidence		ther (Specify) DESCRIBE HOW II	HILLEY OC	CUREO		
	1 Natural 5 Pendin		(Month, Da	y, Year)	INJ	URY M	1 Y	RK?	NO		TOWN	100111 00	CONEO		
) BY	2 Accident Investig		28s. PLACE OF	INJURY — At h	oms, term, s	treet, fact				281. L	OCATION (Street s	nd Numbe	r or Burni B	oute Number	
Ë	4 Homicide determ		building, e	Ac. (Specify)					I	C	ity or Town, State)			outo Wallion,	- 1
COMPLETED	29s. CERTIFIER 1 CERTIFYING	PHYSICIAN	: To the best of r	Thy knowledge d	eeth occurre	ad at the ti	me data	and place			csuse(s) and man				
Ž														and manner as at	
	296. SIGNATURE AND TITLE OF CE								_		and proce, and				ated.
B	DIR	~ Wi	0	به مله م	- DI	111/2		29c. LICE	HOE NUM	WBER	7	29d. DAT	SIGNED	(Month, Day, Year)	
24	30. NAME AND ADDRESS OF PERS	) ' -	- / 11	E OF DEATH #TE	M 27) (Tros		ON		_ Y (	00	8	7	11/6	13	
1 10					/ / / ///////										
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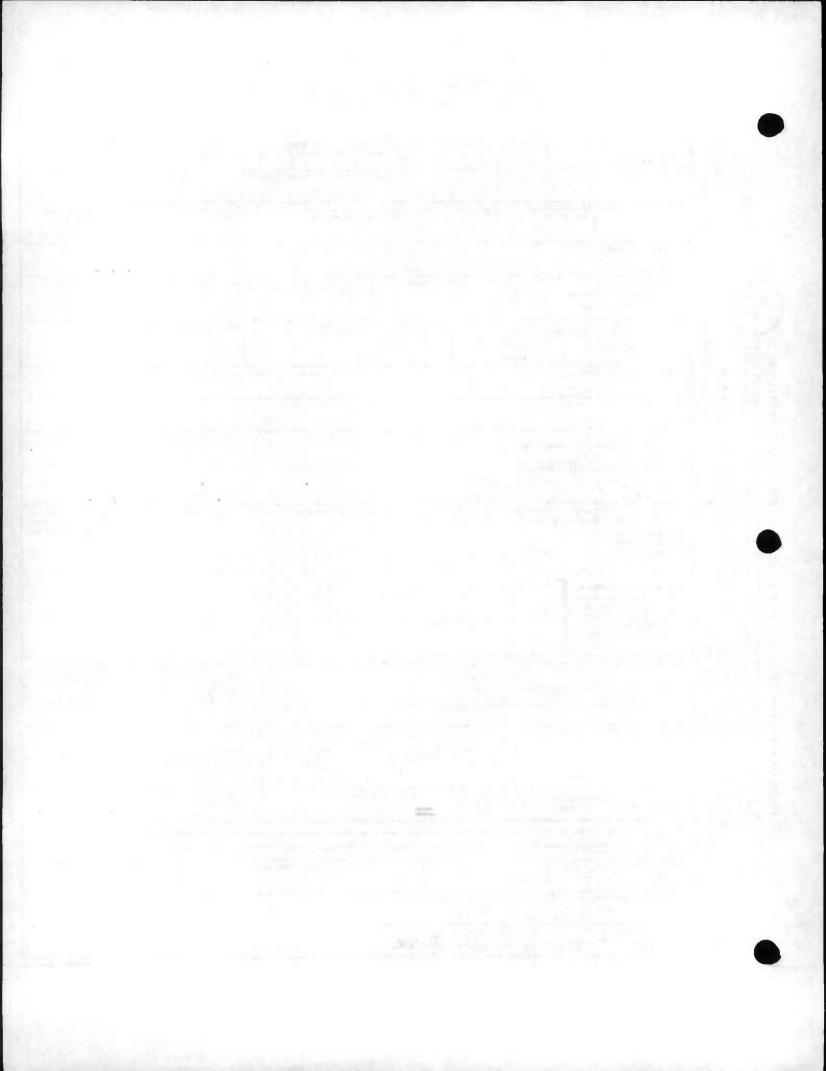


ITEMS: 23 PART I, 27, 28a,b,d,e,f, PER MEO G-702 8/4/93 t.t

93 19296

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	1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DEP/ CERTI					MENTAL	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) DANIEL	FRAN	1K		GRA	VETT	,	2. DATE	OF DEATH	o ď	3. TIME OF DEATH 6:54 A
	4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. last birthda	w) IF IMPA	R L YEAR	IF UNDEF		7. DATE (			BIRTHPLACE (State or Foreign
	212-84-7289	1 M 2 □ F	28 YRS	MONTHS.	DAYS	HOURS	MIN.	(Month	Day, Year) 29/65		Country)
	9s. FACILITY NAME (If not institution, give st		20	9h CIT	Y TOWN	OR LOCATI	ON OF DE	-	29/63	9c. COUNTY	ARYLAND
Œ	6761 PIRCH WAY				KRI		ON OF DE				WARD COUNTY
DIRECTOR	RESIDENCE OF DECEDENT				31(1(1	202				110	WIND COOKIT
H	10s. STATE 10b. COUNTY		10c. 0	CITY, TOWN	OR LOCA	TION					10d. INSIDE CITY
	MARYLAND HOW		E	LKRI	DGE					1 YES 2 NO	
IA	10e. STREET AND NUMBER	10e. STREET AND NUMBER				ZIP COD	E			10g. CITIZEN	OF WHAT COUNTRY?
<u> </u>	6761 PIRCH WAY	ELKRID	GE MARYLA	ND		2	1227			U	J.S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA		13	If yes, sp		n, Mexica	n, Puerto R	? (Specify Yes o ican, etc.)	or No 14.	RACE — American Indian, Black, White, etc. Specify: WHITE
B	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT	r'S USUAL (	OCCUPATION	ON		16b.	KIND OF BUSI	NESS/INDUS	TRY
	Elementary/Secondary (0-12)	life. Do NOT	of work done use retired.	) auring mo	ist of world	ng					
MP	12	MA	MANAGER					UTO SE	RVICE	CENTER	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOT	HER'S NAI	ME (First, N	liddle, Maiden Si	urname)		
BE	GERALD GRAVETT							NEAL			
2	19a. INFORMANT'S NAME (Type/Print)								wn, State, Zip Code)		
	GERALD GRAVEIT 6868 MANY DAYS COLUMBIA MARYLAND 21045										
	20e. METHOD OF DISPOSITION  1 Service Burlel 2 Cremation 3 Remote Burlel 2 Other (Specify)		20b. PLACE AND DATE CAMETARY, Crematory of MADISON	COUNI	Y G	ARDE	NS 7	/9/93		KENTU	or Town, State
	21. SIGNATURE OF PUNERAL PERMICE LIC	11	L	EROY		& RUS	SSELI			FUNERAL HOMES LE,MD. 21228	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (C	OUND OF HEAD, OR AS A CONSEQUENCE OR AS A CONSEQUENCE	OF):	ACT						interval Between Onset and Death
CER		in death) LAST									
PHYSICIAN: MEDICAL	PART II. Other significent condition	e contributing to d	eeth but not resultin	ig in the u	nderlyin	g ceuse	given in	Part i.	24e. WAS AN A PERFORM 1 YES 2	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. P	ACE OF D	EATH (Che	ack only on	)		
Sic	1 XYES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆 DOA	OTHE		6 5 TVR	esidence	8 🗆 Other	(Specify)		
	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	7 - 2 - 1	(Year) 1 h °	OOA.	28c. IN.	URY AT	ON Ž	28d. DES	NKNOWN	JURY OCCUR	RED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28t. LOCATION (Street and Number or Rural Re-City or Town, State)							Rural Route Number, Y ELKRIDGE, MD.		
COMPLETED	one)	_	ny knowledge, death occ					to the cau	se(s) end mann		euse(s) and manner as stated.
BE	290. SIGNATURE AND TITLE OF CENTIFIES	salls	A.				ENSE NUM				IGNED (Month, Day, Year) -2-1993
2	30. NAME AND ADDRESS OF MEHSON WITH	COMPLETED CAUSE	15								
	31. DATE FILED (Monty, Day, Year)	32 REGISTRAR		enn	Str	eet,	Ва	ltin	nore,	Mary	land 21201



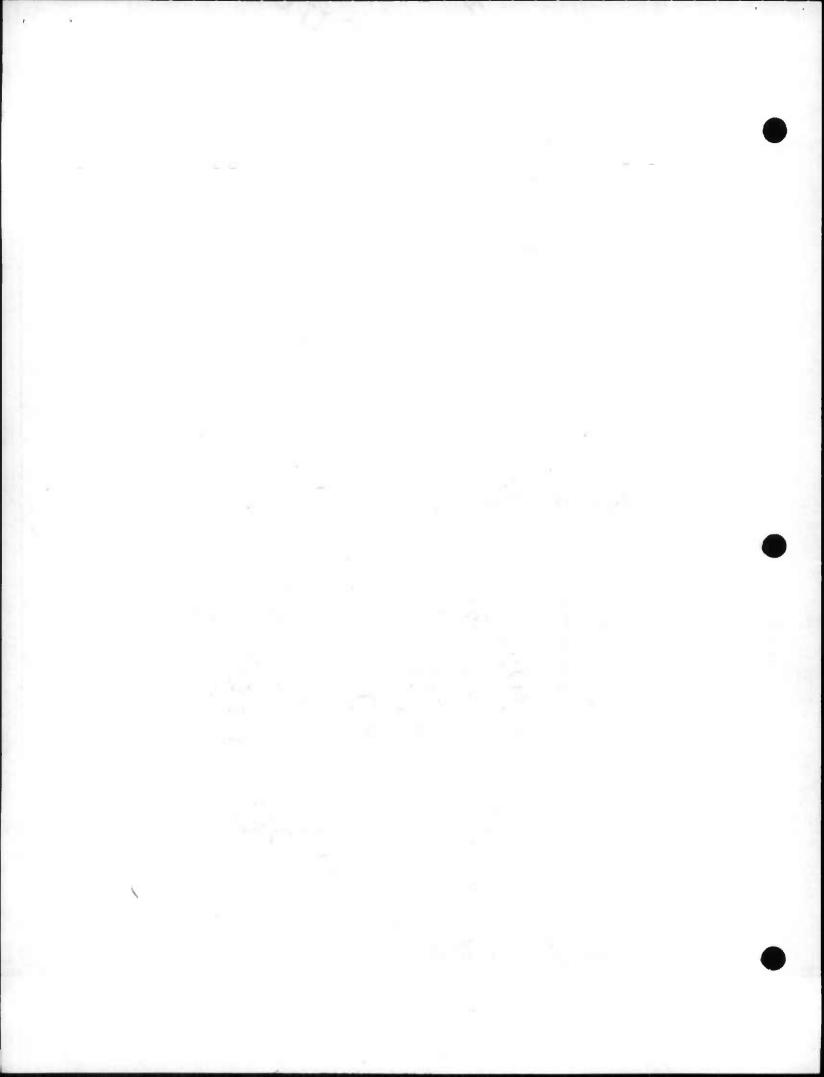
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N: The	ficate h	State [	Hem.
HYSICIA	his certi	with the	an per
E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,	E FUNRAL DIRECTOR: After this sentificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2,	death y	e mark
ATTEN	RECTOR:	irs after	m 28 f
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E HOSE	E FUNE	d within	PATANT

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH 30 Pearl. Gransee 06 6. AGE (In yrs. last birthday) A SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. B. BIRTNPLACE (State or For (Month, Day, Year) 3 - 5 - 1919 218-10-8974 74 1 □ M 2XF3 Maryland pinous Se. FACILITY NAME (If not institution, nive 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Mercy Hospital
RESIDENCE OF DESEDENT

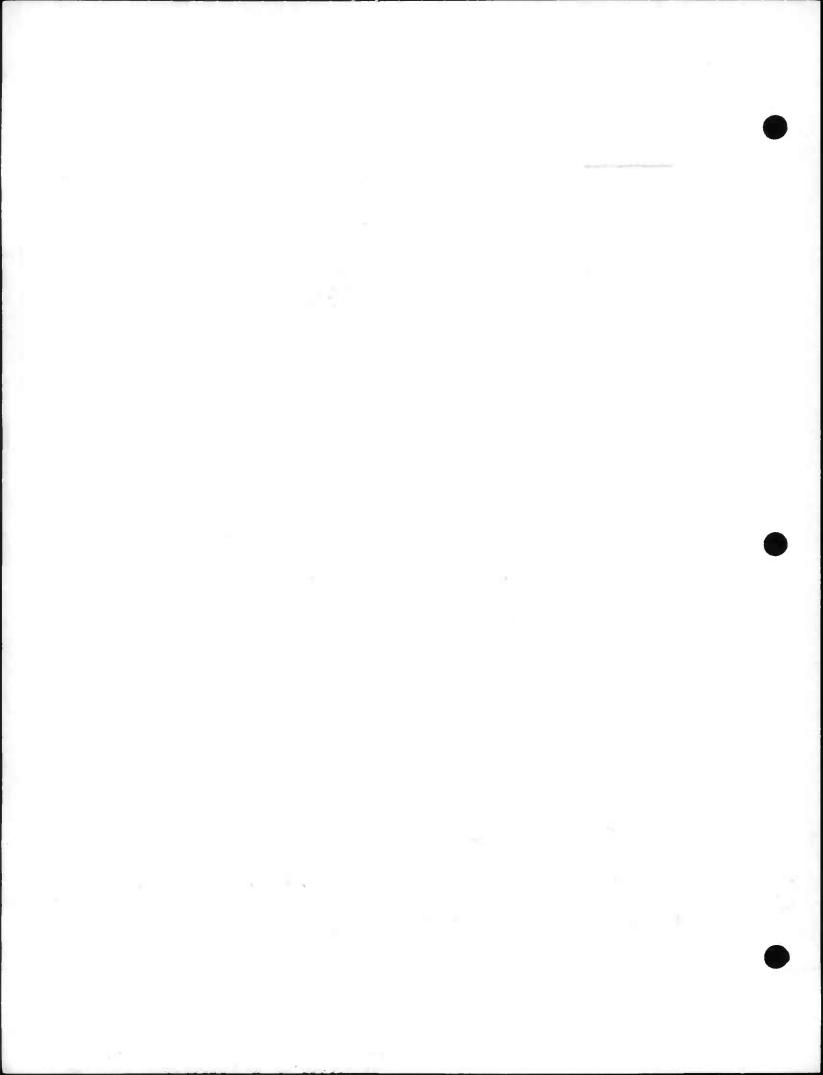
104. STATE

Dob. COUNTY Baltimore City 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Baltimore City 1X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 456 Hornel Street 21224 United States 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 100 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 TYES 2 XX IF YES, GIVE WAR OR DATES Specify: BY 3 X Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 7th Grade Baltimore City Housekeeper 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) William Henry White Gertrude Mincher BE 19a. INFORMANT'S NAME (Type/Print) 2 456 Hornel Street Baltimore, Maryland Frederick J. Gransee III 21224 20a. METHOD OF DISPOSITION
1/C Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Bel Air Memorial Cem. 7/3/93 Bel Air, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FEBRERAL SÉRVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, MD 21222 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, abock, or haart failure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death Severe disease or condition resulting in death) MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING MYOCArdia CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART, II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO Myocardial in Faction 410 COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 NES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER-1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Nome 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATN 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 5 Pending Investigation 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. 2 MEDICAL EVAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE Jule Mis HT OF BE SE W 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Paul Place Mercy Nevins 3Y. DATE FILEO (Month, Day, Year) 32, REGISTRAR'S STONATURE



DHMH-18 Rev 1/89

		FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPART			MENTAL	HYGIENE REG. NO.			
	1	1. DECEDENT'S NAME (First, Middle, Last)	A Gossi		b		2, DATE OF MONTH	DEATH DAY 7	YEAR 93	TIME OF DEATN	
Pi	3	160-03-8715 160-38-8715	1)×42□F 8	1 YRS.	IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, I June	BIRTH (ay, Year) 23, 1912	Country)	ACE (State or Foreign	
3 should	E .	9a. FACILITY NAME (If not institution, give s Northwest Hospita		1		OR LOCATION OF D allstown			NTY OF DEAT		
1, 2,	DIRECTOR	RESIDENCE OF DECEDENT							)aıtı	101.6	
	SHE	10a. STATE 10b. COUNTY	10c. CITY,	oc. CITY, TOWN OR LOCATION  Dunedin					Id. INSIDE CITY LIMITS?		
/1	AL	10e. STREET AND NUMBER		<u> </u>		f. ZIP CODE		10g. CIT		YES 2 NO	
	FUNER	820 Patricia Av	-			34698		USA			
5-0020 nding physical	B≺	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 1 YES :	2 XNO	13. WAS DECENDENT OF NISPANIC If yes, specify Cuben, Mexican, 1  1 YES 2 NO Specify:		an, Puerto Ric	n, Puerto Rican, etc.)		- American Indian, White, etc. Thite	
affe age	TEO	15. DECEDENT'S EDU- (Specify only highest grade		a. DECEDENT'S US	rk done during me	ON ost of working	16b, K	IND OF BUSINESS/INI	DUSTRY		
	PLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	iii. Do NOT use	writer			Insura	ince		
AND the hospital detached for once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		711401	WIIICI	18. MOTHER'S NA	AME (First, Mid	dle, Maiden Surname)			
2 2 2 Z	BE (	Leon H. Gossor	l gray		Ethel M. Heinzeroth						
MARYLAND retained by the hospits 5 should be detached notified at once.	2	19a. INFORMANT'S NAME (Type/Print)  Lucretia E. Goss	on		ooness (Street ) Itricia			City or Town, State, Zi		7- 2/600	
		20a. METHOD OF DISPOSITION	20b. PL	ACE AND DATE OF	DISPOSITION /N	ame of	pt. 20	20c. LOCATION —		1a. 34698	
MOR ge 6 ma lirector, p		1X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	Eve	ry, crematory or other rgreen M	lem. Ga	rdens 7	-1-93	Finksbu			
BALTIMORE, after death. Page 6 may be by the funeral director, page moval.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  11824 Reisterstown Rd.  Eline Funeral Home Reisterstown, Md.21136  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
760, ed within 24 hours completely filled in tall, cremation, or re-	7	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. MYO CAR DUE TO (OR AS A CO	DI AL	INFA	RETION		c or respiratory ar	rest,	Approximate Interval Between Onset end Death	
SOX fite be exprision a prior to	RTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CO	IFY A		_		ONIA			
OS, P.O. Bo he death certificate the attending physi Mental Hygiene pri ijury, or other to	CERTIF	that initiated events resulting in death) LAST		- FAIC	IRY						
RECORD equires that the en signed by th of Health and M hows any Inj	: MEDICAL	PART II. Other significent condition	a contributing to death but	not resulting in	the undariyin	g cause given in		Ia. WAS AN AUTOPSY PERFORMED?	CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO	
AL has Dep	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PI	LACE OF DEATH (C/	heck only one)				
F VITA SICIAN: The certificate that the State C , or Item	YSIC	1 TES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatie		THER:	ne 5 🗆 Residence	6 Other (S	ipecify)			
O SH sit is	BY PHY	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Dey, Year)	26b. TIME ( INJUR	M 1 🗆	JURY AT DRK? YES 2 NO		IBE NOW INJURY OC			
TTEN TTEN TOR: after	ETED	3 Suicide 6 Could not be determined	building, etc. (Specify)	At home, farm, str	a, street, factory, office  261, LOCATION (Street and Number or Rural Route Number, City or Town, State)				n Number,		
DIV OSPITAL OR A UNERAL DIREC ITHIO 72 hours ANT: If Item	COMPLET	one) MEDICAL EXAMINE	CIAN: To the best of maknowledger: On the bests of examination en							nd manner as stated.	
TO THE HOSPITAL (TO THE FUNERAL DE FIGH WITHIN 72 IN IMPORTANT: If It	TO BE	296. SIGNATURE AND THE OF CERTIFIER	1 Jans	in soph	-	29c. LICENSE NU	MBER 223	29d. DAT	E SIGNED (M	onth, Day, Year)	
		MICHAEL LANSIA	36, M.)_ 20	Lass	rini) READS ?	De Suit	TE 14	OLINGS	MILLS,	MD 2117.	
	į	31. DATE FILED (Morriti, Day, Year)	32. REGISTRAR'S SIGNATU	RE				-			



use as the burial-transit permit. Pages 1, 2, 3 the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 ours after death. Page 6 may be retained by

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296. SIGNATURE AND TITLE OF GERTIFIER

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31. DATE FILED (Month, Day, Year)

DAVIS

DIVISION OF VITAL RECORDS,

filled in by the funeral director, page 5 should be detached for on, or removal. has been s Dept. of H HOSPITAL DR ATTENDING PHYSICIAN: The law h the State D. this c After t TO THE HOSPITAL OR ATTENDIN TO THE FUNERAL DIRECTOR: At be filed within 72 hours after de IMPORTANT: If Item 28 is i

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, MIGNE LEST) GLASSNER 2. DATE OF DEATH 3. TIME OF DEATH JUNE 30,1993 --10:02 PM 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH (Month, Day, 1941) AUG. 13,1922 NEW YORK 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 156-14-5774 1 M 2 TF 70 YRS 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NORTHWEST HOSPITAL CENTER RANDALLSTOWN BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 21208 10g. CITIZEN OF WHAT COUNTRY? 11 POMONA SOUTH, APT. 2 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. 1 Never Merried 2 Married If yes, specify Cuban, Mexican, Puerto Rid 1 TES 2 XNO Specify: IF YES. GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced WHITE COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gi Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE AT HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surrame BERTHA HACKERHALT ARNOLD STANG BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 11 POMONA SOUTH, APT. 2 BALTIMORE, MD 21208 0 MR IRVING B. GLASSNER 20a METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 1 Burial 2 Cremation 3 X 4 Donation 5 Other (Specify) BETH DAVID MEMORIAL PARK 7-2-93 KENILWORTH, N.J. 21. SIGNATURE OF EL 22. NAME AND ADDRESS OF ACUTY & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215 23 PART I. Enter the diseases or complications that ceused tha death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximata ehock, or heart failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Daath disease or condition CARDING ARREST resulting in death) DUE TO (OR AS A CONSEQUENCE OF): MSTABOLIC ACIDOSIS CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF)resulting in death) LAST PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Pert I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATN 26s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide COMPLETED 6 Could not be determined 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Nomicide 29s. CERTIFIER
1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated.

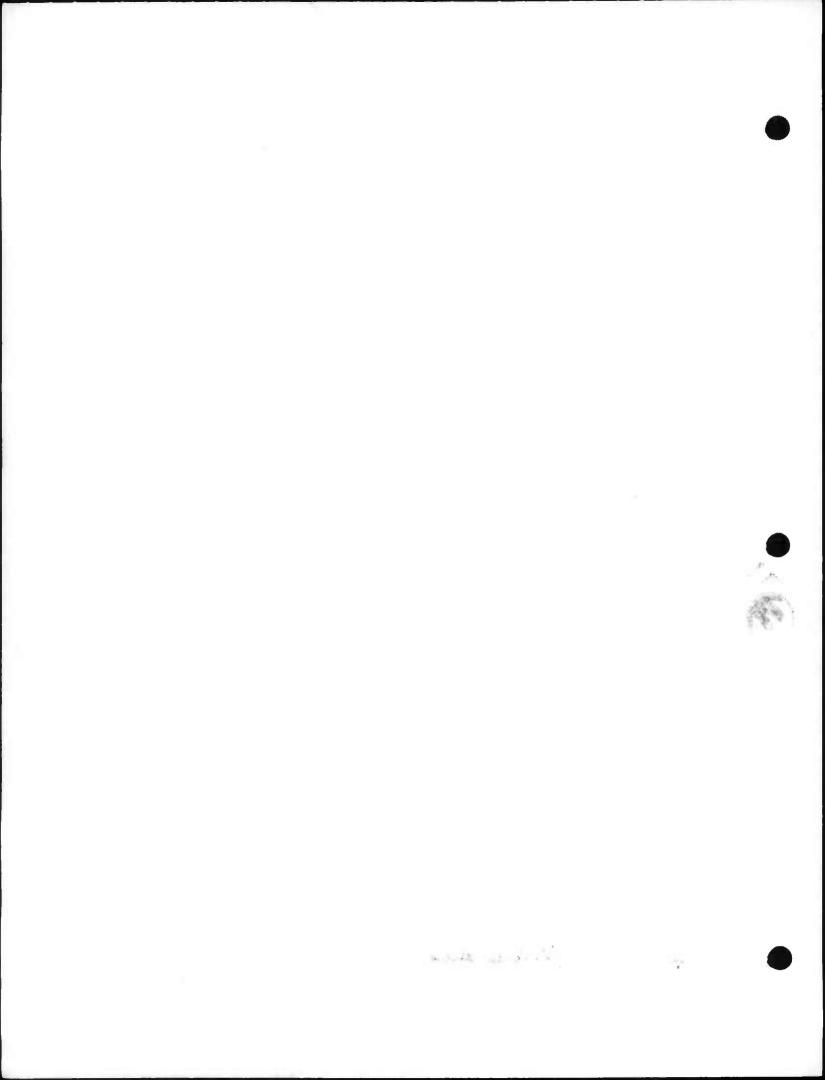
0/30/93 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ECS.# 4000 000 21208 M.D cant BOUN ND OD 32. REGISTRAR'S SIGNATURE Deviden

29c. LICENSE NUMBER

D24512

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end menner ee stated.

29d. DATE SIGNED (Month, Day, Year)



MARYLAND

USA

3. TIME OF OEATH

10d. INSIDE CITY YES 2 NO

Black

RACE — American Indian, Black, White, etc.

BALTIMORE, MARYLAND

Approximate Interval Between

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

1 TES 2 NO

OF DEATH?

Onset and Death

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1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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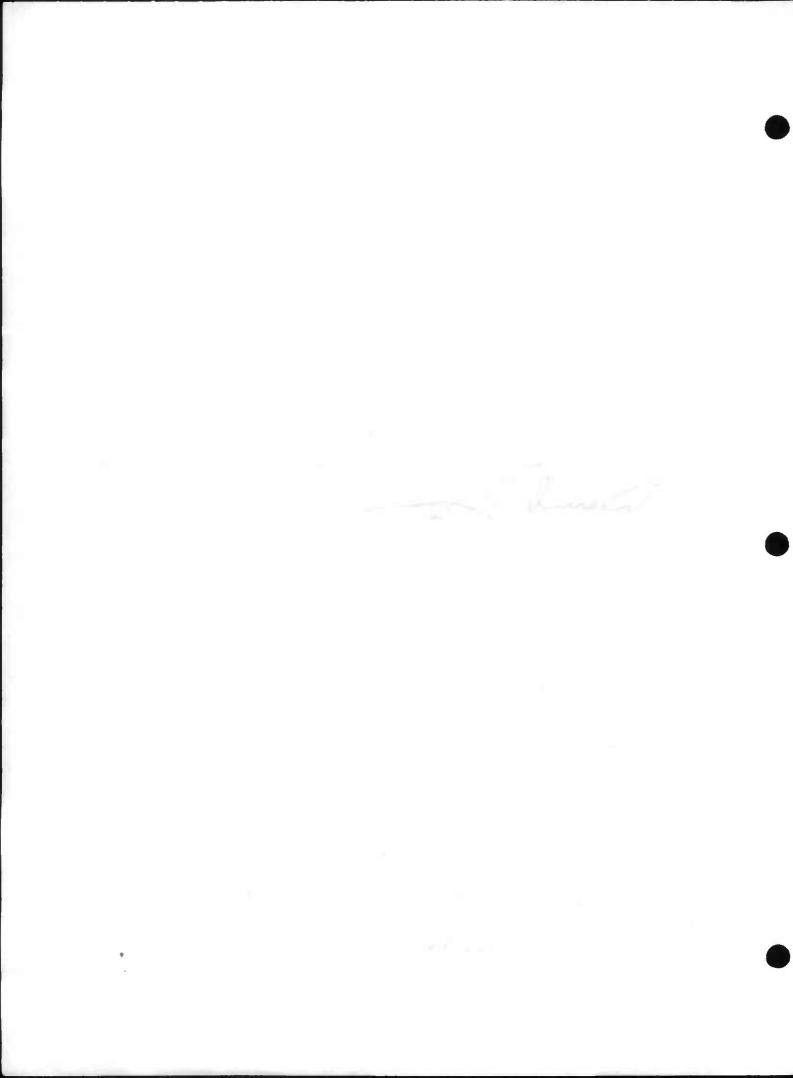
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATN YEAR UnITA 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 457-42-9955 10-20-191 Terrell TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mernal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. Texas 9a. FACILITY NAME (If not institution, give street and nu 9c. COUNTY OF OEATH 96. CITY, TOWN OR LOCATION OF DEATH FUNERAL DIRECTOR Rthwest Andallstown Altimore. RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore 1 YES 2 NO 10a. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21207 USA 8812 StoneHaven Rd. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS OECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married ВҰ 1 TES 2 NO Specify: 3 Widowed 4 Divorced Black BE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Education 12 th 4 Years Teacher 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Exeluee Flowers John L. Bell 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 9020 Lavander St. Houston Texas 77016 Elder Pinkston Bell Jr. 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State cemetery, crematory or other place) Arbutus Memorial Park Arbutus Maryland 21. SIGNATURE OF FUHERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY Derrick C. Jones F.H. 4611 Park Heights Ave. Balto., Md. 15 23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fallure. List only one cause on each line. Intarval Batween **IMMEDIATE CAUSE (Final** Onset and Death disease or condition resulting in death) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If sny, leeding to immediata cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO DF DEATH? Mun as 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL: OTHER: ent 2 PER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF 28d. DESCRIBE NOW INJURY OCCURED t Natural 1 YES 2 NO ВУ 2 Accident 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Sulcide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Nomicide 29a. CERTIFIER
(Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNEO (Month. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 5710 WABASH 31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.





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TO BE COMPLETED BY FUNERAL DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT  10c. STREET AND NUMBER  10c. STREET AND NUMBER  11c. MARITAL STATUS  1 Never Married  1 Never Married  1 Divorced  15. DECEDENT'S EDI (Specify only highest grad  Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)  19a. INFORMANT'S NAME (Type/Print)	S. SEX  S. SEX  S. SEX  S. SEX  S. AC  STORY  STORY  1 MAS DECEDENT EVER FORCES?  1 MY SIF YES, GIVE WAR OF EXAMPLE OF SET OF SE	R IN U.S. ARMED ES 2 NO R DATES  16a. DECEDENT (Give kind	9b. CITY, TOWN	OR LOCA  OR LOCA  10  10  10  10  10  10  10  10  10  1	OR LOCATION  TOO R  TION  Y  ZIP CODE  A12	HRS. 7. DATH	I	1993	S. BIRTHPL Country) Y OF DEA	Dd. INSIDE CITY
TO BE COMPLETED BY FUNERAL DIRECTOR	98. FACILITY NAME (If not institution, give  1 200 SAMA  RESIDENCE OF DECEDENT  100. STATE  100. STREET AND NUMBER  100. STREET AND NUMBER  11. MARITAL STATUS  1 Never Married  15. DECEDENT'S EDITORIES  (Specify only highest gred  Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)  190. INFORMANT'S NAME (Type/Print)	S. SEX  1 M 2 F  Street and number)  TY  12. WAS DECEDENT EVE FORCES?  1 M 19  IF YES, GIVE WAR OF  College (1-4 or 5+)	R IN U.S. ARMED  R DATES  16a. DECEDENT  (Give kind	9b. CITY, TOWN	FY, TOWN OR LOCA OR LOCA 10 10 11 11 11 11 11 11 11 11 11 11 11	HOURS OR LOCATION TION TO R TO R TO R TO R	HRS. 7. DATI (MOV OF DEATH	OF BIRTH	33 ( 9c. COUNT	B. BIRTHPL Country) PHOC Y OF DEA	ACE (State or Foreign  TH  Dd. INSIDE CITY LIMITS?
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	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT  10a. STATE  10b. COUNT  10a. STREET AND NUMBER  10a. STREET AND NUMBER  11b. MARITAL STATUS  1 Never Married  15b. DECEDENT'S EDI  (Specify only highest grad  Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)  19a. INFORMANT'S NAME (Type/Print)	TY  TY  TY  TY  TIMORS  12. WAS DECEDENT EVER FORCES? 1 MY 11 IF YES, GIVE WAR OF KORLE (1) College (1-4 or 5+)	R IN U.S. ARMED ES 2 □ NO R DATES  16a. DECEDENT (Give kind	CITY, TOWN	OR LOCA	TION  Y  M. ZIP CODE  A 12	.5			10	Dd. INSIDE CITY
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TO BE	19a. INFORMANT'S NAME (Type/Print)					7	R'S NAME (First,				1110
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	TAMILY KEE		19b. MAILI	NG ADDRE	SS (Street	and Number or	Rural Route Nur		wn, State, Zip C	ode)	
		oros	2	SAC	25	AS F	BONZ	_			
	20s. METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Red 4 Donation 5 Other (Specify)		20b. PLACE AND DAT cometery, crematory of			ame of	OA	TE 20c. L0	OCATION CI	ty or Town	, State
- 11-	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE \		22	2. NAME A	ND ADDRESS	OF FACILITY	-0-	0.		
10.0	1/20 95	X					OF FACILITY				_
	23. PART i. Enter the diseases, or	Mars, /	and the death Br	{	380	OHA	RFORD	KOA	0 - PE	irku	Approximate
	disease or condition resulting in death)  Sequentially list conditions,	b. END S	NGE CO LATORY IS A CONSEQUENCE TAGE S A CONSEQUENCE	OF):	PD	RE					
IFICA	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. PNOXIC	S A CONSEQUENCE		HL(	TAPC	144				
AL C	PART II. Other aignificant condition	one contributing to death	h but not rasuitin	g in the u	ındariyin	g cause giv	en in Part i.	24a. WAS AF			ERE AUTOPSY FIND
MEDIC								PERFO 1 TYES		O	MILABLE PRIOR TO OMPLETION OF CAUS F DEATH?
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Sic	EXAMINER?  1 YES 2 NO	HOSPITAL:	Putpetient 3 DOA	OTHE	ER:		lence 8 🗆 Oth				
>- II ·	27. MANNER OF DEATH	28s. DATE OF INJUR (Month, Day, Yes.	RY 28b. T	TIME OF	28c. IN.	JURY AT		SCRIBE HOW	INJURY OCCU	RED	
BY	1 Netural 5 Pending 2 Accident Investigation			M		YES 2   N	10				
8	3 Suicide 8 Could not be	28a. PLACE OF INJU building, etc. (S	JRY — At home, farm Specify)	n, street, fe	ctory, offic	ie .	281. LO	CATION (Street or Town, State	and Number of	Rural Rout	ie Number,
	4 Homicide determined										
COMPLET		SICIAN: To the best of my kn IER: On the basis of examina									nd manner as stat
w 1 3	296. SIGNATURE AND TITLE OF CERTIFIE	ER				29c. LICENS	E NUMBER		29d. DATE	SIGNED (M	forith, Day, Year)
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1 3	31. DATE FILED (Month, Par 1993	RESIDENCE SHE	GRANURE					-	·		
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DHMH-18 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician. To THE FUNERAL LIBECTOR After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-trans filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	BALLIMORE, MARYLAND 21215-0020	within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ent, the medical examiner must be notified at once.
75 H	DIVISION OF VILAL RECORDS, P.O. BOX 6876	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and com be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, (	IMPORTANT: It tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF OEATH DAY 1. OECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Brazel B. Hensley, Jr. July 2. 1993 4:30 D. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthdey) S. SEX 7. DATE OF BIRTH (Month) Day, Year, IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 214-92-4702 1 1 M 2 | F DAYS HOURS Maryland 27 YRS. Nov. 3. 1965 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR University Hospital Baltimore City 10b. COUNTY 10c. CTY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore City 1 PYES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 111 S. Arlington Avenue 21223 USA 11. MARITAL STATUS 12. MAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 TO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- RACE — American Indian, Black, White, atc. 1 Never Married 2 Married II yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 70 Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Specify. White COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elamentary/Secondary (0-12) College (1-4 or 5+) 0 Never worked 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Brazel B. Hensley, Sr. Joan Elizabeth Walther BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Wayne Hensley Bloomsberry St., Baltimore, MD 21230 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Glen Haven Cemetery 7/6 Glen Burnie . MD. 22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Home an 5695 Main St., Elkridge, MD 21227 23. PART I. Enter the disease, or complications that couse the death. Do not enter the mode of dying, such as cerdisc or respiretory arrest, shock, or heart failure. Liet only one couse on each line. Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition Hydrocephalu DUE TO (OR AS A CONSEQUENCE OF): resulting in death) years MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): Cause, Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 - NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL OTHER:
4 Nursing Home 5 Rasidence 8 Other (Specify) 1 YES 2 NO 1 The Inpatient 2 ER/Outpatient 3 DOA 28a. OATE OF INJURY (Month, Day, Year) 27. MANNER OF OEATH 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 26a. PLACE OF INJURY — Al home, farm, street, lactory, offica building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 Homicide 29a. CERTIFIER
(Check only one)

One)

Application: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 00,00 Kesiden 2 PERSON WHO COMPLETED CAUSE OF OEATN (ITEM 27) (Type, Print) 21201 Freene MD 32, REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)

The state of the s Tarking June 14 If you was in the grade and in server a fire from the distance of the fire 

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1. DECEDENT'S NAME (First, Middle, Last)

FOR

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STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

93 19304

3. TIME OF DEATH

2. DATE OF DEATH

YEAR ARTHUR SEWELL HUBBARD 1993 1:48 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign May 23, HOURS DAYS 219-07-2229 1X M 2 F 72 YRS. 1921 Maryland Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 421SHIGHLAND AVENUE BALTIMORE CITY DIRECTOR RESIDENCE OF DECEDENT 10e STATE 10b. COUNTY 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY Md. Baltimore 1 X YES 2 | NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21224 421 S. Highland Avenue USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexicen, Puerto Rica

1 YES 2 NO Specify: 1 Never Married 2 Married specify: white IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY entary/Secondary (0-12) College (1-4 or 5+) Maintenance examiner must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George W. Hubbard (Unobtainable) BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dorothy E. Hubbard 2637 Rittenhouse Ave., Balto., Md. 21230 20s METHOD OF DISPOSITION
1 in Burlet 2 Cremetlon 3 Removal from State
4 Donation 5 Other (Specify) 7/TE 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Crowns ville Veterans Cem. Crownsville, Md. 21, SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY
Gary L. Kaufman Funeral Homes au 5695 Main St., Elkridge, Md. meny medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death IMMEDIATE CAUSE (Final TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the disease or condition ardiovascular Disease 4therosclerotic resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AILABLE PRIOR TO COMPLETION OF CAUSE 1 TYPES 2 NO OF DEATH? Syell TXXES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 | Inpetient 2 | ER/Outpatient 3 | DOA 1 X YES 2 NO OTHER: 4 🗆 Ni sing Home 5 1 Tesidence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigati 1 YES 2 NO BY 2 Accident 26f. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner ee stated. 2 TMEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) and manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Chute OCME 3 1993 mus MAD 2 30. NAME AND ADDRESS OF PERSON WHY COMPLETED CAUSE OF DEATH (IJEM 27) (Type, Print) Street, Baltimore, Maryland 21201 JUL 0 7 1993 32 DEGISTRAR'S

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atten	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the find within 20 hours when death with the Crate had not been death with the Crate had not been deather the complete the com	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month,

93 19305 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 93 YEAR 2. DATE OF DEATH PMM 257 ughes 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. 71 5. SEX last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. (Month, Day, Year) 09/11/21 234-26-7608 1 M 2 X F West Virginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Howard County General Hos. Columbia Howard RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Columbia Md. Howard 1 TES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21045 6150 Foreland Garth, Apt. 206 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ANO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: 14. RACE -- American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Marri BY 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Retired 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Lindsay Snyder Sarah L. Hess BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 Linda Smith 21838 5184 Cornstack Rd., Marion, Md. 20g METHOD OF DISPOSITION
1 & Burlat 2 Cremation 3 Ramoval fro
4 Donation 5 Other/Specify
21. SIGNATURE OF RUNERAL SERVICE LICENSES 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State East Oak Grove Cemetery Morgantown, W. Va. 22. NAME AND ADDRESS OF FACILITY
Gary I. Kaufman Funeral Homes au O 5695 Main St., Elkridge, Md. 21227 ung Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 23. PART I. Enter the diseas Approximate interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition\_ DUE TO (OR AS A CONSECU Mound resulting in death) COPID Delle COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Bruf Mein DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: me 5 - Residence 6 - Other (Specify) 4 🗌 Num 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural M 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 - Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2/ MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. AND TO LE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 29c. LICENSE NUMBER 96484 93

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

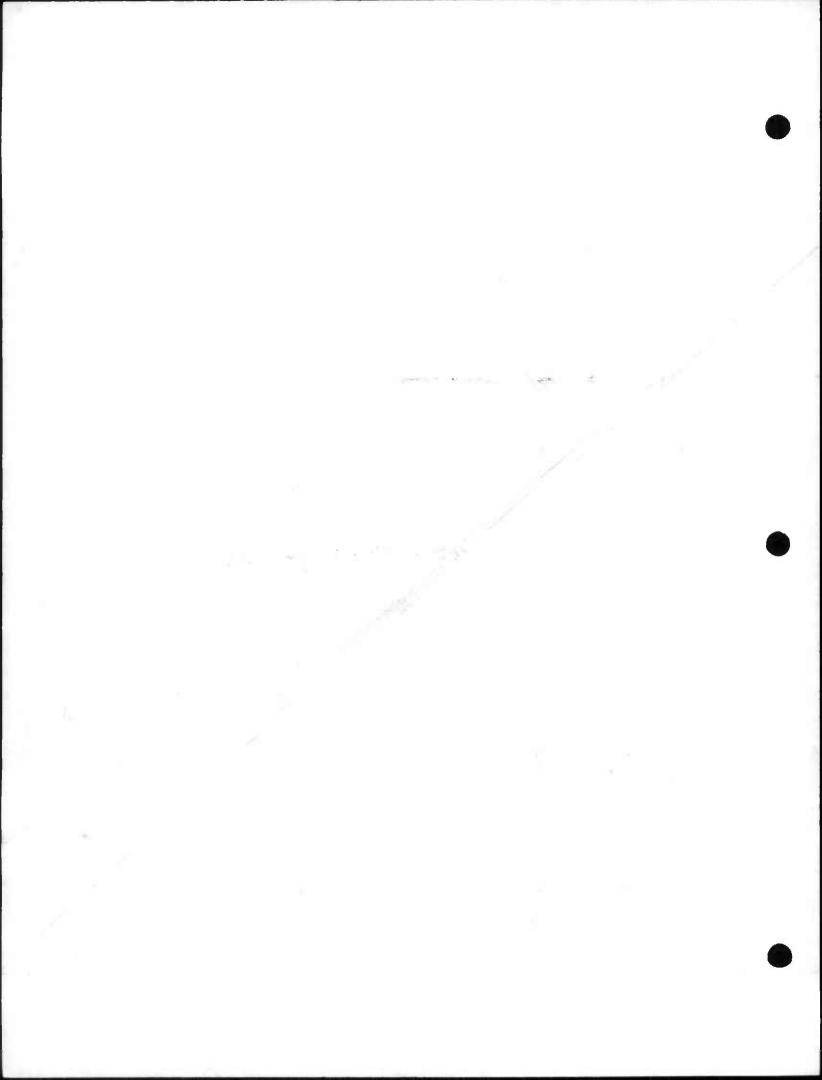
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month) Day, Year)

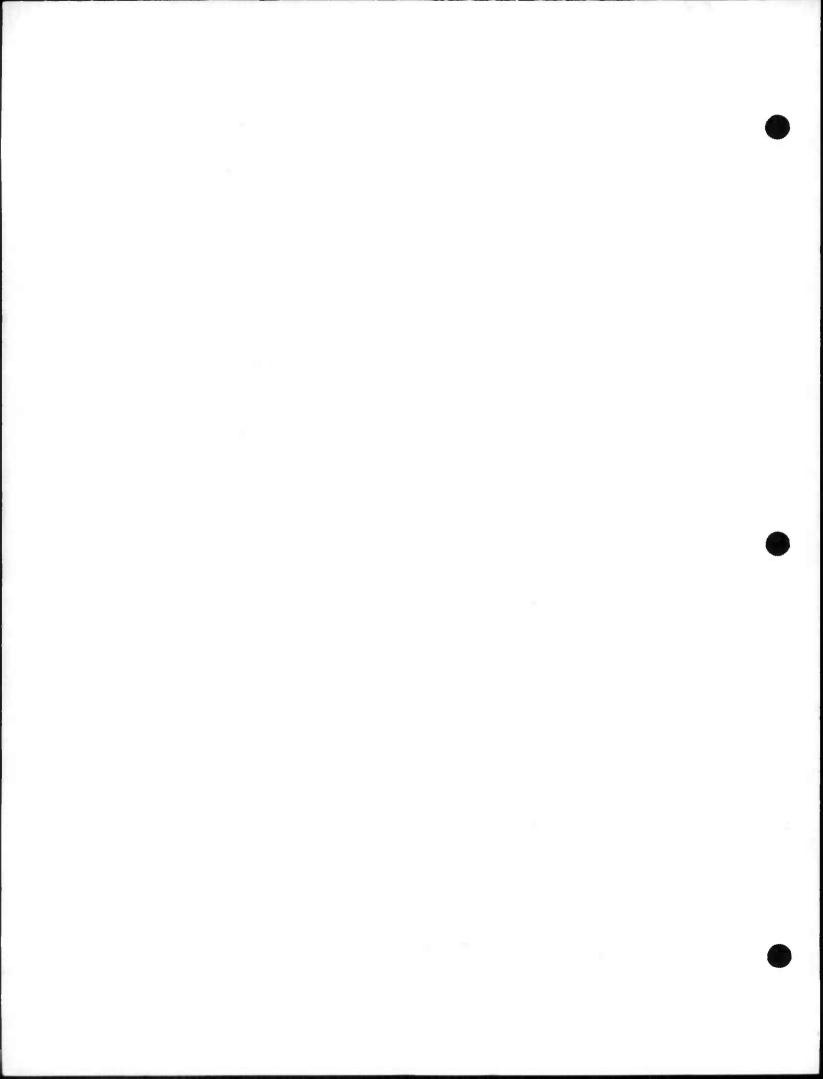
32 BEGISTRAR'S SIGNATURE

	1 - FOR STATE OF MARY	LAND / DEPART	TMENT OF H	EALTH AND ME			1 3 0 0 0		
	1. OECEDENT'S NAME (First, Middle, Last)  Stella HAM Hon		CATE OF		DATE OF DEATH MONTH DAY	1 27			
		4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPI							
TOR	90. FACILITY NAME (If not institution, give street and number)  CHUYCH HOME HOSPITAL  RESIDENCE OF DECEDENT		D 11	mane C	ity	9c. COUNTY OF			
DIRECTOR	Maryland N/A		Saltima	35.1	V		10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	1300 South Linwood Avenue			21224		U.S.A	F WHAT COUNTRY?		
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS OFCEDENT EVER FORCES? 1 YE FORCES? 1 YE	S 2 NO	2 NO If yes, specify Cuben, Mexican,			St	ACE — American Indian, lack, White, atc. pecify:		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)		ork done during mos retired.)	DN st of working	16b. KINO OF BUSI				
MP	17. FATNER'S NAME (First, Micidia, Last)	Home Ma	aker		Home				
	TO SECURITION OF STREET AND STREE			18. MOTNER'S NAME	First, Middle, Malden Si	'urname)			
BE	Peter Harek  190. INFORMANT'S NAME (Type/Print)			Helen					
2				nd Number or Rural Route			17010		
	Charles W. Hamilton			s Drive, I			vlvania		
	1424 Buriel 2 ☐ Cremation 3 ☐ Removal from State	ob PLACE AND DATE OF THE PLACE	Memorial	Cemetery	7/7 Balt	ation — city or timore,	The state of the s		
	* Kalther M. Mur	Lor	John C	. Miller, elair Road	Inc.	ore Ma	ryland 21206		
	23. PART/1. Entar the diseases, or complications that cause nock, Dr heart failura. List only one ceuse on IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS	ed the deeth. Do no eagh line.	Heart	fa (h	cardlec or reepira	atory arrest,	Approximate interval Between Onset and Daath		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted evente resulting in death) LAST  b. OUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other eignificant conditions contributing to deeth	but not resulting in	n tha underlying	cauae given in Par	24a. WAS AN AI PERFORM	ED?	24b. WERE AUTOPSY PINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
CIAN:	25. WAS CASE REFERRED TO MEDICAL			105 05 55 55					
SICI	EXAMINER? HQSPITAL:		OTHER:	ACE OF DEATN (Check of					
PHYS	1 YES 2 NO 1 I Competent 2 ER/Ou  27. MANNER OF DEATH 280. DATE OF INJURY			5 Residence 8					
ВУ Р	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJŪ	M 1 Y	RK? ES 2 NO	1. DESCRIBE NOW INJ	JURY OCCURED			
ETED	4 Homicide determined building, arc. (Sp	IV — At home, ferm, streedily)	reet, tactory, office	281	LOCATION (Street and City or Town, State)	d Number or Run	al Route Number,		
COMPLETED	29s. CERTIFIER (Check only one)  1 CERTIFYINO PNYSICIAN: To the best of my kno one)  2 MEDICAL EXAMINER: On the best of examinst						e(e) end menner ee stated.		
TO BE	29h. SINATURE AND TITLE OF CERTIFIER			24c. LICENSE NUMBER	D	DATE SION	Jugar Veer)		
	30. MANE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D	CG Type,	exp, to	W Ra	Itimo,	Q N	ol		



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examiner must be notified at once.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
i	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.
e funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
death. Page 6 may be retained by the hospita	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospita

	FOR 1 STATE	STATE OF MAI	RYLAND /	DEPAR	TMENT O	F HEALTH AND	MENTA	L HYGIEN	E	1 2	
	REGISTRAR		CE	RTIF	ICATE C	F DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE MONT	OF DEATH	AY	YEAR 3	. TIME OF DEATH
	Mildred  4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest	hirthring	HESTE IF UNDER 1 YEA		Jul	OF BIRTH	199		11:45 P M
	215-12-4958 9a. FACILITY NAME (If not institution, give etr	1 🗆 M 2 🖵 F	70	YRS.	MONTHS DAY	'S HOURS MIN.	02-3	Dey, Year)	3	Balt	ACE (State or Foreign
DIRECTOR	Franklin Square H				Balti	MOTE	DEATH		Ba 1		re County
EC	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LO	CATION					Dd. INSIDE CITY
	Maryland N	/A		Ba	ltimor					1	LIMITS? YES 2 NO
FUNERAL	4210 Raspe Avenue					21206			U.S		AT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1   IF YES, GIVE WAR	YES 2 XN	WED O	If yes	DECENDENT OF HISP, , specify Cuban, Mexic res 2 XNO Spec	cen, Puerto I	i? (Specify Yea Ricen, etc.)		Specify:	- American Indian, While, etc.
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DEC	CEDENT'S	USUAL OCCUP	ATION most of working	16b	KIND OF BU	SINESS/INOUS	STRY	
COMPLETED	10th Grade	College (1-4 or 5+)		_		most of working  Accounta	int M	iat Mai	n		
Ö,	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	IAME (First, I	Viddle, Maiden	Surneme)		
BE	Robert A. Whitefor	rd						rauer			
2	19a. INFORMANT'S NAME (Type/Print)					et end Number or Rura		-			
	Leo M. Hester					venue, Ba			_		
	1XX urial 2 Cremation 3 Remove	val from State	cemetery, cren	natory of of	of bisposition ther place) Cemete	(Name of	OAT		CATION — CH		
	4 Donation 5 Other (Specify)	NSEE	Parkw	100a		AND ADDRESS OF F	1//3	Bal	rimore	, Ma	ryland
	* Kathleen	m. hour	plus	/	John 6415	C. Mille Belair R	er, Ir	c. Baltir	more.	Marv	land 21206
CERTIFICATION	23. PART/I. Egter the diseases, or conshock, or heart feliure. L immediate cause (Finel disease or condition resulting in death)  Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	Breast C DUE TO (OR	on each light.	W 1 CIT UENCE OF UENCE OF	metas n:		ch as carc	liec or reapi	ratory arrea	rt,	Approximate Interval Between Onset and Death
_	DADT II Other significent on divises										1
PHYSICIAN: MEDICAL	Hypertension, History of bil	Hypothyro	idism,	Нур	oatrem-	ia,	n Parti.	24a. WAS AN PERFOR 1 TYES 2	MED?	CC OF	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION DF CAUSE DEATH?  YES 2 NO
ä	central nervou				P00011	710				, ,	_ 169 2
S	25. WAS CASE REFERRED TO MEDICAL					PLACE OF DEATH (C	heck only on	e)			
YSIC	1 ☐ YES 2 💢 NO	HOSPITAL:	Outpatient 3	□ DOA	OTHER:	lome 5 - Residence	8 🗆 Other	(Specify)			
H	27. MANNER OF OEATH  1 🕅 Netural 5 Pending	28a. DATE OF INJU	JRY par)	28b. TIME		INJURY AT WORK?	28d. DES	CRIBE HOW I	NJURY OCCU	REO	
BY	2 Accident Investigation					YES 2 NO					
ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN. building, atc.	(Specify)	ne, farm, s	treet, factory, o	ffice	28f. LOCA City o	ATION (Street e or Town, State)	nd Number or	Runti Rout	Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 💢 CERTIFYING PHYSICI (Check only one) 2 🗌 MEDICAL EXAMINER:	AN: To the best of my i	nowledge, dea	th occurre	d at the lime, d	ate end place, end du	e to the cau	se(s) end men end place, en	ner se stated.	euse(e) ar	nd menner ea stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	(	Rale	dian	240	29c. LICENSE NU		70	29d. DATE S	IGNED (M	onth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO		F DEATH (ITEM	27) (Туре,	Print)				HD (	2122	,
	Rachelle Alex	32. REGISTRAR'S I	HIGHATURE	ridi	KIIII S	square Dr.	ive i	od I to.	PIU	1123/	
	111 07 1993	AL DENTHANS	Mandalle	2							

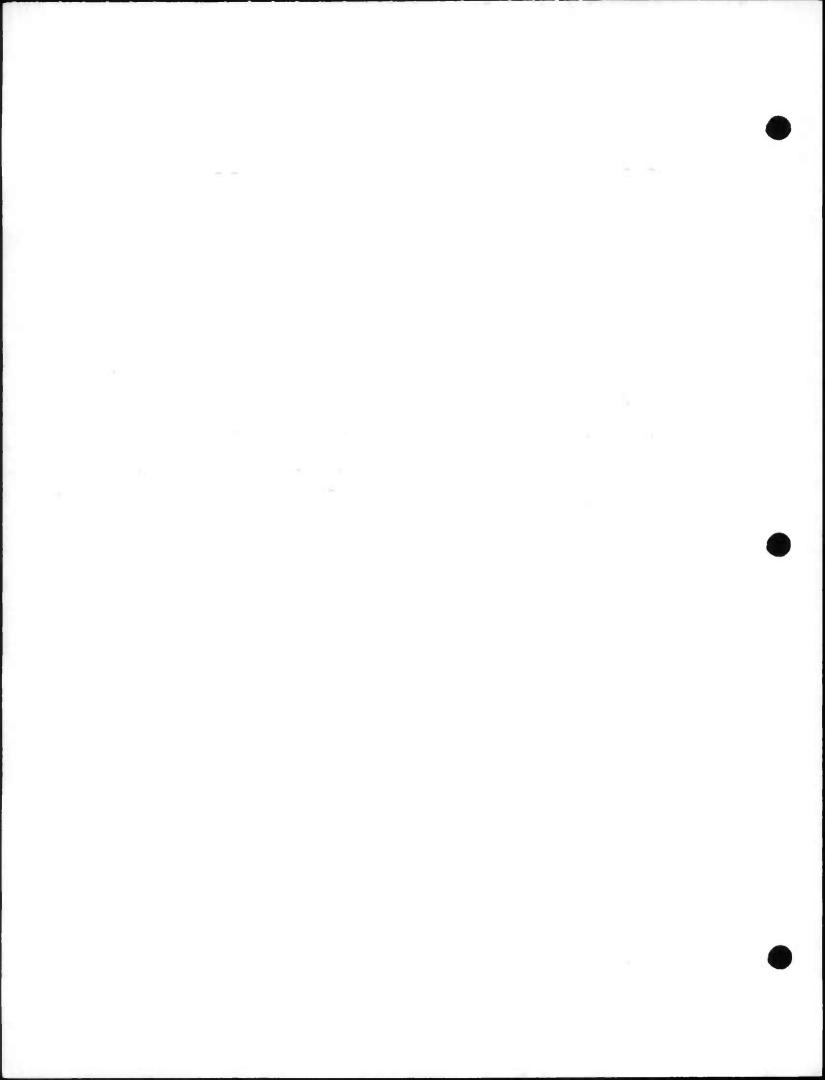


TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF M					ALTH AND	MENT	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Samuel	Ellsw	orth	Но	ustoi	1		TE OF OEATH DAY	1993	
	4. SOCIAL SECURITY NUMBER 220⇔14⇔0061	5. SEX	6. AGE (In yrs. Ia 68	st birthday) YRS.	IF UNDER	DAYS I	IF UNDER 24 HRS. HOURS MIN.	(Mc	TE OF BIRTH onth, Day, Year) 6 = 1 = 1925	Cou	HTHPLACE (State or Foreign Intry) AULYLAND
TOR	9a. FACILITY NAME (If not institution, give of 2503 Ambler Court RESIDENCE OF DECEDENT					undal	LOCATION OF E	DEATH		sc. COUNTY OF Bal	timore
DIRECTOR	100. STATE 10b. COUNTY Maryland	Baltimo	ore	10c. CIT	Y, TOWN C	OR LOCATIO		ndal	2k		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 2503 Ambler Cour					10f. Z	IP CODE 21	222			ted States
В	11. MARITAL STATUS 1 Never Married 2 Narried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 1 IF YES, GIVE W	YES 2	RMED NO		if yes, speci	IDENT OF HISPA ify Cuban, Mexic X NO Spec	an, Puer	GIN? (Specify Yea o to Rican, etc.)	Bio	NCE — American Indian, ack, White, atc. acity: White
COMPLETED	15. DECEDENT'S EQUIVATION (Specify only highest grade Elementary/Secondary (0-12)  1 2th Grade		18e. Of	Bive kind of vo. Do NOT us	work done one retired.)	ccupation during most		1	Coog C	ness/industry	
BE COM	17. FATHER'S NAME (First, Middle, Last)  John E. Houston			visi	<i>M</i> CC				t, Middle, Meiden Si		ρ.
TO	19a. INFORMANT'S NAME (Type/Print)  Wis. Mayly T. Hou  20a. METHOD OF DISPOSITION	ston		2503	Ambl	er co	ourt D	undo	umber, City or Town, Uk, Mar	yland	21222
	1X) Buriel 2 Cremation 3 Remode 4 Denation 5 Other (Specify)	23 TO SENI	20b. PLACE cemetery, cu Mead	and oate of the order of the or	ther place)	lem. (	cem. 7	13/9	93 D	orsey.	Maryland
	9 Jaso	Caus	her		7	922 0	vise Au	enue	2 Dunda	ek. MD	lalk, Inc. 21222
CERTIFICATION	23. PART I. Enter the diseasea, or cannot be a superior or all the superior of	DUE TO (	e on each line	OUENCE OF	fai						Approximate interval Between Onset and Death
PHYSICIAN: MEDICAL CEF	PART II. Other significant conditions		leath but not i	X	in the un	derlying o	euse given in	Part i.	24a. WAS AN AI PERFORM 1 VES 2	ED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ERIOLICA A		OTHER	R:	E OF OEATH (C				
BY PHY	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF 8 (Month, Day	NJURY	28b. TIM		28c. INJUR WORK		_	her (Specify) ESCRIBE HOW INJ	URY OCCURED	
	3 Suicide 6 Could not be determined	building, e	INJURY — At ho tc. (Specify)					CI	OCATION (Street and ity or Town, Stelle)		I Route Number,
COMPLETED	2 MEDICAL EXAMINER		mination end/or	Investigatio	n, in my o						e(s) end manner ee stated.
TO BE	30. NATE AND ADDRESS OF PERSON WHO  31. DATE FILED (Month, Day, Year)	COMPLETED CAUSE	S SIGNATURE	ojy / M2t/(Type, Cay (	Croel	on	oc. LICENSE NU D 420 ZZ Sc	414	REEME S	> 7	12/93 12/93



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	er this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burgat-transit permit, Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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3 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	plete
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TH O	TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death

9

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH William 11:12A Heim July 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 8. BIRTHPLACE (State or Foreign 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 215 09 9290 80 HOURS (Month, Day, Year) 01/05/1913 1 1 M 2 | F YRS. Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Union Memorial Hospital \_\_\_\_\_ Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore County **Baltimore** 1 YES 2 NO FUNERAL 10a STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Frederick Avenue 21229 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black. White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TYES 2 K NO Specify: BY 3 Widowed 4 Divorced White World War COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 10th Grade Machine Operator Smith Bakery once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Frederick August Heim Emma notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Carl A. Heim 711 E. Maple Road Linthicum, Maryland 21090 must be 20a. METHOD OF DISPOSITION
1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND OATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Loudon Park Cemetery 4 Donation 5 Other (Specify) 7/6 Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
George J. Gonce Funeral Home P.A. Jecome 4001 Ritchie Hwy. Baltimore, Md. 21225 medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximats shock, or heart fallure. List only one cause on each line. interval Batween IMMEDIATE CAUSE (Finsi the r Onset and Death disesse or condition resulting in death) Car Lio Pulmunary IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): DRIF @ hip PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING QUE TO (OR AS A CONSEQUENCE OF CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 X YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Dipetient 2 ER/Outpetient 3 DOA OTHER: 4 - Nursing Ho me 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 Natural
2 Accident (Month, Day, Year) 6/27/93 BY 1 YES 2 NO Fel 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 261. LOCATION (Street and Number or Aural Route Number, Ave City or Town, State) 515 Ingleside Ave Torest Haven 21228 COMPLETED 3 Suicide 6 Could not be 4 Homicide NUISIA 29e. CERTIFIER (Check anly 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 14/93 Que 7 · Han mo \_0 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

> 32. REGISTRAR'S SIGNATURE Licidson-Mindall

7 1993

31. DATE FILED (Month, Day, Year)

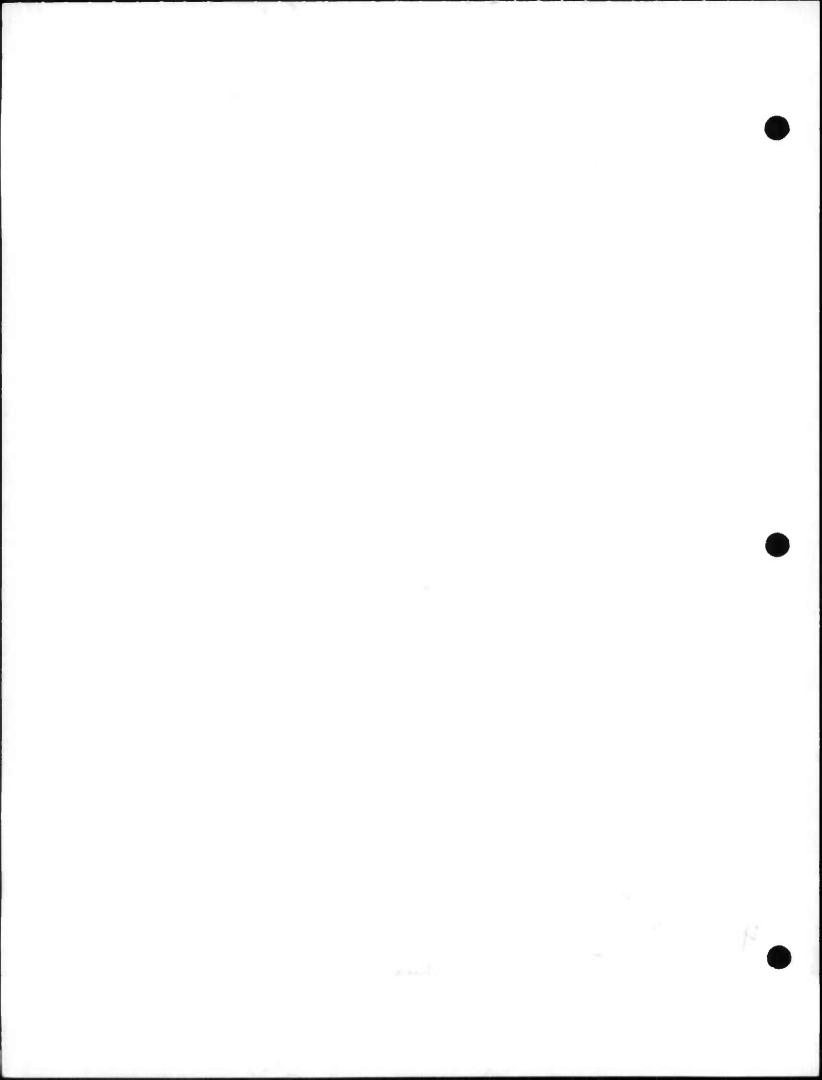
OHMH-16 Rev 1/89

epermit. Pages 1, 2, 3 should

		Se .	
BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physical	illed in by the funeral director, page 5 should be detached for use as the partition of parties of removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the breathest to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE	STATE OF MARYL	AND / DEPAR	TMENT OF	HEALTH AND I			19310
	REGISTRAR		CERTIF	ICATE U	F DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)  Gordon Wallace					2. DATE OF DEATH DATE OF DAT		3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 220095204		(In yrs. lest birthday) 71 YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTN (Month, Day, Year) 3 4 22		THPLACE (State or Foreign unity)  YVland
<u>e</u>	90. FACILITY NAME (If not institution, give str 6656 Shelley Road			96. CITY, TOW Glen E	NOR LOCATION OF DE		9c. COUNTY OF	
18	RESIDENCE OF DECEDENT	4						
DIRECTOR	Maryland Anne A	rundel		n Burni				10d. INSIDE CITY LIMITS? 1  YES 2 NO
\ ₹	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
ij,	6656 Shelley Road	Apt 195			21061		U.S.A	•
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Midowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	If yes,	ECENDENT OF NISPAN specify Cuben, Mexica ES 2 NO Specify		BI	ACE — American Indian, ack, White, etc. ec/ly: White
0	15. DECEDENT'S EOUC		16e. DECEDENT'S	USUAL OCCUPA	TION	16b, KIND OF BUS	INESS/INDUSTRY	,
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	rork done during e retired.)	most of working			
M M			Loading	g Rack		В.Р.	Oil	
BE CO	17. FATHER'S NAME (First, Middle, Last) Harry William Hi	nkle Sr.				ME (First, Middle, Maiden : arie Benna		
5	190. INFORMANT'S NAME (Type/Print) Raymond K. Hinkle		19b. MAILING 7990	Nolcre	est Road,	Glen Burni	e, Md 2	1061
	20a. METHOD OF DISPOSITION 1 Special 2 Cremetion 3 Remove		PLACE AND DATE O		Nama of	OATE 20c. LOG	CATION — City or	Town, State
	4 Donation 5 Other (Specify)		vetery, crematory or other Nestern (		V	7/1 Ba1	timore,	Md
	21. SIGNATURE OF FUNERAL SERVICE LICE	Bramero	uski	Geor	way. Balt.	ce Funeral	Home 4	001 Ritchie
	23. PART I. Enter the disease, or shock, or haart fallura IMMEDIATE CAUSE (Final disease or condition resulting in death)	stronly one cause on a	ach lina.			farelin		Approximata intarvai Between Onset and Daath
NO	Sequentially list conditions,	Caro	104	evy	Direar	e		
CATIC	If any, landing to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	CONSEQUENCE OF					
ERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	):				
O	PART IL Ofher significant conditions	contributing to death b	ut mot requising to					
MEDICAL	Venns /n	suffeel	ey 3	Botas	180	Part I. 24a. WAS AN / PERFORI	MED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL							
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Che	ick only one)		
ξ	27. MANNER OF DEATH	28e. OATE OF INJURY	atlent 3 DOA 28b. TiME		me 5 [ Beeldence			
BY PI	1 Laterial 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	M 1	YURY AT WORK? YES 2 NO	28d. OEŞCRIBE HOW IN	JURY OCCUREO	
TED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	At home, farm, st	reet, factory, of	ice	28f. LOCATION (Street e. City or Town, State)	nd Number or Rurs	I Route Number,
COMPLETED		AN: To the best of my knowl On the beele of examination						e(s) and menner es stated.
TO BE C	296/SIGNATURE AND TITLE OF CENTIFIER	y Atter	duil o	Doctor	29c. LICENSE NUM	16 8 4		EO (Month, Day, Year)
۲	C-V - CYRIAC.	AD. 1600	CRAIN	Print)	*106.	GLENBU	RVIR.	MD 21061.

DHMH-16 Rev 1/89



mr. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or alterdang physician and completely filled in by the funeral director, page 5 should be detached for use as the burning be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If hem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-00

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

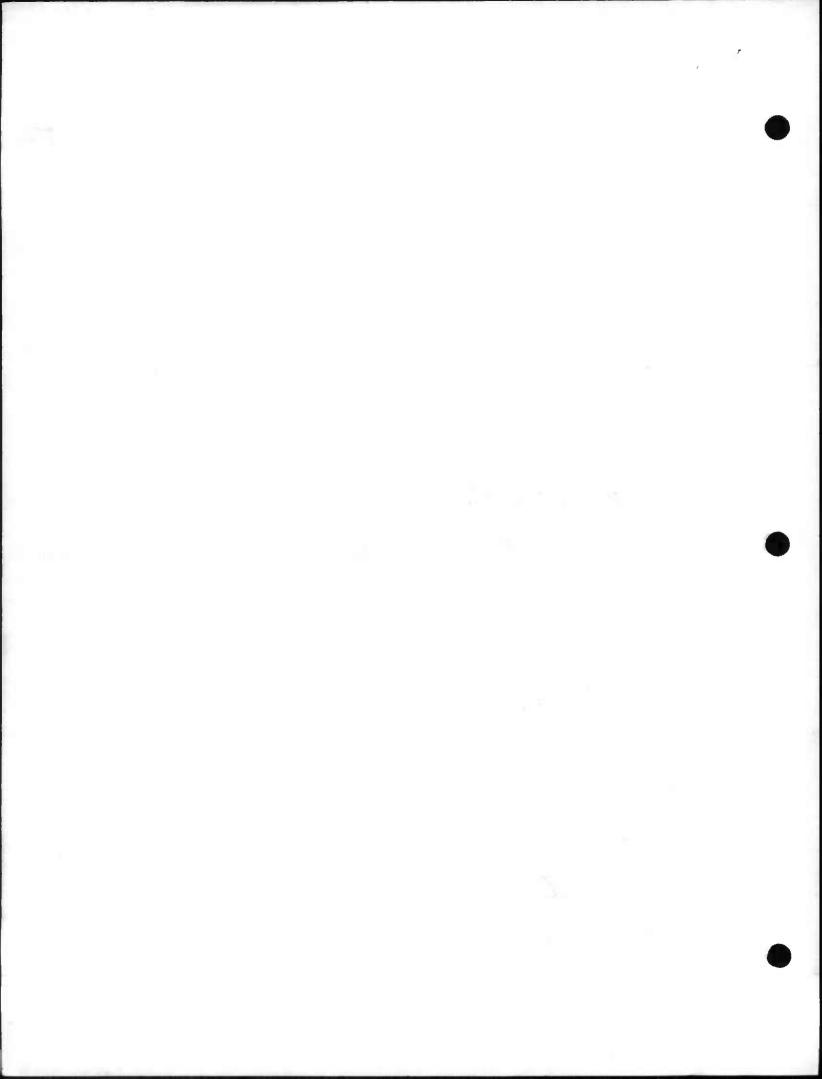
1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR		CER	ITIFIC	CATE OF	DEATH	F	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF				3. TIME OF D	EATH
	Annunciata Anges	s Hare					July	3. I	93 °	EAR	5:00	p.
	4. SOCIAL SECURITY NUMBER	T 7	6. AGE (in yrs. lest bir	thday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF			BIDTH	PLACE (State o	40
	216-03-4079	1 M 2 TF	Unknown		ONTHE DAYS	HOURS MIN.	(Month, Da	ly, Year)	175	Country	OWN	roreign
	9e. FACILITY NAME (If not institution, give :	**	CITATIOWIT				unkno	MII				
~						OR LOCATION OF D	EATH		9c. COUNTY	OF DE	HTA	
DIRECTOR	3426 Mayfield Ave	enue			Baltim	ore						
2	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT	~										
2		*	14		TOWN OR LOCA						10d. INSIDE C	ITY
	Maryland			Bal	timore						1 X YES 2	□ NO
K	10e. STREET AND NUMBER				10	H. ZIP CODE			10g. CITIZEN	OF W	HAT COUNTRY	7
<b>E</b>	3426 Mayfield Ave	enue				21213		ı	Unk	now	m	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED	,	13, WAS DE	CENDENT OF HISPA	NIC ORIGIN? (S	necify Year			- American I	odlan
E.	1 Never Married 2 Married	FORCES? 1 [ IF YES, GIVE WA	YES 2 NO		If yes, a	pecify Cuban, Maxico	in, Puerto Rica	n, etc.)		Black,	, White, etc.	words,
BY	3 ▼ Widowed 4 □ Divorced	IF YES, GIVE WA	H OH DATES		I U YE	S 🏖 NO Specil	y:			Specify	Whit	e
COMPLETED	15. DECEDENT'S EDU	CATION	16a, DECED	ENT'S US	SUAL OCCUPAT	ON	165 VI	ID OF BUILD	NESS/INDUS	TRW	-	
E	(Specify only highest grade		(Give k	and of wor	k done during m	ost of working	100. Kill	ID OF BOSI	NESS/INDUS	INT		
7	Elementary/Secondary (0-12) N/A N/	College (1-4 or 5+)					T3-7-					
Σ		A	Tea	cher				nown				
응	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA		le, Malden S	umame)			
BE	Unknown					Unkno	wn.					
5	19a. INFORMANT'S NAME (Type/Print)		. 19b. M.	AILING AI	DORESS (Street	and Number or Rural	Route Number, (	City or Town,	State, Zip Co	de)		
F	Louise MacSherry	(Friend)	46	12 R	oland	Avenue, I	Baltimo	ore.	Md. 21	1210	0	
	20a. METHOD OF DISPOSITION		20b. PLACE AND						ATION City			
	1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	Greenmo	ory or othe	(romat	0107					arylan	7
	21. SIGNATURE OF FUNERAL SERVICELLE	CENSES /	TOTECTION	uit		ND ADDRESS OF FA		Dait	Пірте	, 14	aryran	u
	1.00 1	M	1//			unek Fun		mes.	Inc.			
	Tober 1/2	1 dock	W	2		Brehms L				5M	21213	
	23. PART I. Enter the diseases or	complications that	caused the death	. Do not	enter the m	ode of dving, suc	h as cerdier	or resolu	story errest		Approx	
1	snock, or neart remure.	List only one cause	e on each line.			,,,		o. roopiii	,	**	interval	Between
	IMMEDIATE CAUSE (Final disease or condition	11	11'1.	1	1. 1.	-						ind Deati
	resulting in death)	e	ultople	100	delas	na					6.	1205.
		DUE TO (C	OR AS A CONSEQUE	NCE OF								
Z	Sequentially list conditions,	b										
CERTIFICATION	If any, leading to immediate	DUE TO (C	OR AS A CONSEQUE	NCE OF):								
5	cause. Enter UNDERLYING CAUSE (Disease or injury	G										
E	thet initiated events	OUE TO (C	OR AS A CONSEQUE	NCE OF):								
E	resulting in death) LAST	d.										
EDICAL	PART II. Other significant condition	e contributing to d	eeth but not resu	iting in	the underlyir	g ceuse given in	Part I. 24s	. WAS AN A			WERE AUTOPS	
S	Anamic						11	YES 2			COMPLETION C	
								_ 160 2 (	_ ,,,,		OF DEATH?	7.45
Σ											1   YES 2 [	NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL											
<u></u>	EXAMINER?	HOSPITAL:		To	28. P	LACE OF DEATH (Ch	eck only one)					
YS	1 TYES 2 AND	1 Inpatiant 2	ER/Outpetient 3 🗆 I			ne 5 🗆 Residence	6 Other (Sp	recify)				
품	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,	NJURY 28	b. TIME C		JURY AT	28d. DEŞCRI	BE HOW IN	JURY OCCUR	ED		
84	1 Accident 5 Pending Investigation	(		moon		YES 2 NO						
	3 Suicide 6 Could not be	28a. PLACE OF	INJURY — At home,	farm, stre	et, factory, offi	:8	26f. LOCATIO	N (Street an	d Number or I	Rural Ro	oute Number	-
E I	4 Homicide determined	building, et	ic. (Specify)				City or To	wn, State)				
<b>u</b>	29a. CERTIFIER			_								
린	(Check only											
COMPLETED	2 MEDICAL EXAMINE	R: On the basis of axa	mination and/or inves	atigation,	in my opinion,	death occured at the	time, data and	place, and	dua to the ce	Buse(s)	and manner a	stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	P				29c. LICENSE NUI	MBER	1	29d, DATE SI	GNED /	Month, Day, Ye	n/)
8	71.	Mas	ase Or			D40		- 1	D 7	16	163	-/
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALIER	OF DEATH STEM 27	) (fine p	int)					/	/-	
	Dr. Fernando Fern	co, 5810 F	elair Ro	ad.	Baltim	ore, Mar	yland					
	31. DATE FILED (Month), Day, Year)	32. REGISTRAR										
- 10	300 / 1885	Stree Devide	Manda and									

	2 3 should	2000	
	Pages 1	200	
	ly filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.2.		
cian.	Il-transit		
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r attendi	use as		
ospital o	hed for		l lei
by the hi	be detac		at once
etained	Should		otified
d within 24 hours after death. Page 6 may be retained by the hospital or atte	, page 5		et be no
Page 6	I directo		ner mu
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hin 24 h	tely filled	mation,	t, the s
uted wit	comple	vurial, cremation, or removal.	ic even
be exec	ician and	ior to bu	raumat
ertificate	attending physician and completely fille	rgiene pi	d, or Item 23 shows any injury, or other traumatic event, the medical examine
e death (	he attend	nd Mental Hygien	lury, or
s that th	ned by t	Ifth and	any in
w require	been sig	death with the State Dept. of Health an	Shows
: The lan	ficate has be	state Dep	Item 23
<b>INSICIAN</b>	is certifi	vith the State	ed, or
DING P	After th	death w	is mark
IL OR ATTENDING PHY	RECTOR	worm 72 hours after death with	item 28 is marked,
HIAL O	TRAL DI	₩ 72 ho	T. If Ne
THE HOWFITAL		Mad with	PORTAÍN
0	9	-	뀰

	FOR STATE REGISTRAR		STATE OF I	MARYLAND /		RTMENT				MEN	TAL HYGIEN		3	19312
	1. DECEDENT'S NAME (First,	Middle, Last)								2. D	ATE OF DEATH			3. TIME OF DEATH
	Sarah	Ellen	Houder	sheldt						M	ONTH D	1 0 0 °	YEAR	194/8
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. les	at hirthday)	IF UNDER	1 VEAD	IE IMPE	24 HRS.		une 25,	199		PLACE (State or Foreign
			1   M 2   X F		YRS.	MONTHS	DAYS	HOURS	MIN.	(1)	fonth, Day, Year)		Countr	<b>Y</b> )
	232-72-9647 9a. FACILITY NAME (If not in			72	1110.					$\int J$	uly 12,			t Virginia
œ	98. PACILITY NAME (IT not in	stitution, give s	treet end number)			9b, CITY,	TOWN	OR LOCATI	ON OF D	EATH		9c. COL	JNTY OF D	EATH
0	Garrett Me	morial	Hospita	ıl			Oal	kland	ł			G	arret	t
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY	,		I 400 CIT	Y. TOWN O	01001	104				-		
<u>E</u>	1179.9				100. 011	1, 1044 0	n LUCAI	ION					1	10d. INSIDE CITY LIMITS?
	WV  100. STREET AND NUMBER	Mit	ieral			Кеу								1 X YES 2 NO
A							101	ZIP COD	E			10g. CI	TIZEN OF W	HAT COUNTRY?
FUNERAL	462 Barn	es Sti						26726	5				USA	
ᆵ	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. V	MAS DEC	ENDENT (	OF HISPA	NIC OR	IGIN? (Specify Yearto Rican, etc.)	or No—	14. RACE	— American Indian, t, White, atc.
ВУ	1 Never Married 2 3 Divo		IF YES, GIVE V			1	YES	2 XNO	Specif	ty:	no mean, etc.)		Speci	
													1	White
臣	15. DECI (Specify only	EDENT'S EDU	CATION completed)	(G	ive kind of	Work done	CUPATIO	ON st of worldi	aa		16b. KIND OF BU	SINESS/IN	DUSTRY	
<u>"</u>	Elementary/Secondary (0	-12)	College (1-4 or 5		Do NOT u	se retired.)			•					
₽ I	6			Ho	memal	rer					Own H	ome		
COMPLETED	17. FATHER'S NAME (First, MI	iddle, Last)						16. MOT	HER'S NA	AME (Fir	st, Middle, Melden	Surname)		
BE	Thomas Jos	peh Mi	ller					Mar	y M	inn	ick			
2	19e, INFORMANT'S NAME (7)	/pe/Print)		198	b. MAILING	ADDRESS	(Street a	nd Number	or Rural	Route N	lumber, City or Tow	n, State, Zi	p Code)	
F	George D. H	ouders	sheldt, S	Sr.	462	Barn	es S	Stree	et i	Keu	ser, WV	263	726	
	20a. METHOD OF DISPOSITI	ON		20b. PLACE	AND DATE	OF DISPOSI							City or To	wn. State
	XX Burief 2 Cremeffo 4 Donaflon 5 Other	n 3 ⊔ Reme (Specify)	oval from State	Cemetery, cre	matory or o	ther place)	i ~ 1	Gama	lama	415	28/93 Key			
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	1 20101	nuc /	22.1	NAME AN	D ADDRE	SS OF FA	CILITY	D/75 Rey	ser,	WV	
	· 2	4 4 4	7 X 5	1										Street
	101	nan	Nonu	02		Rot	truck	-Smit	h Fur	iera	l Home .	Keyse	r, WV	26726
	23. PART I. Enter the di- shock, or he	seesea, or c	complications the List only one ceu	t ceused the de	eth. Do	not enter	the mo	de of dy	ing, auc	h as c	ardiec or reap	iratory ar	reat,	Approximete
	IMMEDIATE CAUSE (Fin					- (								Interval Between Onset and Death
- 1	disease or condition	<b>+</b>	ANS	med S	the	12	Ne							Mour
	Todating in douting			(OR AS A CONSEC										
Z														
은	Sequentially list condition if any, leading to immediate		DUE TO	(OR AS A CONSEC	OUENCE O	F):								
3	cause. Enter UNDERLYII	NG												
Ĕ	CAUSE (Disease or injust that initiated eventa	ν,	DUE TO	(OR AS A CONSEC	DUENCE O	F):								
CERTIFICATION	resulting in death) LAST		4.											
2	DART II OH													
¥	PART II. Other algnificer	Condition	a contributing to	death but not r	esulting	in the und	derlying	ceuse g	given in	Part i.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINOINGS AMILABLE PRIOR TO
8 1	Chim	Dutus	Wrial Zung	(12 lana	VY	12	w				1 TYES 2			COMPLETION OF CAUSE OF DEATH?
뿔	Valm	ary 1	len									<i>J</i> (		1 TES 2 NO
PHYSICIAN: MEDICA		,											- 1	
8	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL						ACE OF O	EATH (Ch	eck only	one)			
S	1 TES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		5 🗆 Re	sidence	6 🗆 0	ther (Specify)			
Ŧ	27. MANNEW OF DEATH		26e. DATE OF		26b. TIM	E OF	28c. INJ	JRY AT		-	DESCRIBE HOW I	NJURY OC	CURED	
	Contract of the Contract of th	Pending nvestigation	(Month, D	wy, rear)	IN.	URY M		RK? 'ES 2	] NO					
BY	2 Calada	Could not be	28e. PLACE O	F INJURY — At ho	me, farm, :	street, facto	ry, offici			261, L	OCATION (Street a	nd Numbe	r or Rumi R	oute Number
逆		letermined	building,	atc. (Specify)						0	City or Town, State)			,
4	29e. CERTIFIER	EVINO BUNC	NAME TO SECOND											
F			CIAN: To the best of											
COMPLETED			3	AMITHEMATICAL STREET	riveatigatio	m, in my of	anion, di	outh occur	ed at the	fime, d	rate end place, an	d due to t	he couse(s)	and menner ee stated.
BE	29b. SIGNATURE AND TITLE	OF CERTIFIER	H					29c. LICE	NSE NUI	MBER		29d, DAT	E SIGNEO	(Month, Day, Year)
ဋ		11	/									<b>&gt;</b> (	125	(5)
-	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITEM	4 27) (Type,	Print)								
	Robert Couc	hlin.	MD j	Eglon, W	est	Virgi	nia							
	31. DATE FILED (Month, Day)	33 5	THE DESTA	R'S SIN ATURE	6	0								
	JUL 0 . 10	0												



21203-3146	
MARYLAND	
BALTIMORE,	

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTO	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION		
l examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	)	
RP. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, ser death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	2	
er death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a.k. curs after death. Page 6 may be retained by the hospital or attending physician.		

1 - FOR STATE REGISTRAR		STATE OF I	// ARYL					DEAT		MENTA	AL HYGIEN REG. NO.		93	19	313
1. DECEDENT'S NAME (First,	, Middle, Last)									2. DAT	E OF DEATH			. TIME OF OEA	тн
Lillian B.	HUTZLI	ER								MON	6-27-	93	YEAR	4:00	А.м
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (	In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DAT	E OF BIRTH			ACE (State or F	
234-60-339	1	1 🗆 M 2 🖔 F	1	90	YRS.	MONTHS	DAYS	HOURS	MIN.		5, 1900	2	Country)	VIRGI	NTA
9a. FACILITY NAME (If not in				90		9h CITY	TOWN	DR LOCATI	ON OF D		3,190.		NTY OF DEA		NIA
										LAIII					
RAVENWOOD		AN HOME					HAG	ERST	NW			WA	SHING	TON	
10a. STATE	10b. COUNT	1			10c. CIT	Y, TOWN C	R LOCA	TION					1	0d. INSIDE CIT	γ
WV	RER	KELEY			M	LARTI	NCRI	IRC					١,	LIMITS?	NO.
10e, STREET AND NUMBER		ши			1.	TILL I		. ZIP COO	F			10o. CIT		AT COUNTRY?	,
411 S. G		ATTENTIE					1	254					USA		
11. MARITAL STATUS	EUNGIA	12. WAS DECEDEN	IT EVED II	III O AD	450	140				NO ODIO	ilN? (Specify Yes	a - Ma		- American Ind	
1 Never Married 2	Married	FORCES?	YES	2 📉 N	O		f yes, sp	ecify Cubi	in, Maxico	en, Puerto	o Rican, atc.)	or No-	Black,	White, etc.	ien,
3√ Widowed 4 □ Divo		IF YES, GIVE	MAR OR D	ATES			I 🗌 YES	2 🛣 NO	Spech	fy:			Specify:	WHIT	F
15. DEC	EDENT'S EDU	CATION		16a. DE	CEOENT'S	USUAL O	CCHPATA	ON		10	Bb. KIND OF BUS	RINESS/IN	DUSTRY	MITTI	11
(Specify onl	y highest grade	completed)		(Gi		work done		ost of worki	ng	- 1 "	DE KIND OF DO	JII1E33/114	J031111		
Elementary/Secondary (f	0-12)	College (1-4 or 5	+)	CAE	'ETER	TA M	ANA	סשר			BEREKEI	EV C	'n en	ם זסטוני	
	Matalla 1 = - 11			OAL	LIEK	TH I	WINW(		LIEDIO III					HOOF2	
17. FATHER'S NAME (First, M								1			, Middle, Maiden	sumame)			
WARNER NE										RIPP					
19a, INFORMANT'S NAME (											mber, City or Tow				
MRS. MARY	PICCOL	OMINI		4	11 S	. GE	ORG:	IA AI	/ENU	Ε, Μ	ARTINSI	BURG,	WV 2	25401	
20a, METHOD OF OISPOSIT fx∏XBurial 2 ☐ Crematic	ION	owel from State	20b	other pie	OF DISPO	SITION (Ne	me of ce	metery, crei	matory or		20c. LO	CATION —	City or Town	n, State	
4 Donation 5 Other	r (Specify)	OVER ITOM STERE	_ R	OSEI	ÄLE	CEME	TER	Y		6/2	9 MA	ARTIN	ISBURG	, WV	
21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE /						ND ADDRE							
- Charl	A AL	. Du		)		B					ME, 32				
		7	- 70								TINSBU				
23. PART I. Enter the d ahock, or h		complications the				not entar	the mo	ode of dy	ring, aud	ch ea ce	erdiec or reep	iretory as	reat,	Approxin	
IMMEDIATE CAUSE (FI	nal			١										Onset en	d Death
diseese or condition	$\rightarrow$	a. Cat	dia	_	700	-62	-								
		b. DUE TO	OR AS	CONSE	DUENCE O	F):	^	4							
		a Anto	vio	sele	40	tic	0	152	5	Jan	culu	Do	1001	4	
Sequentially list condit if eny, leading to imme	tions, edieta	DUE TO	OR AS	CONSE	DUENCE O	F):				rel					
cause. Enter UNDERLY	ING	fra.	ابتهد	250	ery	in	9	end	20	451	sq				
CAUSE (Disease or Injuthst Initiated events	ury	DUE TO	OR AS	CONSE	DUENCE O	F):									
resulting in death) LAS	ST	d													
														1	
PART II. Other eignifica	ant condition	ne contributing to	death b	out not r	eaulting	In the u	nderiyir	ig cause	given ir	Part I.	24a. WAS AN PERFOI			WERE AUTOPSY WAILABLE PRIOR	
											1 TYES	NO		COMPLETION OF DEATH?	CAUSE
													.	1   YES 2	NO
25. WAS CASE REFERRED	TO MEDICAL						26. F	LACE OF	DEATH (C	heck only	one)				
EXAMINER?		HOSPITAL:	☐ ER/Out	patient 3	DOA	OTHE		me 5 🗆 5	lesidence	8 🗆 04	ther (Specify)				
27. MANNER OF DEATH		28e. DATE O	F INJURY		28b, TIN	AE OF		JURY AT	a ard a rice	7	ESCRIBE HOW	INJURY O	CCUREO		
1 Natural 5	Pending	(Month,	Day, Year)		IN	JURY M		ORK? YES 2	□ NO						
2 Accident	investigation	28e. PLACE	OF INJURY	/ — At he	me ferm	street for				201 11	OCATION (Street	and Numbe	er or Armal Bo	uta Number	
3 Suicide 8 4 Homicide	Could not be detarmined	building	, etc. (Spe	cify)	vancesty		. Joy Gill				ity or Town, State				
	. 124 (207)		**	_	_					1		_			
I CHOCK ONLY	TIFYING PHYS	ICIAN: To the best of	of my know	rledge, de	ath occur	red at the	time, dat	and plac	e, and du	a to the	cause(a) and ma	nner aa st	eted.		
one) 2 MEE	DICAL EXAMIN	ER On the beels of	examinatio	n and/or	investigati	on, in my	opinion,	death occ	ured at th	e time, d	ate and place, a	nd due to	the cause(s)	and menner as	stated.
296. SIGNATURE AND PITE	E OF CERTIFIE	F .						29c. LIC	CENSE NU	JMBER		29d. DA	TE SIGNED	Month, Day, Yea	r)
, Y	) Br	to A	4-	V	VI	).		<	0 0	420	2	12	81	PI and	50
30. NAME AND ADDRESS O	F PERSON W	O COMPLETED CA	JSE OF DE	ATH /ITE	M 27) /5/2	n. Print1			1	10	^		-10	ME.	~
W HAME AND ADDRESS (	, renson w	TO COMPLETED CA	OF DE	The state of the s		10 F		1 1	~ J		1 1	1	1		~

BALTIMORE, MARYLAND 21215-0020	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	law requires that the death certificate be executed within	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the
DIVISION OF VITAL	. DR ATTENDING PHYSICIAN: The lan	DIRECTOR: After this certificate has

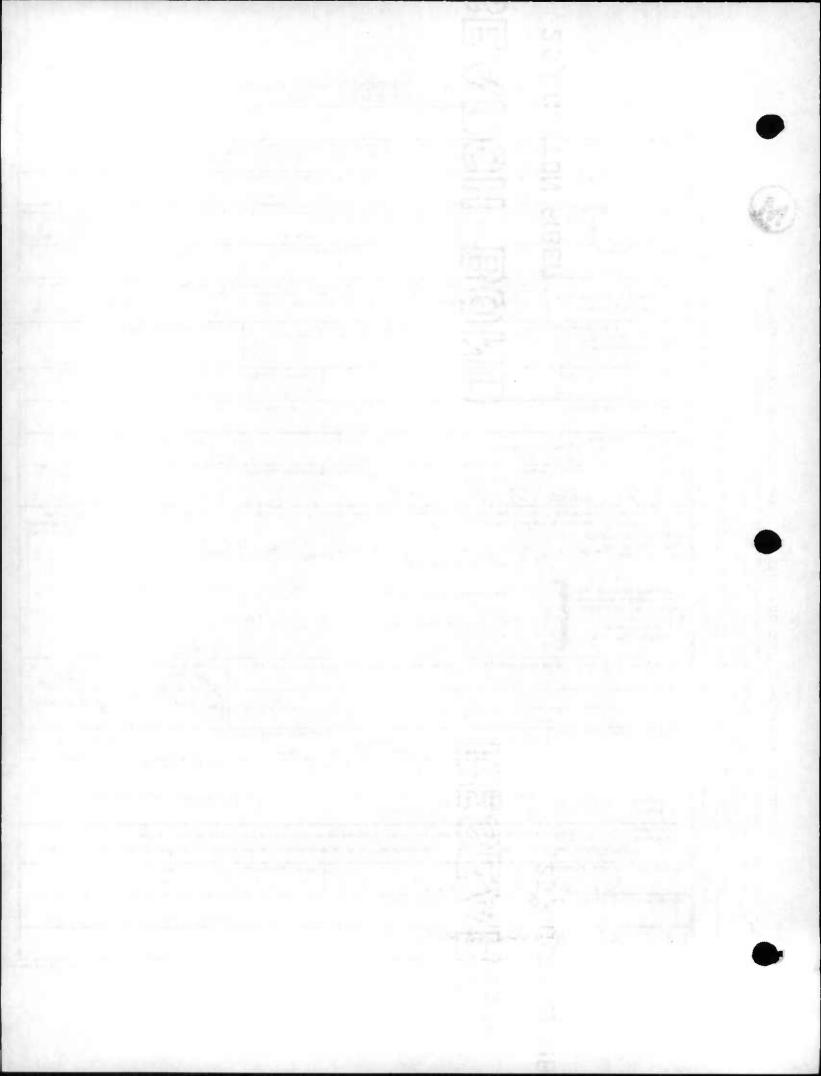
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PHYS	this c	with r	orked,
NDING	: After	r death	Is m
ATTE	ECTOR	s after	n 28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rours after death. Page 6 may be retained by the hospital or attendi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OSPITA	JNERA	Ithin 7	INT
THE H	THE FI	Fled w	PORT
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MA			ATE OF	DEATH		REG. NO.		
DECEDENT'S NAME (First, Middle, Last)	3-120	7				MONTH			
John Social Security Number	5. SEX 5.	AGE (In yrs. last bi		ICKS FUNDER 1 YEAR	IF UNDER 24 HRS.	0.7	OF BIRTH	1993	7:44 P.
218-26-1839	1 X M 2   F	69		ONTHS DAYS	HOURS MIN.	(Month	, Day, Year)	Co	untry)
n. FACILITY NAME (If not institution, give	street and number)		98	b. CITY, TOWN C	OR LOCATION OF C		7/23	9c. COUNTY OF	ryland
4.104.4.				D 71.	~				
1436 Meriden	e Drive			Baltı	more Ci	ıty			
e. STATE 10b. COUNT	TY		10c. CITY, T	OWN OR LOCAT	TION		7.11		10d. INSIDE CITY LIMITS?
Maryland			Ba	altimor	e City				1 VES 2 □ NO
e. STREET AND NUMBER				101	. ZIP CODE		1 1 1	10g. CITIZEN O	F WHAT COUNTRY?
1436 Meridene I	Drive		V. 1		21239			U.S	5.A.
MARITAL STATUS	12. WAS OECEDENT E				ENDENT OF HISPA			or No- 14. R/	ACE — American Indian, lack, White, etc.
Never Married 2 ★ Married  Widowed 4 Divorced	IF YES, GIVE WAR				2 NO Speci		womi, will,		pecify:
	WWIT								White
15. DECEDENT'S EDU (Specify only highest grad		(Give	kind of work	VAL OCCUPATION MO	ON est of working	16b.	KINO OF BUSI	NESS/INDUSTRY	Y
Elementary/Secondary (0-12)	Cotlege (1-4 or 5+)		o NOT use re					1	
FATHER'S NAME (First, Middle, Last)	2 yrs	Sal	esmar	n	40 400000000000000000000000000000000000			eutical	Sales
	The second				18. MOTHER'S N.				
John Ellwood Hic INFORMANT'S NAME (Type/Print)	cks				Anna V				
					and Number or Rural				
Helen Hicks					Drive		_		
e. METHOD OF DISPOSITION XBurial 2 Cremation 3 Ren	noval from State	20b. PLACE AND cemetery, crema	tory or other	place)		DATE		ATION — City or	
□ Donation 5 □ Other (Specify) SIGNATURE OF FUNERAL SERVICE LI		Cedar C	rove	Meth.	Cem.		3 Upp	erco, M	1D
A / 1 °	CENSEE	1	11		ND ADORESS OF F		mo		
3. PART I. Enter the diseases, or shock, or heart fellure.  MMEDIATE CAUSE (Final isease or condition	complications that c List only one cause	on each line.	nshot	Johns 8521 enter the mo	son Fune	al Ho ven B	lvd. '	Towson	Approximate Interval Betwe
3. PART I. Enter the diseases, or shock, or heart fellure.  MMEDIATE CAUSE (Final lisease or condition esuiting in dasth)  disease or conditions, any, laeding to immediate suse. Enter UNDERLYING AUSE (Disease or Injury hat Initiated events	complications that c List only one cause  a	on each line.	ENCE OF):	Johns 8521 enter the mo	Son Fune Loch Raide of dying, such	al Ho ven B	lvd. '	Towson and a story arrest,	Approximate Interval Betwe
3. PART I. Enter the diseases, or shock, or heart feilure.  MMEDIATE CAUSE (Final lisease or condition seulting in dasth)  Gequentielly list conditions, any, iseding to immediate suse. Enter UNDERLYING AUSE (Disease or Injury hat initiated events seulting in death) LAST	complications that c List only one cause  a	R AS A CONSEQUE	ENCE OF):	Johns 8521 enter the mo	SON Fune.  Loch Ra  de of dying, sur	al Ho	lvd. " lisc or reepira	atory arrest,	Approximate Interval Betwee Onset and Das
3. PART I. Enter the diseases, or shock, or heart feilure.  MMEDIATE CAUSE (Final isease or condition seulting in dasth)  equentielly list conditions, any, iseding to immediate suse. Enter UNDERLYING AUSE (Disease or Injury nat initiated events seulting in death) LAST	complications that c List only one cause  a	R AS A CONSEQUE	ENCE OF):	Johns 8521 enter the mo	SON Fune.  Loch Ra  de of dying, sur	al Ho Ven B ch as card	lvd. '	uropsy :	Approximate Interval Betwee Onset and Dai
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3. PART I. Enter the diseases, or shock, or heart fellure.  MMEDIATE CAUSE (Final lisease or condition posulting in death)  Gequentielly list conditions, any, laeding to immediate suse. Enter UNDERLYING AUSE (Disease or Injury nat initiated events essulting in death) LAST  ART II. Other significent condition  MANNER OF OEATH  MANNER OF OEATH  MANNER OF OEATH  MANNER OF OEATH  MANNER OF OEATH  MANNER OF OEATH  MANNER OF OEATH  MEDICAL EXAMINE  CERTIFIER (Check only one)  MEDICAL EXAMINE  MEDICAL	complications that c List only one cause  a	R AS A CONSEQUE  R AS A	ENCE OF):  ENCE OF):  ENCE OF):  Ulting in 1  Zeb. Time of Nurry Type, Price of Street Control of Stre	Johns 8521 enter the mo	GON Fune.  Loch Ra  de of dying, sur  General Control of the service of the servi	n Part i.  Check only on  28d. OES  Woll  28d. OES  Woll  28d. OES  Woll  28d. OES  Woll  M. E.	24a. WAS AN A PERFORM 12 YES 2 [ Perr A' all e)  (Specify)  CRIBE HOW IN.  If — In I  Und ATION (Street an or Yown, State)  6 Merr  se(s) and mann and place, and	JURY OCCURED  Flicte  A Number or Rur  idene  Aus to the caus  29d. DATE SIGN  07/	Approximate Interval Betwee Onset and Date Onset and Date Onset and Date Onset and Date Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset On





Pages 1, 2, 3 should

permit.

burial-transit

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

2 Accident

3 Suicide

29a, CERTIFIER

4 Homicide

6 Could not be

29b. SIGNATURE AND TITLE OF CERTIFIER

stopher

- 1993

31. DATE FILED (Mohith, Day, Year)

2 MEDICAL EXAMINER: On the beels of exe

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

10

EGISTRAR'S SIGNATURE

must

FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH osen rm 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 D F DAYS Feb 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Sinai Hos TIMOSP More RESIDENCE OF DECEDENT 10b. COMNI anda 1 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Was 50 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS if yes, specify Cubs 1 ☐ YES 2 ☐ NO 1 Never Married 2 Married Specify: WW ₩idowed 4 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Owner 17. FATHER'S RAME (First, Middle, Last) 18. MOTHER'S NAME (First, Midd vmor mar 19a, INFORMANT'S NAME (Type/Print) MOI 20a. METHOD OF DISPOSITION PLACE AND DATE OF DISPOSITI t Auriai 2 Cremation 3 Re 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY · See puin evinson 501 21 0 erstown Rel (00) 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fellure. List only one ceuse on each line. **IMMEDIATE CAUSE (Finel** disease or condition rde no carcinoma resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequantially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 THO ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 84

28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(a) and manner as stated.

Kesilevi

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 YES 2 NO

nation and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

DHMH-16 Rev 1/89

93

8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

Specify:

STOLUN

isterstau

YES 2 NO

machino

21215

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

1 ☐ YES 2 ☐ NO

OF DEATH?

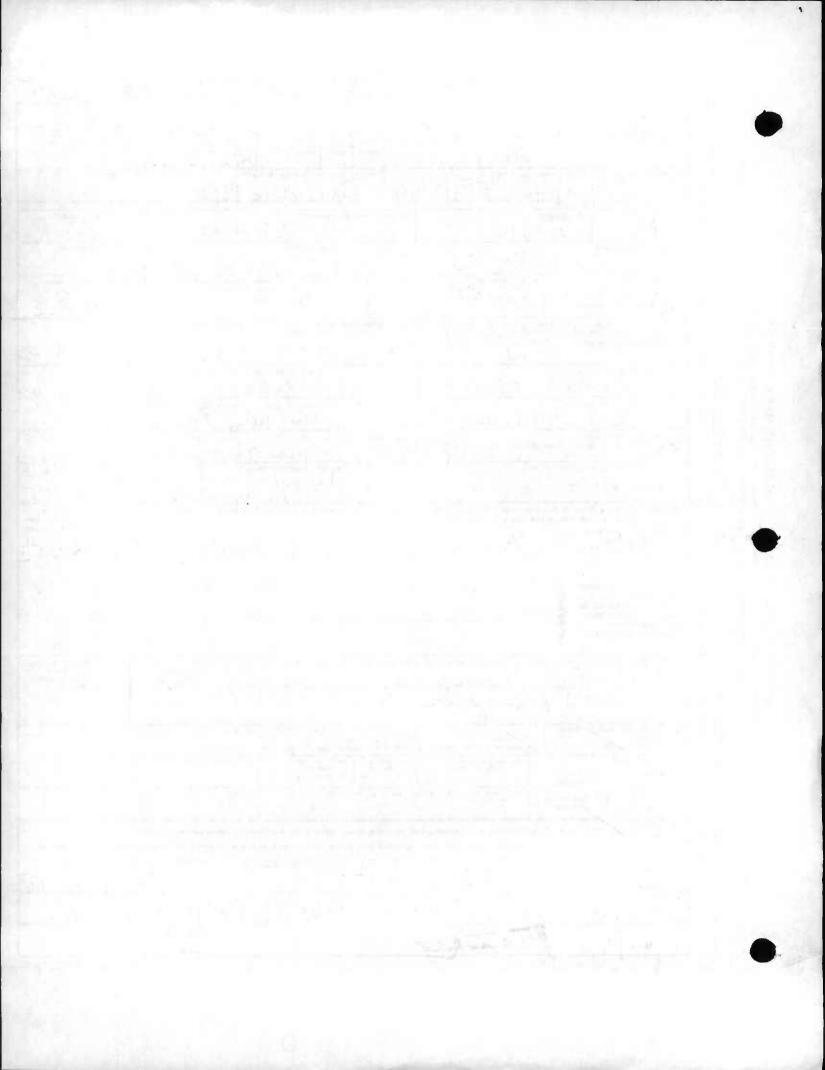
29d. DATE SIGNED (Month, Day, Year)

281, LOCATION (Street and Number or Rural Route Number, City or Town, State)

Intarval Between

**Onset and Death** 

Months



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Pages 1, 2, 3 should

permit.

DIVISION OF VITAL RECORDS,

IN THE HOUSE OF THE PROPERTY O	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the lunity	-	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam
	y th	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ca
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) . 2. OATE OF DEATH MONTH 3. TIME OF DEATH \$10 Am Horrstrin MAMIE (MAMIE HORNSTEIN) 7. DATE OF BIRTH S SEX 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 30-8152 1 🗌 M 2 🖫 F MANYLAN UST 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR bultmore RESIDENCE OF 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE BALTIMORE 1 X YES 2 NO 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 21208 USA 1 GRISTMILL, APT. 401 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White stc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married WHITE BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade (Give kind of work done during most of working life, Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) AT HOME Homenaken 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Malden Surname) SOPHIE FEINBERG **JACOB** BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. PHYLLIS FINKEDSTEIN GRISTMILL CT., APT. 401 21208 BALTO., MD 20a METHOD OF DISPOSITION

20a METHOD OF DISPOSITION

20a METHOD OF DISPOSITION

3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State 7/2/93 KNESSETH ISRAEL ANSHE KOLK BALTIMORE, MD 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC 22, NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERTOWN RD. 21215 BALTO., MD that caused the death. Do not enter the mode of dying, auch es cerdiec or respiratory arrest, Approximata nock, or heart fellure. List only one cause on each line. interval Between **Onset and Death IMMEDIATE CAUSE (Final** disease or condition FAILURE CONGESTIVE HEART resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) CORONARY ARTER. CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSÉQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY PERFORMED? MEDICAL ATHEROSCIEROTIC CARDIOVASCULAR COMPLETION OF CAUSE 1 TYES 2 T NO NON INSULINDEPENDENT DIABBTES 1 YES 2 NO HYPERTENSION DEMENTA MULTI PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER:
4 Nursing Home 5 - Residence 8 - Other (Specify) **EXAMINER?** HOSPITAL:
1 | Inpatient 2 | ER/Outpetient 3 | DOA 1 - YES 2 NO 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ETED a Could not be 4 Homicide 29e. CERTIFIER
(Chack note) 1 🐹 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) ATTENDING BE D25610 7-1-9 PHYSICIAN

SETHTWAR

BALTIMORE

MD

21215

23

9

EVINDALE

31. OATE FILED (Month, Day, Year)

1993

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE

2434 W. BELVER DERE AVENUE

.

4.4

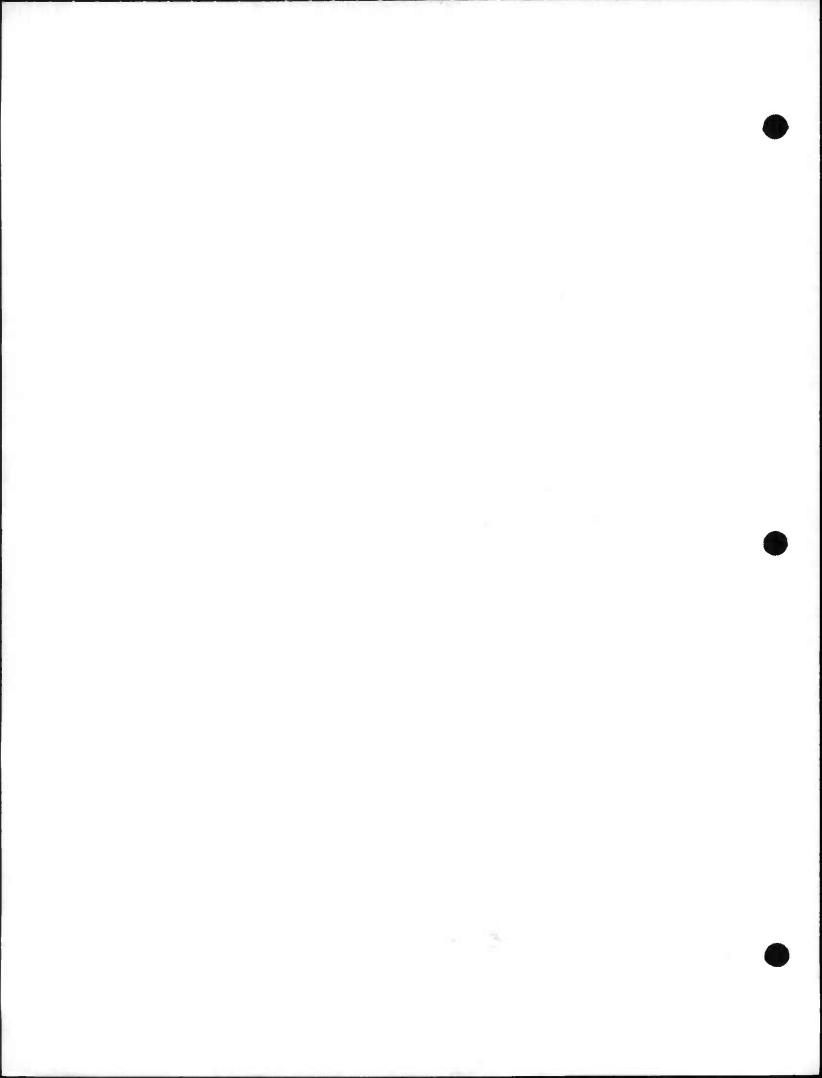
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BALTIMORE, MARYLAND 21215-0020	AN: The law inquires that the draft centificate be esecuted within 24 hours after death. Page 6 may be instanced by the boughts for attending physician; and completely filled in by the funeral director, page 5 should be detached for use as the bursal-basest permit. Pages 1, 2, 3 should a State Dept. of Health and Mental Hygene prior to bursal, cremation, or removal, or tembers in must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HUSPITAL OR ATTENDING PHYSICIAN. The law impures that the death certificate be executed within 24 hours after death. Page 6 may be retained by the into THE FUNEVAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be obtain be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once

3

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

- 8	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D	EATH DA		YEAR	3. TIME OF DEATH
i	ELEANOR LOU	ISE HEAT	H							-6-9		TEAR	4:00 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF B	HTH Year)		8. BIRTH Count	IPLACE (State or Foreign
1	214-22-1649	1 💢 M 2 🗆 F	79	YRS.	=UNINS	UAYS	HOURS	MIN.	(Month, Day 3-4-	191	4	M	ÄRYLAND
~	9s. FACILITY NAME (If not institution, give st			1	9b. CITY,	TOWN	OR LOCATI	ON OF DE	ATH		9c. COU	NTY OF D	EATH
ō	WELLSPRING NURS	ING CENT	ER			GLE	N BU	RNIE			/	ANNE	ARUNDEL
EC	10s. STATE 10s. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	TION						10d. INSIDE CITY
DIRECTOR	MARYLAND BAL	TIMORE			ES	SSEX							LIMITS?
A	10s. STREET AND NUMBER			-		101	I. ZIP CODI				10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	1000 FRANKLIN A	PT. 606						212	21			USA	
5	11, MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARE	MED	13. V	NAS DEC	ENDENT C	F HISPAN	IC ORIGIN? (Sp	ecify Yea	or No	14. RACE	— American Indian,
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE Y			1	Yes, sp	2 X NO	Specify.	, Puerto Ricen	, etc.)		Speci	k, Whita, etc.
	15. DECEDENT'S EDUC	ATION											WHITE
E	(Specify only highest grade   Elementary/Secondary (0-12)	completed)	(Gi	ve kind of v Do NOT us	vork done d	SCUPATIO	ON ost of worldr	g	16b. KIN0	OF BUS	INESS/INC	DUSTRY	
3	Q (0-12)	College (1-4 or 5	•)	CASH					1	RFS'	TAUR	ANT	0
COMPLETED	17. FATHER'S NAME (First, Michille, Last)			071011			18. MOTI	ER'S NAM	AE (First, Middle				
BE C	GEORGE PIERCE								E BROW				
TO B	18s. INFORMANT'S NAME (Type/Frint)		196	MAILING	ADDRESS	(Street a	and Number	or Rural R	oute Number, C/	ty or Town	, State, Zir.	Code)	
۴	ROBERT L. HEATH			798	4 WIL	LOW	0AK	LAN	E, PASA	DEN	A, MI	D 21	122
	20s. METHOD OF DISPOSITION 1 ☐ Surfel 2 🖟 Cremation 3 ☐ Remo	ival from State	20b. PLACE A	ND DATE (	OF DISPOSI	TION /Na	me of		OATE	20c. LOC	ATION —	City or To	wn, Steta
	4 Donetion 5 C Other (Specify)		METR	O CRI					-9-93	BA	LTIM	ORE,	MD
	21. SIGNATURE OF FUNERAL SERVICE PC	ENSEE /			22. N	TALL	TNGS	FINI	ERAL HO	ME	DΛ		
	- And X	~7/L	/\										21122
	23. PART 1. Enter the diseases, or conshock, or heart failure. L	omplications the	t caused the de	eth. Do n	ot enter	the mo	de of dyl	ng, such	es cerdiac d	or respli	atory an	rest,	Approximete
	IMMEDIATE CAUSE (Final	//	pre on each mie.		Λ		, ,						Interval Between Onset and Death
	disease or condition	. la	Le Ce	ret	14	5	trol	4					
	170000	OVE TO	ION AS A CONSEO	UENCE OF	F):	1		1	- 8				
š	Sequentially list conditions,	1YW	IOR AS A CONSEC	to re	Vr	d	ono	ng	- 19				
MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	At	MM	()	110	Lin							
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEC	DENCE OF	7:	7.0	<u> </u>						- <del> </del>
E	resulting in death) LAST	142	Rufe	mi	8								
0	PART II. Other significent conditions	contributing to	South but not re	eultlag i	n the und	dodulos		deser de f	2001 0				
3		contributing to	death but not re	rauling i	n the unc	ueriyiriş	g cause g	iven in s		WAS AN A	MED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
<u>a</u>									1	YES 2	4_NO		OF DEATH?
									-				1 XES 2 NO
ž I	25. WAS CASE REFERRED TO MEDICAL					_28. PL	ACE OF O	EATH (Chec	ck only one)				
PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpetient 3	DOA	OTHER 4 Minn	:			Other (Spe	c/A/)			
ξI	27. MANNER OF DEATH	28s. DATE OF (Month, D		28b. TIME	OF	28c. INJ	URY AT	-	28d. DESCRIBI		JURY OC	CURED	
B	t Haturel 5 Pending 2 Accident Investigation	January D	7.77		M		RK? /ES 2	NO					
	3 Suicide & Could not be	78e. PLACE O building.	F INJURY — At honete, (Specify)	ne, form, e	ireet, facto	ry, affice			281. LOCATION City or Tow		nd Number	or Rural R	loute Number,
Ē,	4 Homicide determined	30,275,000	AMERICANIAN							n, olulo)			
교	29a. CERTIFIER (Check only												
COMPLETED	2 MEDICAL EXAMINER	t: On the beals of a	xamination and/or in	rvestigation	n, In my op	olnien, d	eath occur	ed at the t	ime, data and p	elaca, end	due to th	e ceuse(a	) and manner as stated.
BE	296. SIGNATURE AND THE OF CERTIFIER						29c. LICE	NSE NUMI	BER		29d. DAT	E SIGNED	(Month, Day, Year)
0	Lecomo		- 27				DAI	97=	7		<b>&gt;</b> =	7-6	-93
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS				. ^ 1		01	Ο	, \		-	
	31. DATE-FILED (Month, Day, Year)	AND PROPERTY	R'S SIGN TURN	UX	11/0	111	ring	116	0.17	م کم	N, ~	11	21122
	uu 0.7 1993	Julia David	den-paricial	E .									



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rYSICIAN: The law requires that the death certificate be executed within a rours after death. Page 6 may be retained by the hospital or	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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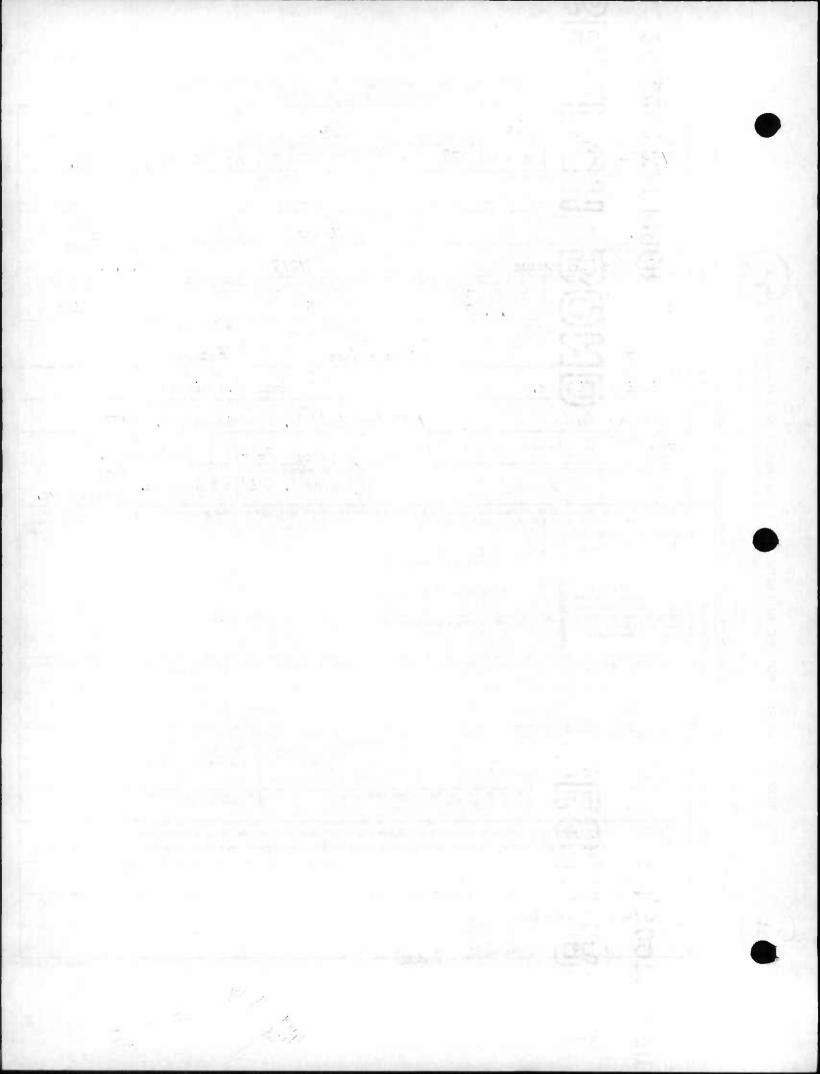
BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, i	John	****	0-	MONT		YEAR	3. TIME OF DEATH
	W T T T T GITT		Hill GE (In yrs. lest birthday)	UNDER 1 YEAR   IF UNDER 24 I	HRS 7 DATE	OF BURTH	1993	6:04 P
	215-07-0088				AIN. (Mont	08 15	Cour	
	9a. FACILITY NAME (If not institution,	give street and number)	9	b. CITY, TOWN OR LOCATION		1	COUNTY OF	
S CH	3514 Lyndal	e Avenue		Baltimore	City			
EC.	10e. STATE 10b. CC		10c. CITY, T	OWN OR LOCATION				10d. INSIDE CITY
DIREC	Md.			Baltimore				1 X YES 2 NO
RAL	35/4 Lundale	Avenue		10f. ZIP CODE 2/2/3	2	10g.	CITIZEN OF	WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DECENDENT OF H			— 14. RAC	CE - American Indian.
ВУ Б	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYPE	ES 2 UNO R DATES	If yes, specify Cuban, N		Rican, etc.)		ock, White, etc.
	15. DECEDENT'S		16a. DECEDENT'S US	UAL OCCUPATION	166	. KIND OF BUSINESS	S/INDUSTRY	Wille
ETE	(Specify only highest Elementary/Secondary (0-12)	grade completed)  Coflege (1-4 or 5+)	life. Do NOT use n					
COMPL	7		Lithog			Factory		
_	17. FATHER'S NAME (First, Middle, Las William Hill				ra M.	Middle, Maiden Surnar Ritter	ne)	
O BE	19a. INFORMANT'S NAME (Type/Print)			DRESS (Street and Number or	Rural Route Num	ber, City or Town, State		
2	Rosemary Burk	Re	1099 Hi	intfield Rd.	Westmi	nster, Md.	. 211	57
	20s. METHOD OF DISPOSITION 1 X Burlai 2 Cremation 3	Ramoval from Stata	20b. PLACE AND DATE OF I	place	7-6-03		N - City or 1	
H	4 ☐ Donation 5 ☐ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE		Var Lawn	22. NAME AND ADDRESS	OF FACILITY			
3	1 000			22. NAME AND ADDRESS	OT THURST			22/
	23. PART I. Enter the disesses shock, or heart fall IMMEDIATE CAUSE (Final disesse or condition resulting in death)	a. Arterios	n sach ilna.	Charles S.	Zeilen	diac or respiratory	y arrest,	Approximate Interval Betw
MIFICATION	shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Arterios  DUE TO (OR A	sclerotic	Charles S.	Zeilen	diac or respiratory	y arrest,	Approximate Interval Betw
DICAL CERTIFICATION	shock, or heart fall IMMEDIATE CAUSE (Final disesse or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. Arterios DUE TO (OR A  c. DUE TO (OR A  d.	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):	Charles S. enter the mode of dying. Cardiovaso	Zeilen	diac or respiratory	y arreat,	Approximate Interval Betw Onset and Dr. Onse
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



DHMH-16 Rev 1/89

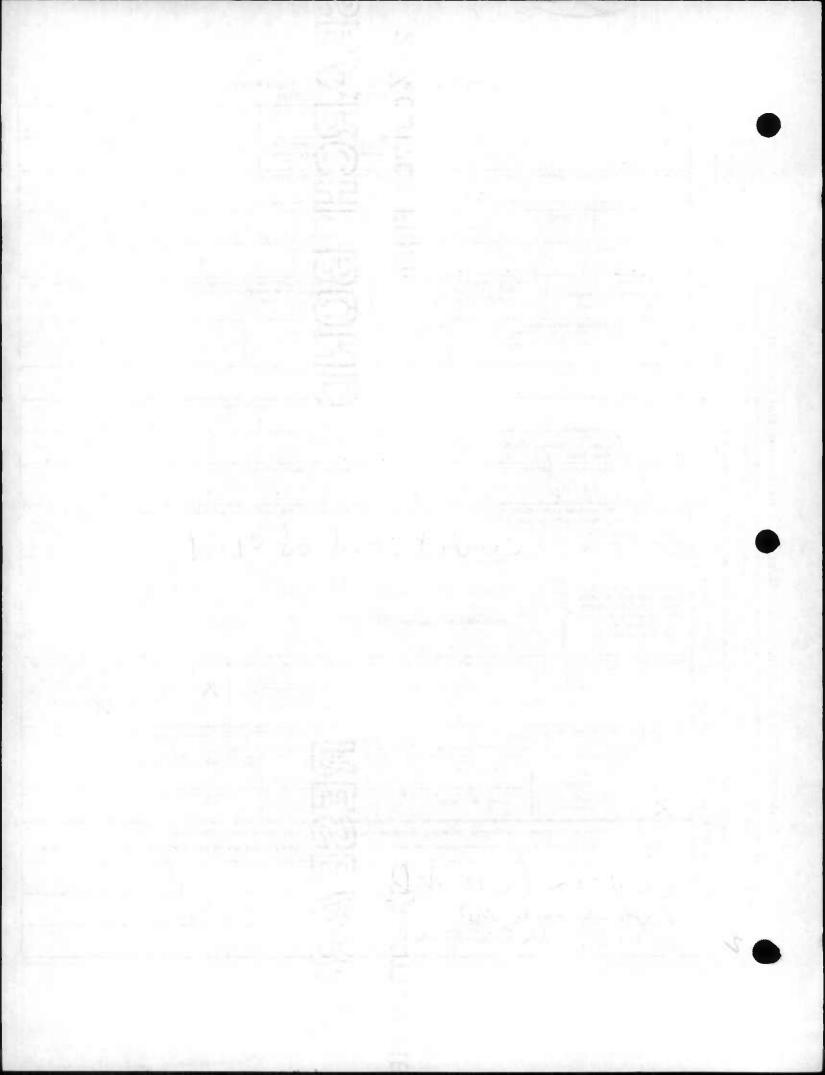
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		1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF I		MENTAL HYGIEN		
		1. DECEDENT'S NAME (First, Middle, Last)  SARAH HARI	RIS				2. DATE OF DEATH	MY YI	3. TIME OF DEATH 5:30AM M
Þ		45/6	1 - M 2 XF 82	YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Your	11	BIRTHPLACE (State or Foreign Country) MARYLAND
1, 2, 3 should	ECTOR	90. FACILITY NAME (If not institution, give structure) UNIVERSITY HOSPI RESIDENCE OF DECEMENT	200			'IMORE	ATH .	9c. COUNTY	OF DEATH
Pages	E E	MARYLAND 10b. COUNTY			TOWN OR LOCAL ALTIMOR				10d. INSIDE CITY LIMITS? 1 YES 2 NO
	FUNERAL	100. STREET AND NUMBER 501 DOLPHIN STRE				1. ZIP CODE		U.S.	OF A.
215-0020 attending pruse as the print	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT	2 INO	If yes, sp	CENDENT OF HISPAN Sectify Cuban, Maxican 3 2 NO Specify		s or No- 14.	RACE — American Indian, Black, White, etc. Specify:
12 m of 12	LETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	life. Do NOT use	ork done during mo retired.)	ost of working	16b. KIND OF BU		BLACK
YLAND 2 by the hospital be detached to at once.	COMPL	N/A  17. FATHER'S NAME (First, Middle, Last)  EDANY NOVERC		DOMESTI	C WORKE	18. MOTHER'S NAM	FAMILY  AE (First, Middle, Maiden		
MAR retained 5 should notified	TO BE	FRANK MYERS  19a. INFORMANT'S NAME (Type/Print)  MRS. MARY LEE				ANNA MAI	oute Number, City or Tow		IARYLAND 21215
Page 6 may be il director, page ner must be		20g. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remon	val from State come	PLACE AND DATE OF	DISPOSITION (Na		OATE 20c. LO	CATION — City	or Town, Stata MD. BALTO. CO.
death.		21. SIGNATURE OF FUNERAL SERVICE LICE		. GWYNN	LEWIS	ND ADDRESS OF FAC	V FUNERAL	HOME	21215-6393 MORE, MARYLAND
24 hours aft / filled in by tion, or remother		23. PART I. Enter the diseases, or conshock, or heart failure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Acute -	the death. Do not the line.  REAL CONSEQUENCE OF	t enter the mo	ode of dylng, auch	as cardiac or resp	iratory arrest	Approximate intervel Between Onset and Death
ath certificate be executed tending physician and com al Hygiene prior to burial, or other traumatic ex.	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	10 (01176) 11 1	RENAL CONSEQUENCE OF:	•	fficien	cy		
record to require that the been signed by the r. of Health and M shows any inju	MEDICAL	PART II. Other significent conditions	contributing to death bu	t not resulting in	the underlying	g ceuse given in f	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
SICIAN: The law certificate has be the State Dept. 1, or Item 23 s	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1  YES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (Che			
NG PHYSICIA fer this certifiath with the marked, or	ву рну	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJUI	OF 28c. INJ		28d. OEŞCRIBE HOW I	NJURY OCCUR	ED
DR ATTENDING I DIRECTOR: After hours after death item 28 is mail	TED	3 Suicide 6 Could not be determined	28a. PLACE OF INJURY – building, etc. (Specif)	– At home, farm, str	eet, factory, offic	•	28t. LOCATION (Street a City or Town, State)	and Number or R	Rural Route Number,
単 2 2 2 1	COMPLE	2 MEDICAL EXAMINER:	AN: To the best of my knowled On the basis of examination	dge, death occurred and/or investigation,	at the time, data in my opinion, d	and place, and due t	o the cause(s) and mar ime, data and place, an	nner as stated.	luse(a) and manner as stated.
TO THE HOSPI TO THE FUNEF be filed within	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	galong	MD		29c. LICENSE NUMI	BER	29d. DATE SI	SNEO (Month, Day, Year) 293
3		30. NAME AND ADDRESS OF PERSON WHO LESILLE A. MAGULE  31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	DEPT. OF	MARY		DICHL C	ENTER ENE ST	· BALTIMORE, · MD 21201
		JUL 7 1993	Achia Jania	one					

	1. DECEDENT'S NAME (First, Middle, DONTE (DC	ONTA)	AGE (In yrs. last birthda	JOHN	SON	2. DATE OF MONTH 07	0 2	YEAR 93	3. TIME OF DEATH 3:40
	219-86-0971  90. FACILITY NAME (If not inetitution,	1 M 2 🗆 F	16 YRS	MONTHS DAYS	HOURS MIN.	7. DATE OF (Month, C 8/9	776	Mar	yland
DIRECTOR	JOHNS HOPKII	NS HOSPITAI		BALTI	MORE CI		96. 000	JNTY OF D	EATH
	Md B	altimore		Baltimo		,			10d. INSIDE CITY LIMITS? (1 (YES 2 N
FUNERAL	131 N. Aisqu	ith St. Apt	t. 2C		21202		18g. Ci	US A	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 X Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E	VER IN U.S. ARMED YES 2 NO	if yes, o	ECENDENT OF NISPA specify Cuben, Mexic S 2 NO Speci	an, Puerto Ric	Specify Yee or No— an, etc.)	14. RACE Black	E — Americen Indies k, White, etc.
PLETED	15. DECEDENT' (Specify only highes Elementary/Secondary (0-12)	S EDUCATION it grade completed) College (1-4 or 5+)	(Give kind life. Do NOI	t's usual occupated work done during in the retired.)	TION nost of working	16b, K	IND OF BUSINESS/IN		
BE COMPL	8th 17. FATHER'S NAME (First, Middle, Le Charles Roge		Į stu	uen c			ohnson	1100	
TO B	190. INFORMANT'S NAME (Type/Print) Darlene John		19b. MAILI 131				City or Town, State, Z. Balto.		d. 212
	20a/ METHOD OF DISPOSITION 1 LA Burlei 2 Greenstion 3 C 4 Donetton 5 Dither (Specify 21. SIGNATURE OF FÜNERAL SERV		20b. PLACE AND DAT competery, cremetory of King Me	m . Pk .	7/8/93 AND ADDRESS OF F	DATE	Randal		own, State Own, Md
	AV LVVIII	U MA	the				East 11		E. Nort
CATION	23. PARIT I. Enter the disease shock, or haert fa IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO (OF	aused the death. Do on each line.  A S A CONSEQUENCE	o not enter the m					Approxima Interval Be
AL CERTIFICATION	23. PARIF I. Enter the disease shock, or haert fe iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. DUE TO (OF DUE TO (OF d.	R AS A CONSEQUENCE	o not enter the m	ode of dying, su	Ch as cardle	c or reapiratory a	rreat,	Approxima Interval Be Onset and
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MEDICAL	23. PARIT I. Enter the disease shock, or haert fe immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a.  DUE TO (OF  DUE TO (OF  C.  DUE TO (OF  d.  Additions contributing to de	R AS A CONSEQUENCE	O not enter the m	ode of dying, su	n Part I. 2.	4a. WAS AN AUTOPSY PERFORMED?	rreat,	Approxima Interval Be Onset and Onse
BY PHYSICIAN: MEDICAL	23. PARIF I. Enter the disease shock, or haert fe iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions in the conditions of the co	a.  DUE TO (OF  DU	RAS A CONSEQUENCE RAS A CONSEQ	o not enter the m	ng cause given in	Part I. 2.  Theck only one)  a □ Other (S  2ed, DESCE  SUBJ  2et, LOCATI	As. WAS AN AUTOPSY PERFORMED?  EYES 2 NO  Specify)  NIBE HOW INJURY OF	24b	Approxima Interval Be Onset and Onse
PHYSICIAN: MEDICAL	23. PARIF I. Enter the disease shock, or haert fe immEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant con  25. WAS CASE REFERRED TO MEDIA EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investig 3 Suicide 6 Could in Homicide 6 Could in Homicide 10 CERTIFYING (Check only 1 CERTIFYING CAUSE)	a.  DUE TO (OF  DU	RAS A CONSEQUENCE RAS A CONSEQ	o not enter the model of the mo	ng cause given in  PLACE OF DEATH (Comme 5   Residence NJURY AT ORK?    YES 2   NO	theck only one)  a Other (s)  2ed. DESCR SUBJ  2el. LOCATI City or 1 3 4 0	4a. WAS AN AUTOPSY PERFORMED?  YES 2 NO  Specify)  KIBE HOW INJURY ON  (ECT SHO ON (Street end Numbol Town, Stete)  F. FAYF  (e) end manner ee ste	24b.  24b.  CCURED  T  or or Rural F	Approxima Interval Be Oneet and Onee

4 Homicia IN HOUSE 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 2 XMEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, data end place, and due to the ceuse(e) end manner ee stated. 29b. SUSPATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 7-3-1993 O.C.M.E. 111 Penn Street, Baltimore, Maryland 21201

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1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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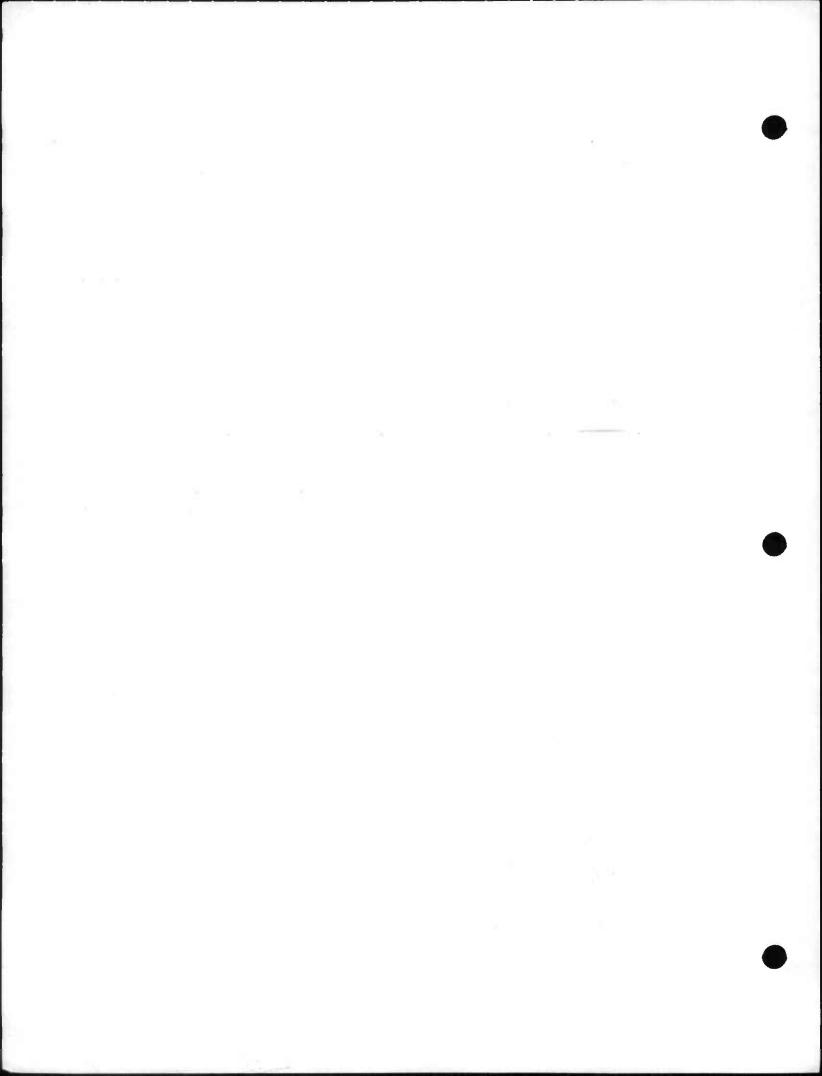
DIVISION

2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR FLORENCE E. JONES

4. SOCIAL SECURITY NUMBER 1:05 a.m M Y IIIC 993 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 474-54-8854 1 M 2 X F JUNE 19,1923 MISSOURI Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR LORIEN NURSING HOME COLUMBIA HOWARD 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND HOWARD 1 YES NO COLUMBIA permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY Parisit 6334 CEDAR LANE 21044 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify, Cuban, Mexican, Puerto Rican, etc.)
 U YES ZZONO Specify: 14. RACE --- American Indian, Black, White, etc. IF YES, GIVE WAR OR DATES 1 Never Married 2 Marrie 3 Widowed 4 Divorced BY Specify 2 WHITE use as COMPLETED the hospital or atten 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade è Elementary/Secondary (0-12) College (1-4 or 5+) detached HOMEMAKER OWN HOME 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at 8 6 WALTER A. HENSHAW BE DOROTHY WALSH should b 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 SAM P. JONSES JR. (HUSBAND) 5657 E. HARPERS FARM ROAD, COLUMBIA, MARYLAND 21044 page 9 20a. METHOD OF DISPOSITION TH BY 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must 1 Burial 2 Oremation 3 4 Donation 5 Other (Specify) on 3 - Removal from State director, METRO CREMATORY 7/9/193 CATONSVILLE, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 5555 TWIN KNOLLS ROAD, COLUMBIA, MD. 鲁 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. medical filled in by Approximate Interval Between **IMMEDIATE CAUSE (Final** Onset and Death the cremation, DAYS disease or condition\_ completely resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): burial, Iraumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury prior to physician other DUE TO (OR AS A CONSEQUENCE OF): that initiated events the attending p resulting in death) LAST 6 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Proumonia and ASPIRATION any WAILABLE PRIOR TO signed the COMPLETION OF CAUSE Shows Alzhenners 1 TYES 2 NO been of of PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h EXAMINER? HOSPITAL: ATTER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA e 5 🗆 Residence 8 🗆 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF with t 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. Natural 2 Accident 5 Pending Investigation OR ATTENDING PHY 1 YES 2 NO DIRECTOR: After the hours after death was BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 60 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 28 item CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. FUNERAL within 72 h HOSPITAL IMPORTANT: If MEDICAL EXAMINER: On occured at the time, data and place, and due to the cause(a) and manner as stated. D0953Z BE 표표 223 2 PLETED CAUSE OF DEATH (ITEM 27) (Type Print) THOBURN A. DADISMAN MD. 2 KNOLL N. DRIVE, COLUMBIA MD. 21045 0 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 7 1993 DHMH-18 Rev 1/89 RILA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

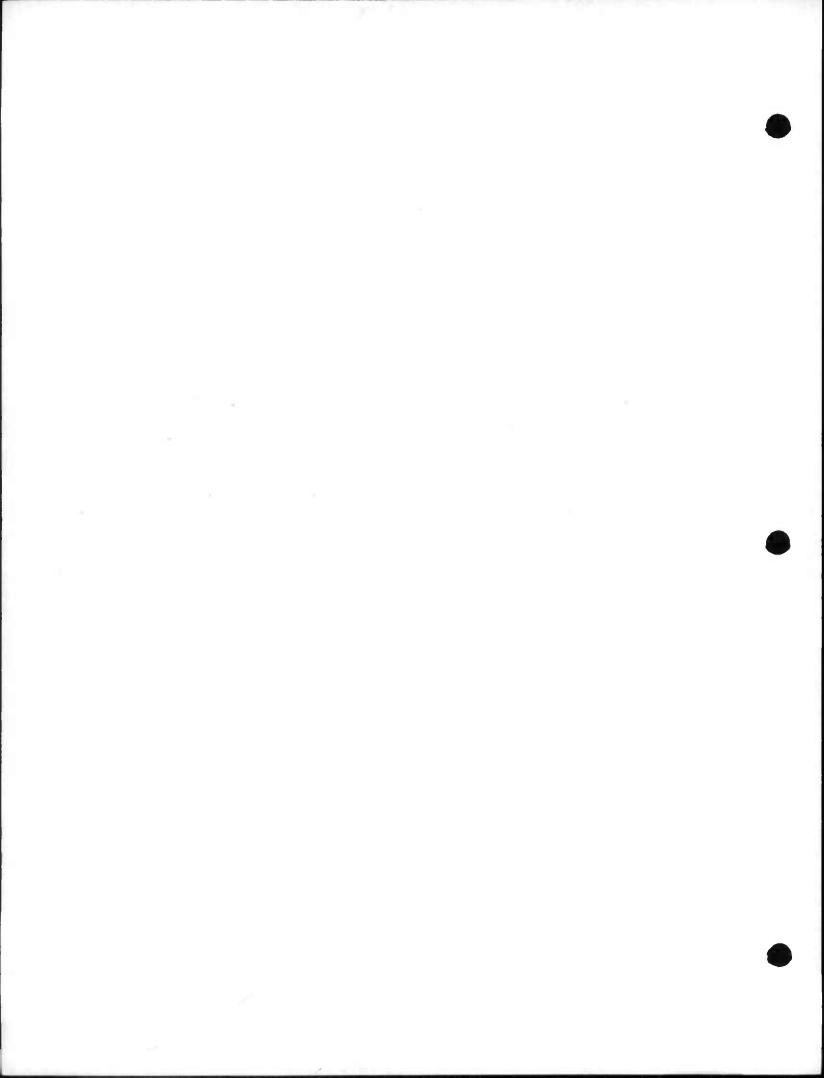


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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attention	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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nult permit. Pages 1, 2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND A	DEPAR					MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)	MAR	MARGA		JOHN	NSON			2. DATE MONTI	OF DEATH 7	/4/93	YEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le:		IF UNDER	t YEAR	IF UNDE	R 24 HRS.	7. DATE	OF BIRTN		193 8. BIRTN	PLACE (State or Foreign
	495-20-5945	1   M 2   K.	68	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	Day, Year	7/25	KANS	
_	9e. FACILITY NAME (If not institution, give s	treet and number)						ION OF DE	EATN		_	TY OF D	
DIRECTOR	ST Agres 1-	tosp. ta				Pos	1+	~	~C_				
l m	10e. STATE 10b. COUNT	Y		10.00	Y, TOWN C								10d. INSIDE CITY
	mo				Be	1+1		~C.					LIMITS?
FUNERAL	10e. STREET AND NUMBER	000 =			_	101	ZIP COD						VHAT COUNTRY?
	11. MARITAL STATUS	12. WAS DECEDEN	ENABLE .			****		1218				03	
	1 Never Married 2 Married	FORCES? 1	YES 2	NO .	.   '	If yes, sp	city Cub	ın, Mexica	n, Puerto I	7 (Specify Yes Rican, etc.)	or No-	Black	— American Indian, , White, etc.
84	3 Widowed 4 Divorced	1 100, 0172	AN ON DATES			I U YES	XXIVO	Specify	y:			Speci	WHITE
9	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DE	CEDENT'S	USUAL O	CCUPATIO	N et of work	na	16b	KIND OF BUS	SINESS/IND	USTRY	
LET	Elementary/Secondary (0-12)	College (1-4 or 5	+}	. Do NOT us	se retired.)			· · · ·	١.				
COMPL	17. FATHER'S NAME (First, Middle, Last)			IRUCK	DRI	VER.	18 MOT	HED'C NA		RUCKII		_	
ш	EMIL M. WEGE					_			5 J.				
TO B	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a				er, City or Town		Code)	
-	GENE PARKS	(SON		803 V	ENAB	LE A	VENU	JE, BA	ALTITA	ORE. N	D. 2	1218	
	20s. METNOD OF DISPOSITION  1 Buriel 2 Doremation 3 Rem	oval from State	20b. PLACE	matory or o	ther place)		me of		DATI	20c. LO	CATION -	City or To	wn, State
	4 Donation 5 Other (Specify)	ENSEE /	- METRO	CREM			D ADDRE	7/6	5/93	CATO	NSVI	LLE,	MARYLAND
	1//	1. 1+	4 /	/						C. W	TZKE	FUN	ERAL HOMES
$\vdash$	23. PART I. Enter the diseases, or/o	M.	Ke K		116	30 E	TOMOR	TOCON	7 777	ATTE C7	TONTO	TTTT	E.MD.21228
	shock, or naart latture	List only one cau	se on each line	iath. Do r i.	iot anter	tha mo	da of dy	ing, suci	h as card	lac or respi	ratory arr	est,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	TERM	10101	01	2 2	N							Onset and Death
	resulting in death)	TERM!	(OR AS A CONSE	QUENCE OF	F):	1),							_
Z	Sequentially list conditions,	. HYPE	RTENS (OR AS A CONSE	101									
E	if any, leading to immediate cause. Enter UNDERLYING												
음	CAUSE (Disease or Injury that initiated events	DUE TO	CTES	MEL DUENCE OF	LITU	15							
CERTIFICATION	resulting in death) LAST	1 .	THYRU		*								į į
2	PART II Other significant condition								T				
N S	PART II. Other significant condition THEOPHYLI							given in	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE
	11100771701	4.00	10/1/10						-	1 TYES 2	NO		OF DEATH?
PHYSICIAN: MEDICA									-				1 ( YES 2)( 10
IAP	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Che	eck only on	9)			
SIC	EXAMINER?  1 TYES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		5 🗆 R	sidence	6 Other	(Specify)			
F	27. MANNER OF DEATN Natural 5 Pending	28a. OATE OF (Month, De	INJURY sy, Year)	26b. TIMI		28c. INJU	JRY AT			CRIBE NOW I	JURY OCC	URED	
BY	2 Accident Investigation				М		E\$ 2	NO					
9	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — A1 ho etc. (Specify)	me, farm, s	treet, facto	ory, office	1		26f. LOCA City o	TION (Street a or Town, State)	nd Number	or Rural A	oute Number,
<u>                                     </u>	290. CERTIFIER A CERTIFYING PHYSIC	CIAN: To the best of	ma brandada a	-11	4 0 0								
COMPLET	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of R: On the basis of a											and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER		0 .			. 1		ENSE NUM					(Month, Day, Year)
TO BE	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	sident,	Inter	nal	Med	lia	e				<b>&gt;</b> 7	14	11993
F	30. NAME AND ADDRESS OF PERSON WHO					Α.						1	1
			CAMAT	H.	ST	A	SNE	SH	OSP	ITAL	_		
	31. DATE FILED (Month, Day, Year)	I 32. REGISTRA	R'S SIGNATURE	/			_						



		Pages	
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending transfer	led in by the funeral director, page 5 should be detached for use as the funeral page 5 permit.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending transmission.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn trained per in Pages be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTMEN CERTIFICAT	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)  Carrie Jone	s (ale	ita)		2. DATE OF DEATH	6 100	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (II	yrs. Jest birthdey) IF UND YRS. MONTH	ER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN.	7. DATE OF BIRTH	- 47	BIRTHPLACE /Spite or Foreign
(C)	9a. FACILITY NAME (If not institution, give street		9b. CI	TY, TOWN OR LOCATION OF D	DEATH	9c. COUNTY	OF DEATH
СТО	The Union Memorial	Hospital		ltimore City			
DIRECTOR	Mb. COUNTY		100/Cyry, row	ON LOCATION	,		10d. INSIDE CITY INTS?  1 YES 2 NO
FUNERAL	10-39 39 House	unot Do		101. ZIP CODE	5	10g. CITIZEN	OF WHAT COUNTRY?
FUNE		12. WAS DECEDENT EVER IN FORCES? 1 YES		3. WAS DECENOENT OF NISPA If yes, specify Guban, Maxic		a or No — 14.	RACE — American Indian, Biack, White, etc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 TES 2 NO Spec	iiy:	3	DIACK
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	College (1, 9 or 5 +)	16a. DECEDENT'S USUAL. (Give kind of work don life. Do NOT use retired	e during most of working	18b. KIND OF BU	fsiness/indust	TRY
BE CO	17. FATHER'S NAME (First, Micyllo, Last)	5		1 1	AME (Figst, Middle Maidel RY 06	Sumame)	
10	Deplus	avie	5156	SS (Street and Number or Refail	Buto Number, City of In	vn. State Zip Coo	de)
	Donation   Disposition   Disposition   Donat	al from State 20b.	PLACE AND DATE OF DISPO	SITION (Name of Prince)	0ATE 20c. LI	OCATION — City	or Yown, Stata
	21. SIGNATURE OF PUNERAL SERVICE CEN	errall	2	2. NAME AND ADDRESS OF F	with the	Ball	o Mda1217
	23. PART i. Enter the diseases, or cor shock, or heart fellure. Lid	mplications that caused at only one cause on ea	the death. Do not ent	er the mode of dying, su	ch as cerdiec or resp	eretory arrest	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	PNEU	MONIA				Onset and Death
		DUE TO (OR AS A	CONSEQUENCE OF):				11
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF):				6 days,
FIC	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		RNATREN CONSEQUENCE OF):	MIA			4days
CERI	resulting in death) LAST						
A	PART II. Other algnificent conditions		MELLITUS		Part i. 24e. WAS AI PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC		00100	<u> </u>	7	1 YES	2 []A10	OF DEATH?
	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH (C			
PHYSICIAN:	EXAMINER?	IOSPITAL:	tient 3 DOA 4 N				
	27. MANNER OF DEATN  1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?	28d. OESCRIBE NOW	INJURY OCCUR	EO
ED BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY - building, etc. (Specif	- At home, farm, street, fa		261. LOCATION (Street City or Town, State	and Number or F	lural Route Number,
LETE	4 Homicide determined						
COMPLET				time, data and place, and dur opinion, death occured at the			use(s) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	MD.		29c. LICENSE NU	MBER		GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETEO CAUSE OF DEA	TH (ITEM 27) (Type, Print)			JU	ne 26 1993.
	SHAILY LAKHAN  31. DATE FILED (Month, Day, Year)	PAL, UNIO	NMEMORI	AL HOSPITA	L.	·	
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	JUL 1993 3	Tisha Davidson-A	and se				DHMH-16 Rev 1/89

OHMH-18 Rev 1/89

1 - FOR STATE REGISTRAR

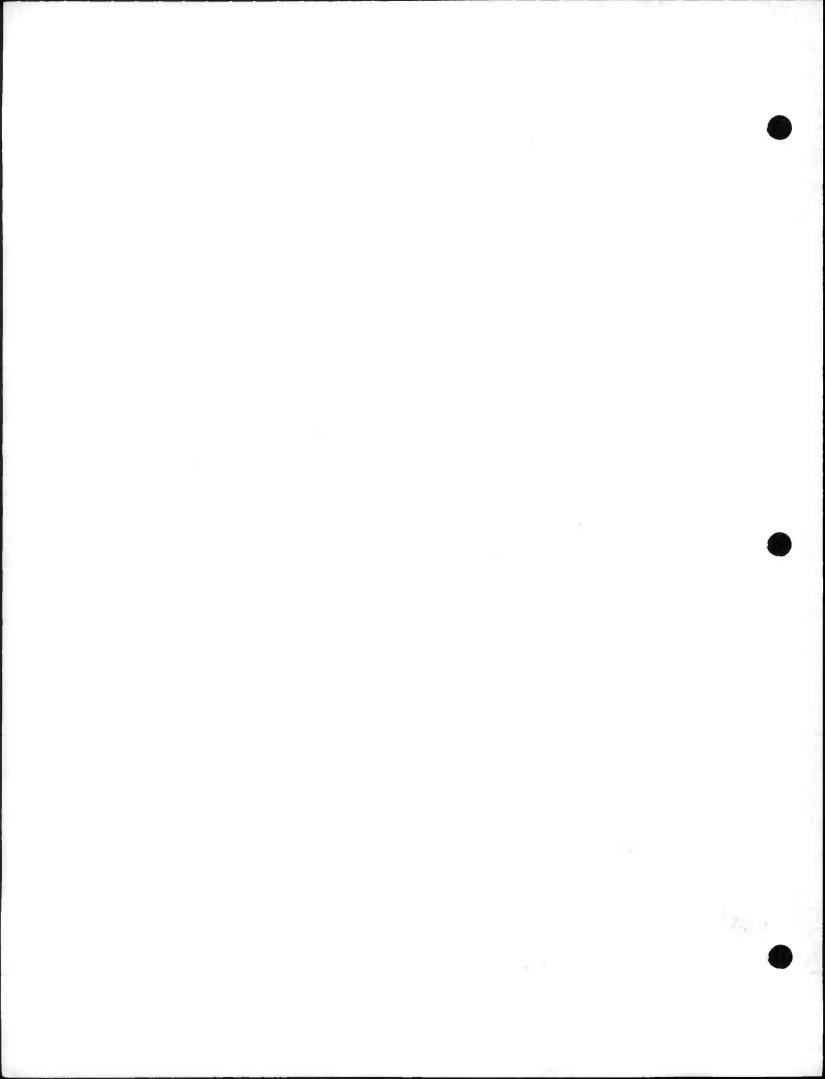
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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page
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	1. DECEDENT'S NAME (First, Middle, Las								2. DATE	E OF DEATH	DAY	YEAR	3. TIME OF DEATH
	4, SOCIAL SECURITY NUMBER	Jane 5. SEX							T	<b>Y_</b>		993	9:09 P
	220-64-8216	1 🗆 M 2 💢 F	o. Ade (iii y	75. lest birthdey) 36 YRS.	IF UNDER	DAY8	HOURS	R 24 HRS, MIN,	7. DATE (Mon	OF BIRTH	6	8. BIRTI	HPLACE (State or Foreign try)
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN O	R LOCAT	ION OF DE	ATH		9c. COU	NTY OF	7
	RESIDENCE OF DECEDENT	spital			R	aH	Lir	nor	<u>e</u> _		8	olt	imore
	10a. STATE 10b. COUN	ITY		10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY LIMITS?
	10. STREET AND NUMBER	1	1		441	101	ZIP COC	DE			10g, CITI	IZEN OF	1 YES 2 NO
	2012 KOSA	tun 1	41/2	1			21	215				1/15	SA
	11. MARITAL STATUS  1 Never Married 2 Married		NT EVER IN U. 1 YES 2 WAR OR DATE	2 NO	1	yes, spe	ecity Cub	en, Mexicai	n, Puerto	N? (Specify Rican, etc.)	Yes or No-	14. RAC Blec	E — American Indian, ck, White, atc.
	3 Widowed 4 Divorced						2 NO	Specify	<i>:</i> :			75	LACK
	15. OECEDENT'S EC (Specify only highest gra	de completed)		Give kind of life. Do NOT u	work done o	CUPATIO	ON st of work	ing	16	b. KIND OF E	BUSINESS/INC	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	+)										
	17. FATHERY'S NAME (First, Middle, Last)	DAKA					18. MOT	HER'S NAI	ME (First,	Middle Meid	en Sumame)	7_	
	19# INFORMANT'S NAME (Type/Print)	-		106 MAILING	ADDRESS	(Signed as	nd Numbe	er ov Rumal B	Soute Nun	Opin City or 1	Inert, Statu, Zip	Couts	
	ANNE IN	169		201	16	791	1/5	-/8	- F	FUE.	BATT	M	7.21215
1	20a, METHOD OF DISPOSITION  1 A Burlet 2 Covoration 3 Re 4 Departure 5 Other (Specify)	movel from State	200 PL Configure	ACE AND DATE		TONUS	no l	1 7	POAT	节	LOCATION -	Cay or To	been, State
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	21. SIGNATURE OF FUNERAL SERVICE	JCENSES	AN	IN G /	12.)	QUE AN	O ADDRE	SES OF FIX		1117	inro	0/1	CHURE
	21. SIGNATURE OF FUNERAL SERVICE	arch		-	12.5	All All	Y FR	57		CH TO	MAR	4//	40ME_
	21. SIGNATURE OF FUNERAL SERVICE   23. PART I Enter the diseases, of shock, or heart failure	r complications the	at caused th	ne deeth. Do n	15	AP	YH	57	DE.	diac or res	spiretory srr	4// reat,	Approximets
	23. PART I. Enter the diseases, of shock, or heart fallure IMMEDIATE CAUSE (Finel disease or condition	r complications the	use on each	n ilna.	not anter	The mod	FR de of dy	/ing, súci	n es cer				Interval Between
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AN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, of shock, or heart failure immediate cause or condition resulting in death)  Sequentielly list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST  PART II. Other significant conditions	b. DUE TO	O (OR AS A CO	PREDUENCE O	not anter	Hey	de of dy	rpho	n es cer 192	24a. WAS / PERF	AN AUTOPSY ORMEQ?		Interval Between Onset and Dest on Des
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	23. PART I. Enter the diseases, of shock, or heart failure immediate cause or condition resulting in death)  Sequentielly list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the conditio	b. DUE TO d. HOPPITAL: 12 Inpatient 2 [28a, DATE Of	O (OR AS A CO O (OR AS A CO O (OR AS A CO	DISEQUENCE O	orher	Hey derlying	cause	rpho	Part i.	24a. WAS PERF 1 VES	AN AUTOPSY ORMEQ?	246	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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		1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	RTMENT O	F HEALTH AND I	MENTAL	HYGIENE REG. NO.			
		1. DECEDENT'S NAME (First, Middle, Last) THOMAS HANNIG JO	OLING				2. DATE OF MONTH	DEATH	1993	3. TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF	ВІЯТН		6:20 P M	
should		309 22 7920  9e. FACILITY NAME (If not institution, give s	1 M 2 F	69 YRS.	MONTHS DA	WE HOURS MIN.		6/24	Coun	INDIANA	
2, 3	CTOR	V.A. MEDICAL CE	ŕ			HOWARD	EAIH		BALTI		
Pages 1,	DIREC	10a. STATE 10b. COUNTY	Υ	10c. CIT	Y, TOWN OR LE	CATION				10d. INSIDE CITY LIMITS?	
H. P.		MARYLAND ANNE  100. STREET AND NUMBER	ARUNDEL	Ba	ALTIMOR	101. ZIP CODE		100	CITIZEN OF	1 ☐ YES 2 ☑ NO	
(1)	FUNERAL	502 FAIRFAX AVE	NUE			21225				S.A.	
dies circ	ВУ	11. MARITAL STATUS 1 Never Married 2 Married 2 Divorced	12. WAS DECEDENT EVER FORCES? 1 1 Yes IF YES, GIVE WAR OR WORLD WAR	2 NO	If yes	DECENDENT OF HISPAN I, specify Cuben, Mexica YES 2XXNO Specify	n, Puerto Ric	Specify Yee or No an, etc.)	- 14. RAC Blac	CE — American Indien, ck, White, etc.	
or attendir r use as th	밀	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S (Give kind of	work done during	PATION g most of working	16b. K	IND OF BUSINESS	/INDUSTRY		
ed for the control of	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) 2 years	Press	Operat	or		Construc	tion		
8 6 6 C	E COI	17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Melden Surname)  THOMAS ROY JOHNS  EMMA LOUISE HANNIG									
4 in 2 in 2	TO BE	190. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	set and Number or Rural F			, Zip Code)		
	۴	Helen Johns 204. METHOD OF DISPOSITION								nd 21225	
		1 Secretary Burley 2 Cremation 3 Rem		b. PLACE AND DATE Imetery, cremetory or of Loudon Pa			7/5	Balti		Maryland	
EAL IMOR ter death. Page 6 m the funeral director, wal.		21. SIGNATURE OF FUNERAL SERVICE LIC		1	22. NAM	e and address of fairinge J. Gon	CILITY				
BAL I rs after death.  by the funera removal.		young m.	framero	ushi	400	l Ritchie	Hwy.	Baltimo	ore, M		
24 hour filled is tion, or the me		23. PÁRT I. Enter the discesse or ahock, or heert influential immediate CAUSE (Final discesse or condition	ASPHYXIA	eech line.			h ea cerdie	c or reepiratory	erreat,	Approximate Interval Between Onset and Death	
		resulting in death)		A CONSEQUENCE O	F):						
and and burn	TION	Sequentially list conditions, if any, leading to immediate  RECURRENT CVA S  DUE TO (OR AS A CONSEQUENCE OF):									
e e e	FICATION	CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):									
e Hade	CERTI	resulting in death) LAST									
0 2 5 3	7	PART ii. Other aignificent condition	e contributing to deeth	but not resulting	in the under	ying ceuse given in	Part i. 2	4a. WAS AN AUTOP PERFORMED?	PSY 24	b. WERE AUTOPSY FINDINGS	
	MEDIC	NIDDM					_   1	☐ YES 2 NO	,	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
The law requires that the ten speen signed by to ate Dept. of Health and item 23 shows any in	¥ :					<u> </u>				T YES 2 NO	
The late has ate De	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:		OTHER:	S. PLACE OF DEATH (Che	eck only one)				
SICIAN: The Certificate I the State	PHYS	1 X YES 2 NO 27. MANNER OF DEATH	1 Ninpatient 2 ER/Out	100	4 🗆 Nursing	Home 5 Residence		Specify)	OCCUPED		
After this death with	ВУ Р	1 Natural 5 Pending Investigation	07/01/9	3 5:5	OPM 1	WORK?		ATED WH		ATING	
TTENDI CTOR: A after da	ETED	2 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spi FORT HO	WARD V.A.			City or	ON (Street and Nur Town, State) NORTH PO			
1 4 5 E	COMPLE		CIAN: To the best of my know			date end place, end due	to the cause	(e) end menner se	stated.		
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: 11		29b. SIGNATURE AND TITLE OF CERTIFIER	R: On the basis of examination	Senco investigation	on, In my opinio	an, death occured at the		EVAN	Locker	(e) end menner es stated.  D (Mghth_Day, Year)	
TO THE De fied in POR	TO BE	30 NAME AND ADDRESS OF BERSON WAR	Fore	MO	21-11	226	39	•	71	1/93	
105		J. C. O DONOV		L(12		NDALKA	WE.	BA	LTU	MD 2122	
1		21. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE	1				-		
		1993	Julie Devilour	Mandale						DHMH-16 Rev 1/89	



2. DATE OF DEATH

7. DATE OF BIRTH
(Month, Day, Year)
April 26,

July 1, 1993

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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Lillian R. Jarman

9s. FACILITY NAME (If not institution, give street and number)

5. SEX

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4. SOCIAL SECURITY NUMBER

218-30-5589

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	shoul		9s. FACILITY NAME (If not institution, give			9b. CITY,	TOWN OR LOCATION OF D	EATH	9c. C	OUNTY OF E	DEATH		
	2. 3	ECTOR	Mercy Medical Cer	nter	Balt	imore							
	-i	5	RESIDENCE OF DECEDENT										
	Pages	DIRE	Maryland	T <b>Y</b>		CITY, TOWN OF				10d. INSIDE CITY LIMITS?			
-	mit.		10e. STREET AND NUMBER				101. ZIP CODE		1 22 1		CXXYES 2 □ NO		
	7	FUNERAL		!							WHAT COUNTRY?		
1	3	¥	4330 Parkside Dri				21206			S.A.			
-020	1	BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 X NO	11	AS DECENDENT OF HISPA yes, specify Cubsn, Maxico YES 2 \ NO Specif	in, Puerto Rice	ipecify Yes or No- in, etc.)	E — American Indian, ck, White, stc.			
21215 if or attend	38 38	ETED	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	16a. DECEDEN	T'S USUAL OCC	CUPATION Interest of working	16b. KI	ND OF BUSINESS/	INDUSTRY			
	5	COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+) N/A	Homen		ring most of working	Owr	n Home				
MARYLAND retained by the hospit	新 at at a		17. FATNER'S NAME (First, Middle, Last) Phillip Haines				,		Maiden Sumam Minnie)	,	nfelder		
A B	should	8	19s. INFORMANT'S NAME (Type/Print)		19b, MAIL	ING ADDRESS	Street and Number or Rural	_			III.CIGGI		
M of	ALTIMORE, death. Page 6 may be tuneral director, page tuneral director, page examiner must be	5	Madeline Haring (	(Sister)					e, Md. 2				
ORE 6 may			20a. METHOD OF DISPOSITION  1 Strict Surface Communication   1 Donation   oval from State cer	netery, crematory	or other place!		DATE	20c. LOCATION					
₩ 500			21. SIGNATURE OF FUNERAL SERVICE L	IGENSEE	ak Lawn		AME AND ADDRESS OF FA	7/6	Bartim	ore,	Maryland		
BALT after death.			Schimunek Funeral Homes, Inc. 3331 Brehms Lane, Baltimore, Md.										
hours afte	or re		23. PART I. Enter the diseases, or shock, or heart failure. iMMEDIATE CAUSE (Finel	complications that cause Liet only one cause on e	d the death. D						Approximate Interval Betwee Onset and De		
O, vithin 24	completely fille ial, cremation, event, the		diseese or condition resulting in death)	. Azch	( CA	ses fil	e heart	1911	Tur		1 day		
O. BOX 68760, certificate be executed within	attending physician and comintal Hygiene prior to burial, c	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infliated events resulting in death) LAST										
S, F	0	뜅											
RECORDS	wen signed by the att of Health and Menta shows any Injury,	EDICAL	PART ii. Other significant condition	ns contributing to deeth t	out not recuitir	ng in the und	eriying cause given in		e. WAS AN AUTOPS PERFORMED?	.	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATN?		
	E 42	Σ						-			1 TES 2 NO		
OF VITAL HYSICIAN: The law		SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLACE OF DEATN (Ch	eck only one)					
5	certificate h the State I	SIC	1 WES 2 NO	HOSPITAL:	patient 3 DO/	OTHER:	ng Nome 5 🗆 Residence	S C Other (S)	nec(fu)				
OF VI	the the	Ĕ	27. MANNER OF DEATN	28s. DATE OF INJURY			Sc. INJURY AT		IBE NOW INJURY	OCCURED			
-	3: After this car death with is marked,	ВУ Р	Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M YRULNI	WORK? 1 YES 2 NO						
DIVISION OR ATTENDING	28 at 50	8	3 Suicide S Could not be datermined	28e. PLACE OF INJURY building, etc. (Spec	/ — At home, farr	n, atrest, factor	y, offics	281. LOCATIO	ON (Street and Num lown, State)	ber or Rural F	Route Number,		
DIV	TO THE FUNERAL DIRECT DE filed within 72 hours IMPORTANT: If Item	MPLET		SICIAN: To the beat of my know									
OSPI	UNER HITH	COM		ER: On the basis of sxaminatio	n sna/or investig	ition, in my opi	nion, death occured at the	time, data and	placs, and dus to	the csuse(s	i) and manner as stated.		
뿔	iled w	BE	296. SIGNATURE AND TITLE OF GENTLE				29c. LICENSE NUI	MBER	29d. D	ATE SIGNED	(Month, Day, Year)		
5	E S E	9	//	olue	~		7206	73		7/21	93		
			30. NAME AND ADDRESS OF PERSON WI					25					
		1	Dr. George Lowe,	5810 Belair 1	Road, B	altimo	re, Md. 212	06					

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

8. AGE (In yrs. last birthday)

87

19326

3. TIME OF DEATH

9:00

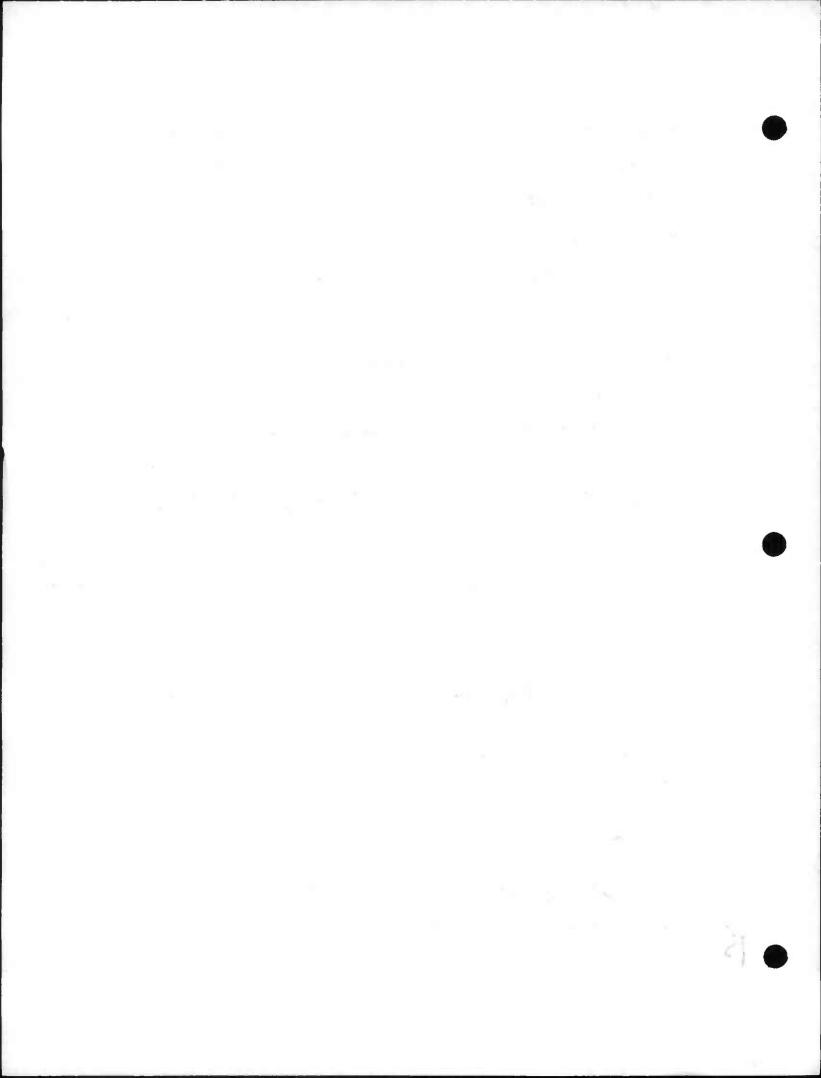
24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATN?

Approximate Interval Between Onset and Death

8. BIRTHPLACE (State or Foreign Country)

Maryland

DHMH-16 Rev 1/89



unsit permit, Pages 1, 2, 3 should

Q

JOHNE.

31. DATE FILED (Month, Day, Year)

Stokenju

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	FOR	STATE OF MARY	/LAND /	DEPARTM	FNT OF I	HEAITH AND	MENTA	I HYGIFI	9 3 NE	3	1932	1
	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CE	RTIFICA	ATE OF	DEATH		REG. NO				
	GLADYS	JACKSON					Jul.	OF DEATH	DAY	YEAR	3. TIME OF DEAT	N N
	4. SOCIAL SECURITY NUMBER 073 20 4190	5. 9EX 6. AG	E (in yrs. fast	MON	MDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH h, Day, Year)	1	8. BIRTI- Counti	IPLACE (State or For	reign
	9a. FACILITY NAME (If not institution, give s		78	YRS. 9b.	CITY, TOWN	OR LOCATION OF D		IL 4,	1915	100,000,000	RGIA	
DIRECTOR	THE UNION MEMORIA	L HOSPITAL				ORE CITY						
	MARYLAND 10b. COUNTY	Y		10c. CITY, TO	WH OR LOCA TIMORE	1,120					10d. INSIDE CITY LIMITS? 1 YES 2	NO
FUNERAL	100. STREET AND NUMBER 1257 N. BENTALOU	STREET			- V	7. ZIP CODE 21210	5		U.S.		WHAT COUNTRY?	
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 N	MED O	If yes, sp	CENDENT OF HISPA Decify Cuben, Mexic 3 2 NO Speci	an, Puerto	f? (Specify W Rican, etc.)		14. RACE	E — American India k, Whita, etc.	n,
E	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Gh	CEDENT'S USUA	fone during m	ON ost of working	166	KIND OF BI	JSINESS/INDU	STRY	BLACK	
COMPLETED	Elementary/Secondary (0-12) N/A	College (1-4 or 5+)	lite.	DO NOT use retil MENT W(	red.)	•		OI OFFI			GMPN.	
OM	17. FATHER'S NAME (First, Middle, Last)		OAN	MENT W	JKKEK	18. MOTNER'S N		CLOTH: Middle, Maide		NDU	STRY	_
BE	JULUS RHODI	ES				MAHALI						
5	194. INFORMANT'S NAME (Type/Print) MRS. MARGARET RH(	ODES				and Number or Rural					LAND 212	16
	20e METHDD OF DISPOSITION  1 Burial 2 Cremation 3 Rem. 4 Donation 5 Other (Specify)			ND DATE OF DIS			0AT	E 20c. L	OCATION C	ity or To		
	21. SIGNATURE OF FUNERAL SERVICE LIC				22. NAME A	ND ADDRESS OF F	ACILITY					
	LEWIS T. GWYNN FUNERAL HOME 21215-6393 4517 PARK HEIGHTS AVE BALTIMORE MARYLAND											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory erreat, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel											
	disease or condition resulting in death)  Septimize Signature of Signa											
_												
CERTIFICATION	Sequentially list conditions, for the first of the sequence of											
TIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEO	UENCE OF):								
	PART II Oshoo slepillood oo dili	d										
MEDICAL	PART II. Other algorificant condition  Discosting Melli	till , Hypri			e underlyln	g ceuse given in	Part I.	24a. WAS AI PERFO	RMED?	24b.	WERE AUTOPSY FIN AMAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?	O
							_		•		1 TES 2 N	0
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		l or	26. P	LACE OF DEATH (C	heck only on	•)				
HYS	1 TYES 2 TO NO 27. MANNER OF DEATH	1 Inpatient 2 ER/O			Nursing Non	na 5 🗆 Rasidence						
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year,	;	INJURY	M 1 [	DRK?	280. DES	H H	A	IRED		
	3 Suicide 6 Could not be determined	28f. LOC City	ATION (Street or Town, State	and Number o	r Rural F	loute Number,						
COMPLETED		CIAN: To the best of my kno	wiedge, des									
	299. SIGNATURE AND TITLE OF CERTIFIES	R: On the beals of examinat	ivii atid/OF If	ivestigation, (n	my opinion, c	29c. LICENSE NU		and place, a				ited.
) BE	Land	Q MI	7			D33330					(Month, Day, Year)  3 July 2	141
13	30/ NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF E	DEATH (ITEM	27) (Type, Print)						1 0-1	2 -472	(99)

3777 H. Lelvers 15

32. REGISTRAR'S SIGNATURE

- Wardow-Mandale

Svitz

DHMH-18 Rev 1/89

5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

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M	B	R
Sp	NE	Pi.
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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2 2 3

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH JÜLY 5,1993 ALBERT E. KAROPCHINSKY, Sr. 11:40 a.m. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. Maryland 212-36-7877 1 M 2 F YRS. May 5. 1940 9s. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE CITY 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4134 Townsend Avenue 21225 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerlo Rican, atc.) RACE — American Indian, Black, White, etc. FORCES? 1 YES 2. 1 Never Merried 2 K Merried ΒY 1 TYES 2 NO Specify 3 Widowed 4 Divorced white COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 9 Welder 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) be notified at Edward B. Karopchinsky Stephanie Borkoski BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 4134 Townsend Ave., Ann A. Karopchinsky Baltimore, Md. 21225 20b. PLACE AND DATE OF DISPOSITION (Name of 7% TE 20c. LOCATION -- City or Town, State must Green Mount Cemetery Baltimore, Md. examiner 22. NAME AND ADDRESS OF FACILITY
Gary L. Kaufman Funeral Homes O. 5695 Main St., Elkridge, Md. men 21227 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximata interval Between IMMEDIATE CAUSE (Finel Onset and Death the disesse or condition\_ Pancreatic Cancer ssemmated car resulting in death) 23 shows any injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Dehydration Diabetes AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 OF DEATH? 1 | YES 2 NO 25. WAS CASE REFERRED TO MEDICAL item 28. PLACE OF DEATH (Check only one) EXAMINERS 1 YES 2 HOSPITAL: OTHER: ittent 2 - ER/Outpatient 3 - DOA ng Home 5 🗆 Residence 8 🗆 Other (Specify) 4 Nural is marked, or 27 MANNER OF DEATH 8a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investige В 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number City or Town, State) COMPLETED 8 Could not be 4 Homicide Item 28 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, end due to the ceuse(e) end menner es steted. IMPORTANT: If 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(s) end menner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day. DEMKESTERIMD 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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Hospital

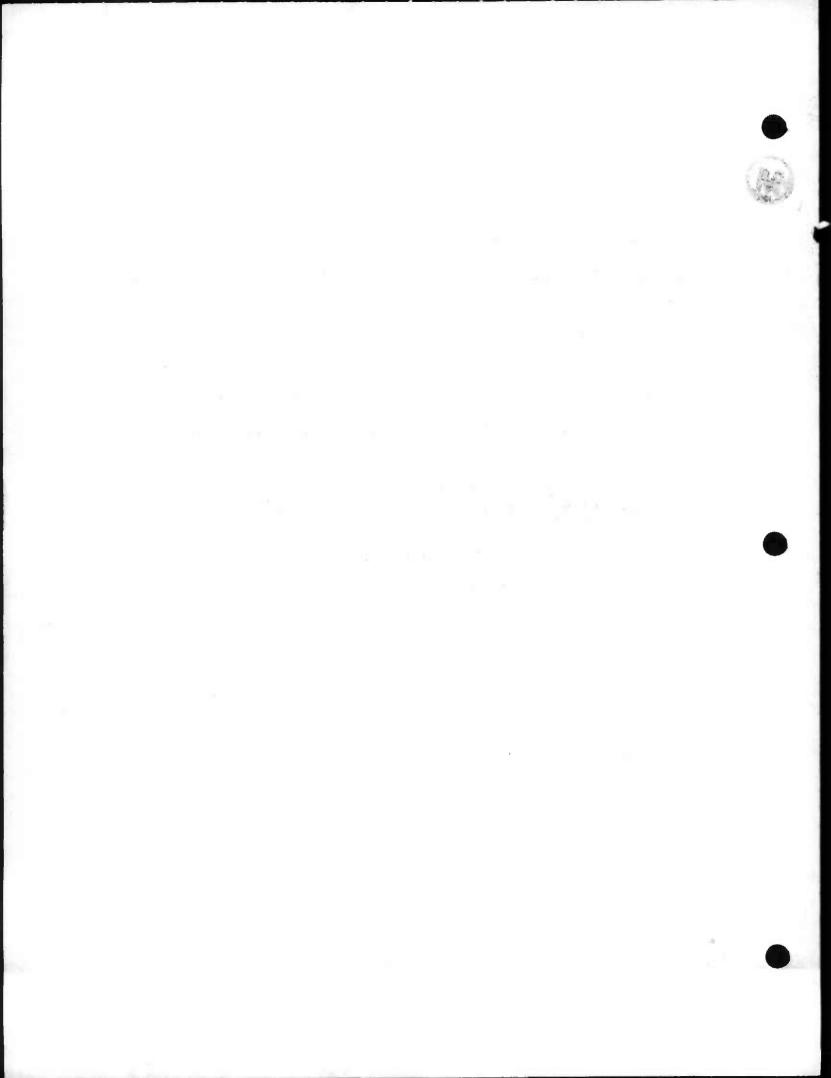
and a morning of the second contract of the s 

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

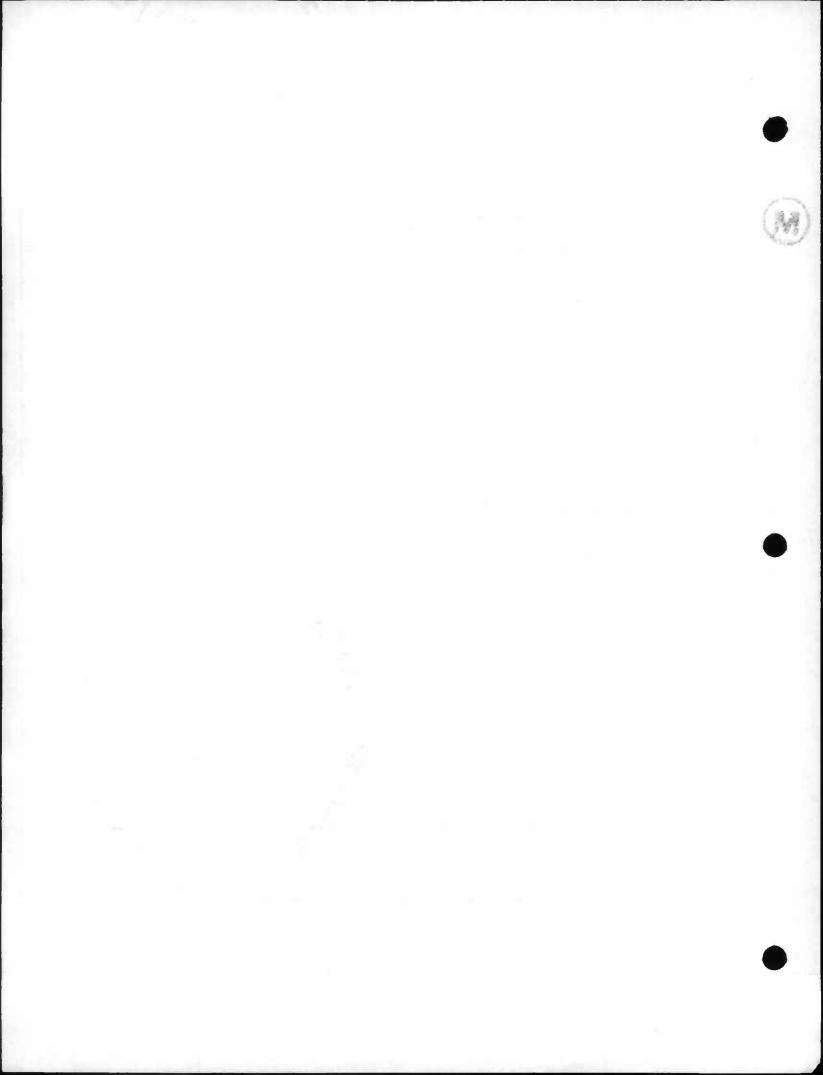
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE	RTIF	ICATE OF	DEA	TH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) MICHAEL	J.			10	<b>V</b>	16.	2. DATE OF DEATH MONTH 02 DA		93 <sup>XEAR</sup>	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEAR	IF UNDER	A 24 HRS.	7. DATE OF BIRTH	153	a. BIRTHP	5:14 P M	
	213-68-8510	1 📉 M 2 🗆 F	36	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Dey, Year) 6-25-19	157	Bal	)	
~	9e. FACILITY NAME (If not institution, give				9b. CITY, TOWN			EATH	9c. COUR	NTY OF DE	ATH	
TOT	THE JOHNS HOP	KIN2 HU2F	'ITAL		BALI	TMOR	E CI	TY	ŀ	BALIT	MORE	
DIRECTOR	Md . 10b. COUNT	ry			LTIMORE						10d. INSIDE CITY LIMITS? 2X YES 2 ND	
3AL	10e. STREET AND NUMBER					of. ZIP CODE	_		,	IZEN DF WI	HAT COUNTRY?	
FUNERAL	15 N. Decker S	12 WAS DECEDEN	IT EVER IN U.S. ARM	*****		2122		The state of the Man		S.A.		
B⊀	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 W	(NED	If yes, sp	CENDENT O pecify Cube S 2ND	m. Mexicer	NIC DRIGIN? (Specify Yes an, Puerto Rican, atc.) y:	or No	14. RACE Black, Specify Whi		
E I	16. DECEDENT'S EDI (Specify only highest grad	UCATION de completed)	16a. DEC	CEDENT'S	S USUAL OCCUPATION Work done during modes retired.)	ON ost of worki	na	16b. KIND OF BUS	SINESS/IND	11.00	te	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+	+)	Wai				Restau				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			Waı	ter	16. MOT	HER'S NA	Kestau  ME (First, Middle, Maiden )		C .	-	
BE C	John Kuhn					Mar	gare	et Hill	ĺ		E	
2	19e. INFORMANT'S NAME (Type/Print)  Margaret Layn	- M.	other 196.					Route Number, City or Town			0	
	20a. METHOD OF DISPOSITION				DEDISPOSITION (Na		Ave.	.,Balto.M	CATION —			
	1 Donation 6 Other (Specify)		Gree	matory or o	unt Cre	emate	ory_	7-6-93			A STATE	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE Ediso	on M. P	erk	T 22. NAME AN	ND ADDRES	SS OF FAC	on Funera				
	Edwarth	Pertir	D0008	33	3000	E. 1	Balt	timore St	I	Balt	o.Md.2122	
	23. PART i. Enter the diseases, of shock, or heart fellure.	complications that List only one cau	caused the decise on each line.	ath. Do i	not entar the mo	da of dyi	ng, such	n as cardiec or reapi	ratory arm	eat,	Approximata intarval Between	
	IMMEDIATE CAUSE (Final disease or condition a. RESPIRATORY FATURE Hours											
	resulting in dealth,	DUE TO	(OR AS A CONSECU			100					Nova	
ON	Sequentially list conditions,	b. SBPS	(OR AS A CONSEDI	HIENCE C						(	CYAU	
CERTIFICATION	if any, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	- A10	SIACE	Juik	ED IMM	1400	DEF	IGENOY S	SYND	DAME	1 VEARS	
TIE	that initiated events resulting in death) LAST	DUE TO	(DR AS A CONSEDI	UENCE O	n:				1100	100 7.0	1	
CER		d										
.AL	PART II. Other significent condition	ns contributing to	deeth but not re	sulting	in the underlying	g cause ç	jiven in f	Part I. 24a. WAS AN / PERFORI		1	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
PHYSICIAN: MEDICAL								1 YES 2			COMPLETION DF CAUSE DF DEATH?	
. M								_		1	1 TYES 2 ND	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF D	EATH (Che	eck only one)				
IXSI	1 YES 2 NO 27. MANNER OF DEATH	100 Inpatient 2 🗆	ER/Outpatient 3				sidence	6 Other (Specify)				
	1 Natural 5 Pending	26a. OATE OF (Month, Da		26b. TIM	JURY WO	JURY AT ORK? YES 2	¬ NO	26d. DESCRIBE HOW IN	IJURY OCC	CURED		
D BY	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE Of building,	F INJURY At hometc. (Specify)	ne, ferm,	atreet, factory, office		1	261. LOCATION (Street at City or Town, State)	nd Number	or Rural Ro	ute Number,	
ETE	4 Homicide determined		The (spreamy,					City or 10mi, orano,				
COMPLETED								to the cause(a) and mani- lime, data and place, and			and manner as stated.	
BEC	29b. SIGNATURE AND TITLE OF CERTIFIE	IL D.	MA			29c. LICE	ENSE NUM	IBER	29d. DATE	SIGNED (	Month, Day, Year)	
o L	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUS	E OF DEATH (ITEM	27) (Type	Drint)	L	4)	18	<u> </u>	19	193	
	31. DATE FILED (Month, Day, Year)	FE ST	110		WOR		BA	MMORE,	MD	9	1287	
2 1	JUL 7 1993		R'S SIGNATURE									



4 DECEMBER 1710 MARKE (CI	A A 41 of 40 - 1 41			CERTIF	ICATI	E OF	DEA	ГН		EG. NO.			
	M. KA								2. DATE OF D	2	9	YEAR	1645
4. SOCIAL SECURITY NUM 217-16-3094		5. SEX	6. AGE (In yrs. 79	lest birthdey) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIM.	7. DATE OF B (Month, Day APRIL	( Year)	1914	Country) OH	ACE (State or Foreign
9a, FACILITY NAME (If not	institution, give	street and number)			96. CITY	r, TOWN C	R LOCATIO	ON OF DE		,	_	Y OF DEAT	
ANNE ARUNDE		CAL CENT	ER		A.	NNAP	OLIS				AN	NE AF	RUNDEL
RESIDENCE OF DE	10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	ION					10	d. INSIDE CITY
MARYLAND	QUE	EN ANNES			S	TEVE	NSVI	LLE				1	LIMITS?
10e. STREET AND NUMBER	1					101	ZIP CODE	E			10g. CITIZE	EN OF WHA	AT COUNTRY?
800 BUCKIN	GHAM D						216	66				U.S	S.A.
11. MARITAL STATUS  1 Never Married 2 X  3 Widowed 4 Div		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 24	ARMED		If yes, sp		n, Mexica	IIC ORIGIN? (Sp n, Puerto Rican /:		or No- 1	4. RACE — Black, W Specify:	American Indian, white, etc.
(Specify or	CEDENT'S EDL	e completed)		DECEDENT'S (Give kind of life. Do NOT u	USUAL O work done	CCUPATIO during mo	N st of workin	g	16b. KIN	O OF BUS	INESS/INDU	STRY	
Elementary/Secondary	(0-12)	College (1-4 or 5-2 YRS	+)	ELECTR					W	ESTI	NGHOU	SE	
17. FATHER'S NAME (First, I									ME (First, Middle LE BUTE		Sumame)		
19a. INFORMANT'S NAME		חשת							Route Number, C				21666
CECILIA		PER	205 01 40	CEANDDATE				DKIV	E - ST		SVILL.		21666
1 X Buriel 2 Cremati	ion 3 🗆 Ren	noval from State	cemetery. MF.AT	OWRID	other place)	EMOR	TAT.	PK	7/7		RIDGE		
21. SIGNATURE OF FUHER	AL SERVICE LI	CENSEE	1		22. HU	NAME AN	D FU	ss of fa NERA	CILITY L HOME	INC			. 21229
Sequentially list condi if any, leading to imm cause, Enter UNDERLY CAUSE (Disease or Inj that initiated events	DUE TO (OR AS A CONSEQUENCE OF):  b. DUE TO (OR AS A CONSEQUENCE OF):  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other signific	d.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  AMILABLE PRIOR TO												
									1 <sup>[</sup>	YES 2	□ NO	Of	OMPLETION OF CAUSE F DEATH?
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL					26. Pt	ACE OF D	EATH (Ch	eck only one)				
1 VES 2 NO		HOSPITAL: 1 Xinpatient 2	ER/Outpatient	3 🗆 DOA	4 🗆 Nu		• 5 □ Re	eldence	6 Other (Spe	ecify)			
	Pending Investigation	(Month, L		26b. Tilk	ME OF JURY M	28c. INJ W0	RK?	] NO	28d. DESCRIE	E HOW IP	JURY OCCU	JRED	
2 Necident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE ( building,	OF INJURY — At etc. (Specify)	URY — At home, farm, street, factory, office					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the bast of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.  NEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.													
(Check only				for investigati									nd manner as stated
(Check only	DICAL EXAMIN	ER: On the basis of a		for Investigati	on, In my (	opinion, d		ENSE NU		pieca, and			nd manner as stated
(Check only 2 Mei	E OF CENTIFIE	ER: On the basis of a	xamination and/			opinion, a				pieca, and			
(Check only one) 2 MEI	E OF CENTIFIE	ER: On the basis of a	xamination and/			TE		63					



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. or Health and Mental Hydrene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	E										3	19331	
	1 - STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPAR	TMEN	T OF H	DEAT	AND I	MENTAL HYGIEN				
2000	1. DECEDENT'S NAME (First, Middle, Last)	rame	The	elma					2. DATE OF DEATH MONTH D	AY C	73	3. TIME OF OBATH	
	4. SOCIAL SECURITY NUMBER 219-22-3091	5. SEX 6	AGE (In yrs. In:	st birthday) YRS.	MONTHS	DAYS	HOURS	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-11-191	7	8. BIRTH	Virginia	
SR.	90. FACILITY NAME (If not institution, give street Joseph Richey Hos	spice, In	с.	18	9ь. спт В а	Y, TOWN O	n LOCATI	ON OF DE	ATH	9c. CO	UNTY OF D		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION												
DIR	Maryland Balt	imore				imore		lolla	ander Ridge	e)		10d. INSIDE CITY LIMITS?  1 YES 2 X NO	
	10s. STREET AND NUMBER 10s. CITIZEN OF WH												
FUNERAL	2000 Odell Avenue				_			237		USA			
ВУ	1 Never Married 2 Married 3XX Widowed 4 Divorced	12. WAS OECEDENT I FORCES? 1 [ IF YES, GIVE WAS	YES 2 X			Il yes, sp	ENDENT Cooks	n, Mexica	IIC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)	or No—	14. RACE Black Speci	E — American Indian, k, White, atc. White	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)	16a. OE	CEDENT'S live kind of Do NOT u	USUAL C	OCCUPATION MAINTENANT	ON st of working	ng .	16b, KINO OF BU	SINESS/IN	_		
PE	Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5+)		lomen					Housew	ifo			
OM	17. FATHER'S NAME (First, Middle, Last)			TOILICI	IUNCI		18. MOTI	HER'S NA	ME (First, Middle, Maiden				
BE C		Shar											
5	190. INFORMANT'S NAME (Type/Print)  Ms. Pauline LeBru	Pauline LeBrun 7452 Forrest Ave., Baltimore, Maryland								21234			
	20b. PLACE AND DATE of DISPOSITION (Name of State 2 Cremation 3 Removal from State 2 Signature of Other (Specify) Maryland  20b. PLACE AND DATE of DISPOSITION (Name of State 2 Cremation 3 Removal from State 2 Cremation 5 Other (Specify) Maryland  20b. PLACE AND DATE of DISPOSITION (Name of State 2 Cremation - City or Town, State 2 Cremation - C												
	21 SIGNATURE OF PUNERAL SERVICE LICE	Kevi	n E. Ed		22.  V	NAME AT	ly F	uner		f Bro	ookly	'n	
	23. PART i. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or reepiratory errest, ahock, or heert fellure. Liet only one ceuse on each line.  Approximate intervel Between												
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions.  Liver L/Curc were the state of the stat												
z	Ca OK BREAST 1888												
ATIO	Sequentielly list conditions, If smy, leading to immediate cause. Enter UNDERLYING												
ERTIFICATION	CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (O	R AS A CONSEC	GUENCE O	F):								
0	PART ii. Other significant conditions	contributing to de	eth but not r	esuiting	in the u	nderiving	CAUSA C	riven in	Part i. 24a, WAS AN	AHTORSY	246	. WERE AUTOPSY FINDINGS	
S									PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDICAL										10000		DF DEATH?	
AN	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	FATH /Chi	ack only one)			· · · · · · · · ·	
SIC		HOSPITAL:	R/Outpatient 3	□ DOA	OTHE	R:			8 (C Other (Specify)	H	BSA	10 15	
ву РН	27. MANNER OF DEATH  1 D Netural 5 Pending 2 Accident Investigation	28s. DATE OF IN (Month, Day,		28b. TIM	E OF IURY M		URY AT RK? 'ES 2	NO	28d. DESCRIBE HOW	28d. DESCRIBE HOW INJURY OCCURED			
	3 Suicide 6 Could not be detarmined	28e. PLACE OF i building, etc	NJURY — At ho c. (Specify)	me, larm,	street, lac	tory, office			281. LOCATION (Street & City or Town, State)	and Numbe	or Or Rural F	noute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:								to the cause(a) and mer				
E CO	296. SIGNATURE ON TITLE OF CENTERIN	-/	and the of	variya(it	, my (	ориноп, о		NSE NUM				(Month, Day, Year)	
TO BE	Mechael /	? - Hays	13,10	no					290	•	7/4	/93	

WHO COMPLETED CHOSE OF DEATH (ITEM 27) (Type, Print)

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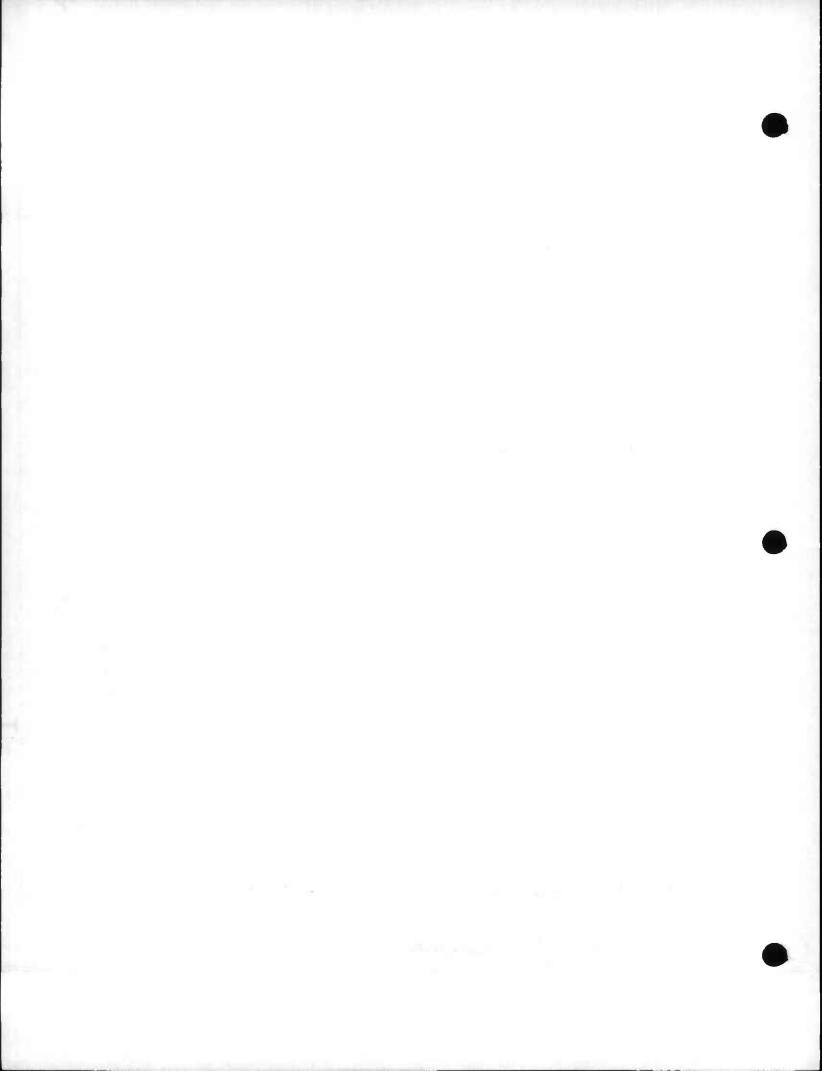
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<b>ALTIMORE, MARYLAND 21215-0020</b>	leath. Page 6 may be retained by the hospital or attending physician	funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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DIVISION OF VITAL BECORDS, P.O. BOX 68760

	200	9		9
מערווא	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pag	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dis		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner
2	after	y the	DOVA!	[83
	SIN	d ni	be filed within 72 hours after death with the State Dept. Of nearly mental hygiene prior to build, cremation, of removal,	led.
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	FOR	OTATE OF MADVA AND A LO				9.	1 193	) 4		
	1 - STATE REGISTRAR	STATE OF MARYLAND / I	DEPARTMENT OF RTIFICATE OF		MENTAL HYGIEN REG. NO					
- 1	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DE	ATH		
	JOHN RICHAL	RD KORMAN			06 30	93	4:33	AM		
		5. SEX 8. AGE (In yrs. last i	birthday) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Country)	Foreign		
	217 30 3732	1 <del>X</del> M 2 □ F 51	YRS.		02/08/42		MARYLAND			
or.	9a. FACILITY NAME (If not institution, give street		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH			
DIRECTOR	VA MEDICAL CENTER	FORT HOWARD	FORT	HOWARD		BA	LTIMORE			
35	10e. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCA	ATION			10d. INSIDE CIT	TY		
	MARYLAND BALT	TIMORE	BALTIMOR	E			1 WES 2 &	₩ NO		
FUNERAL	10e. STREET AND NUMBER			of, ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY	?		
Ë	9200 HINTON AVENUE	3	Autological Par	21219		USA				
E	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 X YES 2 NO	IED 13. WAS DE	CENDENT OF HISPAN pecify Cuban, Mexican	IC ORIGIN? (Specify Yes		RACE — American in Black, White, etc.	dian,		
BY	1 Never Merried 2 XMarried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		S 2 NO Specify			Specify:			
	15. DECEDENT'S EDUCAT	3/591/63	EDENT'S USUAL OCCUPAT	ION	16b, KIND OF BU	CINECC INDICE	WHITTE			
ETE	(Specify only highest grade co	impleted) (Givi	e kind of work done during m Do NOT use retired.)	ost of working	100. KIND OF BU	314533/14000	· · · · ·			
P	, , , , , , , , , , , , , , , , , , , ,	and the state of t	ARPENTER							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAI	ME (First, Middle, Maiden	Surname)				
BE (	JOHN	KORMAN		ELIZAE	BETH	AND	ERSON			
TO E	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
	CLINICAL RECORDS VA MEDICALCENTER, FORT HOWARD, MARYLAND 21052									
	20s. METHOD OF DISPOSITION  1   Burlel 2 # Cremation 3   Removel from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  METHO CREMATORY  7/3 CATONSville Md.									
	4 Donation 5 Other (Specify)	METK	CREMI			TONS	rille, 19	a.		
	· Colt (	on no lu	CON 7110	NO ADDRESS OF FAC NEILY F	S POINT	HOME	OF DUN ZIZZ			
	23. PART i. Enter the diseases, or cor	mplications that caused the dea	th. Do not enter the m	ode of dying, such	as cardiac or resp	iratory arres				
	ahock, or heart failure. Lis iMMEDIATE CAUSE (Final	st only one cause on each in			Transfer Chi	a-adra-ali	Interval	Between nd Death		
	disease or condition resulting in death)	RESPIRATORY AND	D CARDTOVAS	CIII AR ADD	FCT					
	resulting in death) . a.,	DUE TO (OR AS A CONSEQU		COLZER ARK	L'OT					
Z	Sequentially list conditions I have FND STAGE LIVER DISEASE									
E	if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									
2	cause. Enter UNDERLYING CAUSE (Disease or injury	ETOH ABUSE								
ERTIFICATION	that initisted events resulting in desth) LAST	DUE TO (OR AS A CONSEOU	JENCE OF);				1-1			
병	d.									
	PART II. Other significant conditions	contributing to death but not re-	suiting in the underlyin	ng cause given in	Part i. 24a, WAS AN		24b. WERE AUTOPSY			
PHYSICIAN: MEDICAL	PANCREATIC MASS				1 YES 2		COMPLETION OF OF DEATH?			
WE							1   YES 2	] NO		
ž										
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		LACE OF OEATH (Che	ck only one)					
YSI	1 YES 2 Z NO 1	28a, DATE OF INJURY	DOA 4 Nursing Ho	me 5 🗆 Residence	8 Cher (Specify)					
F	27. MANNER OF DEATH  1 Netural 5 Pending	28d. DESCRIBE HOW	NJURY OCCUP	RED						
BY	2 Accident Investigation									
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At hom building, atc. (Specify)	e, farm, street, factory, offi	ce	281. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,			
COMPLETED	29a, CERTIFIER									
MP	(Check only 1 CERTIFYING PHYSICIA	AN: To the best of my knowledge, dest								
8	2 MEDICAL EXAMINER:	On the basis of examination and/or im	veatigation, in my opinion,	death occured at the	time, data and place, ar	d due to the c	ause(s) and manner as	stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM		29d. DATE S	IGNED (Month, Day, Year	r)		
2	30. NAME AND ADDRESS OF PERSON WHO C	M M	an am alim	0436	41	6/	30/73			
		ANTHER LETER GRUDE OF DEATH HITEM								



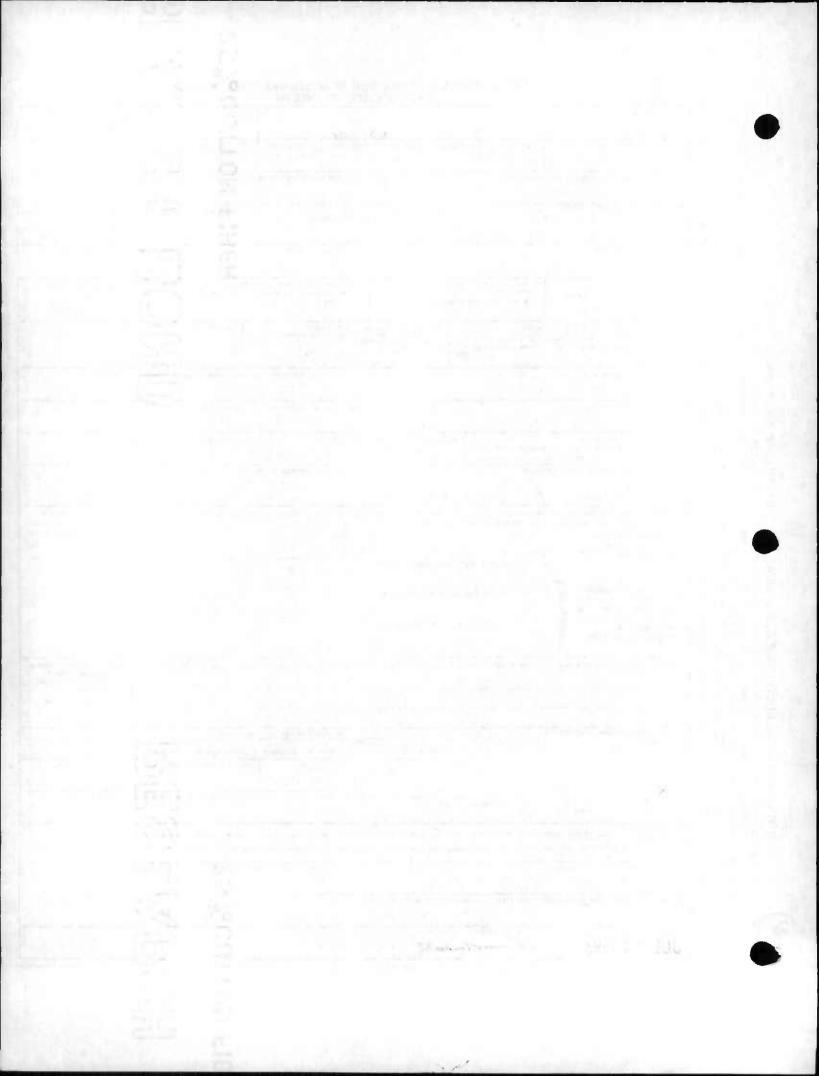


VIIAL RECORDS, P.O. BOX 68/60, BALLIMONE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within Surs after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 88/6	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.

1 - STATE REGISTRAR	STATE OF MARY	CERTIFIC	ATE OF DEATH	REG. N	0.					
1. DECEDENT'S NAME (First, Middle, Last	0			2. DATE OF DEATH MONTH	DAY YI	3. TIME OF DEATH				
GROTOR  4. SOCIAL SECURITY NUMBER	J. SEX 6. AG		aczor, Sr.	07 0		3 10.29 A				
090-26-8424	1 1 M 2   F	Marie Marie	F UNDER 1 YEAR IF UNDER 24 HOURS IN	M. (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)				
9e. FACILITY NAME (If not institution, give	Λ	20	L CITY TOWN OR LOCATION	06-04-1		New York				
Massaland agentage										
RESIDENCE OF DECEDENT										
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										
	timore Cou	nty B	altimore			1 TYES 2 NO				
10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
17 Golden Hi			212			L.S.A.				
11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	S 2V NO		ISPANIC ORIGIN? (Specify Y exican, Puerto Rican, etc.)	ee or No- 14.	RACE - American Indian, Black, White, etc.				
3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 TYES 2 XNO	Specify:	100	Specify: White				
15. DECEDENT'S ED		16a. DECEDENT'S US	UAL OCCUPATION	16b, KIND OF B	USINESS/INDUST					
(Specify only highest gra-	College (1-4 or 5 +)	(Give kind at wor life. Do NOT use i	k done during most of working etired.)							
	2	Supe	ervisor	Man	ufactu	ring				
17. FATHER'S NAME (First, Middle, Last)				S NAME (First, Middle, Malde						
George K	aczor		Ca	roline Na	lewaje	k				
19a. INFORMANT'S NAME (Type/Print)			DDRESS (Street and Number or F	·		•				
Mrs. Carol K			lden Hill C							
20e. METHOD DE DISPOSITION 1 Duriel 2 Correstion 3 Re	movel from State	0b. PLACE AND DATE OF	DISPOSITION (Name of place)	1 .	OCATION - City					
4 Donetton 5 Other (Specify) Carroll Cremations 7/2 Hampstead, MD										
A A A A A A A A A A A A A A A A A A A										
Sykesville, MD 21784 (410)-795-1400										
23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	complications that cause on . List only one cause on	ed the desth. Do not	Sykesvi enter the mode of dying,	11e. MD 2	1784 (	410) -795_140( Approximate interval Between				
shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	s. Mul DUE TO (OR AS	ed the desth. Do not ssch line.	Sykesvi enter the mode of dying,	11e. MD 2	1784 (	410) -795-140( Approximate interval Between				
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shock, or heart failure immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death)	s. Mul  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS	ed the desth. Do not sech line.  tiple In a consequence of:  A consequence of:  A consequence of:  but not resulting in	Sykesvi enter the mode of dylng, juries the underlying cause give	11e, MD 2 such as cardiac or res	1784 (plratory arrest	A10) -795-140i Approximate interval Between Onset and Des				
shock, or heart failure immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death)  PART II. Other significant conditions.  Arterioscle	s. Mul  BUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	ed the desth. Do not sech line.  tiple In a consequence of:  A consequence of:  A consequence of:  but not resulting in	Sykesvi enter the mode of dylng, juries the underlying cause give	11e, MD 2 such as cardiac or res	1784 (plratory arrest	A10) - 795-140( Approximate interval Between Onset and Deserval Between Deserval Between Deserval Between Deserval Between Deserval Between Deserval Between Deserval Between Deserval Between Deserval Between Deserval Between Deserval Between Deserval Between Deser				
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shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST  PART II. Other significant condition Arterioscle  Chronic Ren  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH	b. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO CARA  TOTIC CARA  HOSPITAL:	ed the desth. Do not such line.  tiple In a consequence of:  a consequence of:  but not resulting in 1 OVASCUL	Sykesvi enter the mode of dylng, juries  the underlying cause give ar Diease  26. PLACE OF DEATH THER: Unursing Home 5 = Reelde FF   128c. INJURY AT	n in Part I. 24a. WAS A PERFO	IN AUTOPSY DRMED?	A10) -795-140( Approximate interval Betwee Onset and Des O				
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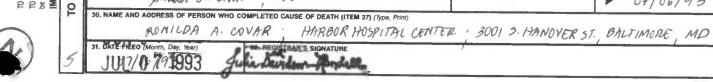
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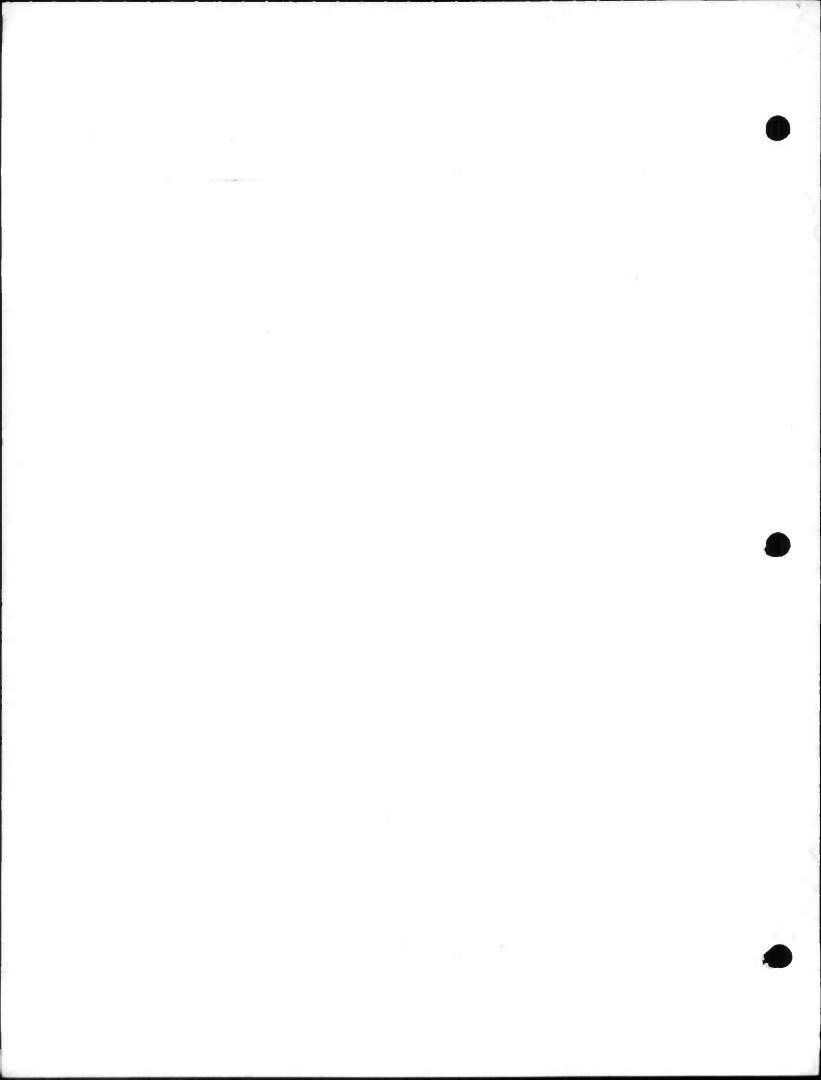


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THE TOWNING TRIBUTANT IN IN IN PROPERTY. THE WAY THE W	IN THE FUNCTORS. ALTER UNS CREMINATE HAS DEED SIGNED BY IN CAMINATION OF THE MINISTER OF THE METERS OF THE STATE OF THE METERS OF THE STATE OF THE METERS OF THE STATE OF THE	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF N	TARYLAND	/ DEPAR	TMEN	T OF H	DEAT	AND I		GIENI	E			
	1. DECEDENT'S NAME (First, Middle, Last)						-		2. DATE OF DE	EATH		T	3. TIME OF DEATH	
	HENRY JACO	KLEIN						07 06 1993				2:45 Au		
		i. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HF				24 HRS.	7. DATE OF BI		1		PLACE (State or Foreign			
	213-01-1119	M 2 □ F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	08 24		,,	Country)		
	9e. FACILITY NAME (If not institution, give street	at and number)	01		9b. CIT	TOWN C	OR LOCATIO	ON OF DE		19	-	MAK Y	MARYLAND	
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18	HARBOR HOSPITAL C	ENIEK			BA	ALTIM	ORE				N/A			
DIRECTOR	10e. STATE 10b. COUNTY	10c, CITY, TOWN OR LOCATION									10d. INSIDE CITY			
<u>a</u>	MARYLAND ANNE	ARUNDEL		PA	SADI	ENA							LIMITS?	
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FUNERAL	227 11th STREET 21122 U.S.A.													
3									- American Indian, White, atc.					
	1 Never Married 2 Merried	FORCES? 1 IF YES, GIVE W		ΧNO		If yes, sp	2 X NO	ı, Maxica	n, Puarto Rican,	atc.)		Black, Specify		
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E	15. DECEDENT'S EDUCAT (Specify only highest grade col		16a.	DECEDENT'S	USUAL (	OCCUPATIO	ON et of world-	<u> </u>	16b. KIND	OF BUS	INESS/IND	USTRY		
		College (1-4 or 5+	,	(Give kind of a life. Do NOT us	e retired.	)	SI OF WORKING	9						
MP	12	NONE	E	ELECTR	ICIA	AN			ANNI	E AR	UNDE	L COU	JNTY	
COMPLET	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAI	ME (First, Middle,	Maiden S	Sumame)			
Ш	PETER WILHELM KLE	IN					MAR'	Y AP	PEL					
0 8	19a, INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	SS (Street a	nd Number	or Rural F	loute Number, Cit	y or Town	, State, Zip	Code)		
F	PATSY L. NEWTON			227	11th STREET, PASADENA, MD 21122									
	20a. METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Remova	d form Cont		EANDDATE	FDISPO	SITION /Na	ma of		OATE			City or Tow	n, Stata	
	4 Donation 5 Other (Specify)	N ITOM State	GLEN	HAVE	V ME	MORI	AL PA	RK	7-9	GLE	N BUF	RNIE,	MD 21060	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE					D ADDRES		ZILITY					
	* Show all	t//	$\sim$	2					ERAL HO				.=	
	1 SECOND AVE.S.W. GLEN BURNIE, MD													
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line.  Approximate interval Between													
	IMMEDIATE CAUSE (Final disease or condition	OFN	- 10									Onset and Death		
	reculting in deeth)	SEPS	) ( >	CONSEQUENCE OF):								7 DAYS		
_			L FAI		-):								5 DAYS	
o o	Sequentielly list conditions, b.		OR AS A CONS	1.0	٥.									
AT	if any, leading to immediate cause. Enter UNDERLYING	552 10	OII AS A CONS	SECOLINCE OF	)-									
CERTIFICATION	CAUSE (Diseese or Injury that initiated events	DUE TO	OR AS A CONS	SEQUENCE OF	n:									
E	resulting in death) LAST												Ì	
8	d												1	
A	PART II. Other significant conditions of	contributing to	death but no	t resulting i	n the u	nderlying	cause g	iven in i		MAS AN A			WERE AUTOPSY FINDINGS	
MEDICAL	DEHYDRATION								1	YES 2			COMPLETION OF CAUSE OF OEATH?	
Ä													YES 2 NO	
							-		_					
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF OE	ATH (Che	ck only one)					
S		OSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE 4 Nu		5 🗆 Rat	sidence i	B Other (Spec	ify)				
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF (Month, Da	INJURY W. Venz)	28b. TIM	E OF URY	28c. INJ	JRY AT		28d. DESCRIBE	HOW IN	JURY OCC	URED		
ВУ	1 Natural 5 Pending 2 Accident investigation	y, <i>roal</i> y	1	M		ES 2	NO							
	3 Suicide 8 Could not be	26a. PLACE OF	INJURY — At	home, farm, a	treet, fac	ctory, office	,		26f. LOCATION	(Street ar	nd Number	or Rural Ro	ute Number,	
	4 Homicide datarmined	January, 6	and (upotony)						City or Town	i, State)				
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the best of i	my knowledce	death occurre	d at the	fime, data	and place	and due:	In the councie's	ad com	and an exist	a d		
ME	(Check only one)  2 MEDICAL EXAMINER: (												and manner as stated	
	29b. SIGNATURE AND TITLE OF CERTIFIER				,	,				-ca, arid				
BE		M.D					29c. LICE	NSE NUM	BER				Month, Day, Year)	
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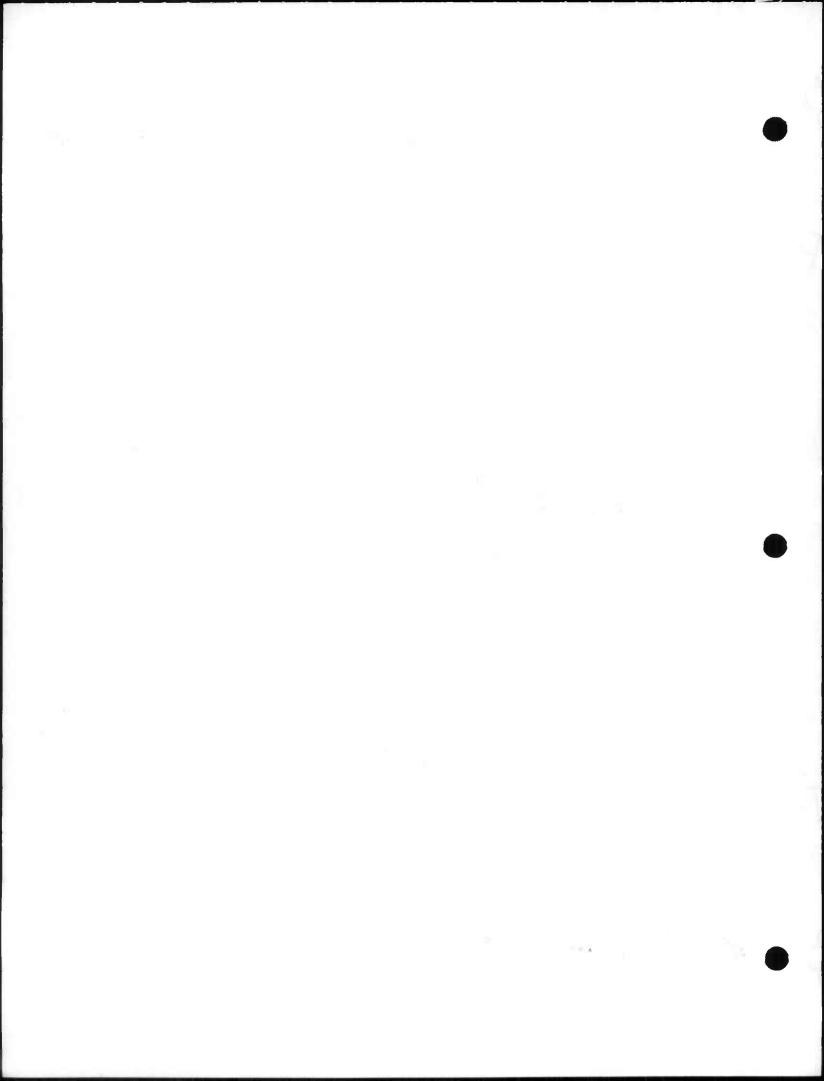


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	Pag	
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MONOTANT Hism 20 is marked as from 22 shours any injury, as other basemade the medical assemble and the marked
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	1. DECEDENT'S NAME (First, Middle, Last	Charles I	W. Kempel			2. DATE OF	DEATH DAY	9 YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 218-09-9214		(In vrs Inst birthday)	IF UNDER 1 YE		7. DATE OF E (Month, Da 12/2	HRTH	A BIRTH	IPLACE (State or For	
OR	90. FACILITY NAME (II not institution, give University of M		ital		MN OR LOCATION OF C			UNTY OF D		
TO BE COMPLETED BY FUNERAL DIRECTOR	RESIDENCE OF DECEDENT  106. STATE  106. COUN  Maryland	Anne Arundel	ne Arundel Glen Burnie							
	100. STREET AND NUMBER 7149 Baltimor	e Annapolis I	31vd.		101. ZIP CODE 2106	1		JSA	VHAT COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 VES IF YES, GIVE WAR OR	2 NO	If yes	DECENDENT OF HISPA is, specify, Cuben, Mexic YES 2 NO Spec	an, Puerto Ricar	pecify Yes or No— i, etc.)		- American Indier	
	15. DECEDENT'S ED (Specify only highest gra- Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5+)	Iffe. Do NOT u	work done durin	most of working		mco Stee		WIII	
	17. FATHER'S NAME (First, Middle, Last) Charles W.	FATHER'S NAME (First, Middle, Last)					s, Meiden Sumame)			
	190. INFORMANT'S NAME (Typo/Print) Stephen Herzber	ger	19b. MAILING 7933	Oak Rd	Pasaden	Route Number, C	ty or Town, State, 2	Zip Code)		
	20e. METHOD OF, DISPOSITION  1 General 2 A Cremetion 3 General from State  4 Donation 5 Gother (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of Cemetery, prematory or other place)  Metro Crematory 7/9/93 Baltimore, Md									
	21. SIGNATURE OF FUNERAL SERVICE	Elin ()		Sta	E AND ADDRESS OF F 11ings Fu 1 Mountai	neral H	ome PA			
CATION	23. PART I. Enter the dispess, or shock, or heart failure in the property of t	OUE TO (OR AS	A CONSEQUENCE O	AM.	FS T	n as cardiec	or respiratory a	rreat,	Approximet interval Bet Onset and I	
RTIFI						Port i 24a	WAS AN AUTOPSY	24b.	WERE AUTOPSY FINE AVAILABLE PRIOR TO COMPLETION OF CA	
MEDICAL CERTIFIC	PART II. Other significent condition	ons contributing to death	but not resulting	in the under	ying cause givan ir		PERFORMED?  YES 2 NO		OF DEATH?	
AN: MEDICAL CERTIFI	PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		20 OTHER:	S. PLACE OF DEATH (C	neck only one)	PERFORMED?  YES 2 NO		X	
Y PHYSICIAN: MEDICAL CERTIFI	PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending	HOSPITAL: 1   Inpatient 2   ER/Out 28e. OATE OF INJURY (Month, Day, Year)	patient 3 DOA 28b. TiM	OTHER:  OTHER: Unving		neck only one)  6 Other (Sp	PERFORMED?  YES 2 NO	CCURED	X	
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3	
T	4
4.00	
8	4
DING PHYSICIAN: The law requires that the death certificate be executed	Y

						TOATE	OI.	DLA			HEG. NO			
		1. DECEDENT'S NAME (First, Middle, Last,	Bessie	u						2. DAT MON	E OF DEATH	W	OF AR	TIME OF OEATH
		4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. las	st birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DAT	E OF BIRTH			ACE (State or Foreign
_		220-18-2936	1 🗆 M 2 🖵 F	91		MONTHS	DAYS	HOURS	MIN.	(Mor	8-21-0:	L	Country)	C C Colore or Poreign
shouk		9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN C	OR LOCATION	ON OF DE	EATH		9c. COU	NTY OF DEA	тн
2, 3	08		spital		Balto									
es 1.	DIRECTO	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY				Y, TOWN OF	LOCAT	TION					14	Dd. INSIDE CITY
r. Pag	=	Md Ba	lto									LIMITS?		
permit. Pages 1, 2, 3 should	AL	10e. STREET AND NUMBER		101. ZIP CODE				10g. CITIZEN OF WN						
n. ansit	FUNERAL			21228				U.S.A.			5.A.			
11	5	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT E FORCES? 1	YES 2V V		13. W	AS DEC	ENDENT C	OF HISPAN	NIC ORIG	IN? (Specify Yes Rican, atc.)	or No-	14. RACE — Black, V	- American Indian, White, etc.
<b>超</b>	BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES X		1	YES	2X NO	Specify	y:			Specify:	ack
	8	15. OECEDENT'S ED (Specify only highest grad	UCATION le completed)			USUAL OC			w.	16	b. KINO OF BU	SINESS/IND		
d for	LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life	. Do NOT us	e retired.)		or or working						
detacher Once.	COMP	12th 17. FATHER'S NAME (First, Middle, Last)												
2 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		John A. Wright							atti		Middle, Melden Thomps			
5 should be detached for notitied at once.	O BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	Street e				nber, City or Tow		Code)	
inous area death. Fage binay be retained by the hospital of in by the funeral director, page 5 should be detached to of removal.  medical examiner must be notitied at once.	5	Beverly Lewis	3		357					ator	sville	, Md	21228	
funeral director, page xaminer must be r		20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rer	moval from State	20b. PLACE	AND DATE C	DE DISPOSIT				7 79	793 Ca	CATION -	City or Town	, State
direc		4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L.	1 1103	00111			emet			/ 3p ca	0113	onsvirie, Ma		
funeral dir funeral dir f. examiner		Wastin G		22. NAME AND ADDRESS OF FACILITY  March F/H-West 4300 Wabash Ave										
in by the removal.		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate												
d in by the or remove		anock, or heart failure.	. List only ona cause	on each line	eath. Do n	ot enter t	ne mo	de or dyl	ing, auci	h aa ca	rdiac or respi	ratory arr	est,	Approximate Intarval Between
Pe of		H discount in the day.									Onset and Death			
completely ial, cremati		a. (a displaying Arrest  Due to (or as a consequence of):  Server Arrest  Due to (or as a consequence of):  Server Arrest								- mu				
and completely o burial, cremat matic event, 1	N	Sequentially list conditions,	· Seps	is	and	A	res	Mr.						24 hory
cian or t	CATION	if any, leading to immediate cause. Enter UNDERLYING												
of the attending physical by the attending physical by and Mental Hygiene pri any Injury, or other ti		CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):												
end H	ERTIFI	reaulting in death) LAST												
th and Mental Hygiene part Injury, or other	L CE	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									EDE ALITOREY ENIDINGS			
od by the hand	DICAL						,	, 9			PERFOR	MED?	AV	MILABLE PRIOR TO OMPLETION OF CAUSE
sign Heal											1 🗌 YES 2	NO		F DEATH?
as been Dept. of 23 sho	Ž Ž													_ 165 1   110
State De	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PL	ACE OF DI	EATH (Che	ock only o	ne)			· · · · · · · · · · · · · · · · · · ·
the Si	IXS	1 YES 2 NO	1 Inpatient 2 EF			4 - Nursk	_		sidence	8 🗆 Oth	er (Specify)			
fter this ceath with marked,	РНУ	27. MANNER OF DEATH  1 Netural 5 Pending	28a. OATE OF INJ (Month, Day, )	tear)	28b. TIMI INJI		Bc. INJU	RK?		28d. DE	SCRIBE HOW II	JURY OCC	CURED	
After death	D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF IN	JURY — At ho	me, farm, s	treet, factor		/ES 2 _	NO	281 LO	CATION (Street e	nd Number	or Rumi Bout	n Mumber
ON ATTENDING FILISTICATA, ING ON TEQUIPOS DIRECTOR: After this certificate has been sign fours after death with the State Dept. of Healt tem 28 is marked, or item 23 shows:	핃	4 Homicide determined	building, atc.	(Specify)							or Town, Stete)			, terribor,
	MPLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYS	SICIAN: To the best of my	knowledge, de	ath occurre	d at the tim	e, data	end place,	end due	to the ca	ruse(e) end man	ner ee atat	ed.	
FUNERAL within 72 TANT: II	COM		ER: On the basis of axami											nd manner ee stated.
	ш	29b. SIGNATURE AND TITLE OF SHITTIFIE	IR / da	_ (	.T.	Bropk	LVU	S. LICE	NSE NUM	BER		29d. DATE	SIGNED (M	onth, Day, Year)
TO THE be filed	TO B	(0)00	me an	<u> </u>			7					17	11/9	3
^		30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE O	DEATH (ITES	27) (Type,	Print)							1	
1		31. DATE FILE (Month Day, Year)	32. REGISTRAR'S	SKINATURE	)(V	e di						=:		
0			1011 × 64	002	80.	-								
	الـــــا			<del>193 /</del>	Julia	Duids	-N-	andel	2	-				DHMH-18 Rev 1/89
		-		_	-			9						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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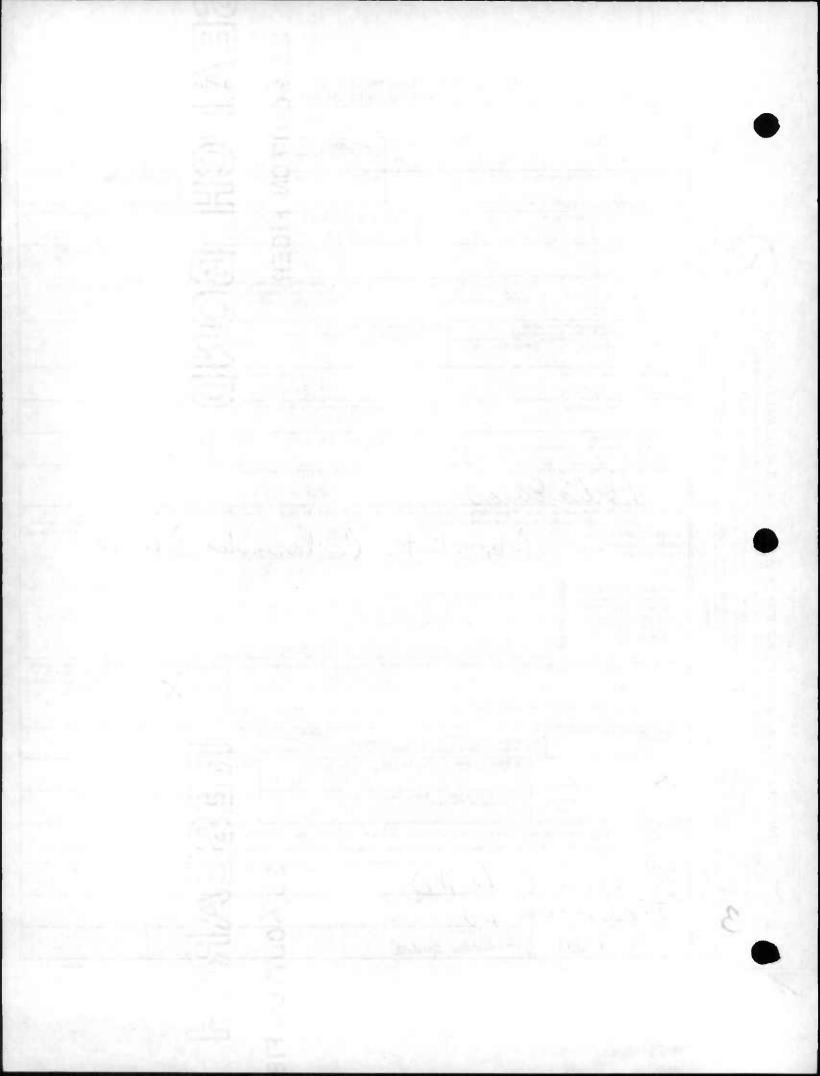
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First, Middle, Les Hattie		Lew	is		2. DATE OF DEATH MONTH D		3. TIME OF DEAT 2:53	
	4. SOCIAL SECURITY NUMBER 218-26-7864	5. SEX	6. AGE (In yrs. last birthd	ly) IF UNDER 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4/6/30		S.C.	
	9a. FACILITY NAME (If not institution, give				OWN OR LOCATION OF		9c. COUNTY		
СТОВ	Good Samarita	an Hospi	tal	Ba	ltimore (	City			
DIREC	10e. STATE 10b. COUP			CITY, TOWN OR Bal				10d. INSIDE CITY LIMITS? 1 V YES 2 (X)	
BY FUNERAL	100. STREET AND NUMBER 1309 Silverth	norne Rd			101. ZIP CODE 21239			U.S.A.	
	11. MARITAL STATUS 1   Never Married 2   Merried 3   Widowed 4   Divorced	FORCES? 1	IT EVER IN U.S. ARMED YES 2 XNO WAR OR DATES	lf y	S DECENDENT OF HISPA was, apocify Cuban, Mexic YES 2 X NO Spec			RACE — American India Black, White, etc. Specify: Black	
PLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	NT'S USUAL OCCUPATION of of work done during most of working OT use retired.)							
COMPL	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S N	IAME (First, Middle, Maiden	Sumame)		
BE (	John Dizzley  190. INFORMANT'S NAME (Typo/Print)		100 100	Everline Grant  ING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  18 Plowline Rd Randallstown, 21133					
10	Louise Mash	nack	196. MAIC 98	L8 Plow	line Rd R	andallstow	n, State, Zip Cod	L33	
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Re	CATION — City							
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF PUNERAL SERVICE	LICENSINE	cametery, crematory WOOD		ME ANO ADDRESS OF F		Balto,	טויו	
	+ Hortin	Chipa	.)		March F/H-	West 4300	Wabash	Ave	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST	C	(OR AS A CONSEQUENCE						
	PART II. Other significent conditi	dlona contributing to	death but not resulting	ng In the unde	erlying cause given i	n Part I. 24e. WAS AN		24b. WERE AUTOPSY F	
: MEDICAL						PERFOI		AVAILABLE PRIOR COMPLETION OF	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL	77	OTHER:	28. PLACE OF DEATH (C	theck only one)			
	1 X YES 2 NO	1 Inpatient £ 1	ER/Outpatient 3 DO		g Home 5 Residence	6 Other (Specify)	N.RIBY OCCUR	<u> </u>	
HYSI	27. MANNER OF DEATH			INJURY	WORK?				
3Y PHYSICIAN:	Natural 5 Pending	(Month, E			1 120 1 10				
ED BY	Natural 5 Pending	28e. PLACE C building,	OF INJURY — At home, far etc. (Specify)	m, street, factor		281. LOCATION (Street City or Town, Stete)			
ED BY	Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)	pe 28e. PLACE C building,	etc. (Specify) I my knowledge, death occ	urred at the tim	y, office	City or Town, Stete	nner as stated.	tural Route Number,	
COMPLETED BY	Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)	28e. PLACE C building, YSICIAN: To the best of sines.	etc. (Specify)	urred at the tim	y, office	City or Town, Stete) ie to the cause(e) end mai the time, date and place, er	nner as stated, and due to the ce	use(a) and manner ee s	
BE COMPLETED BY	Natural    Accident   S   Pending   Investigation	28e. PLACE C building, YSICIAN: To the best of a STEER	etc. (Specify)  my knowledge, death occ xamination end/or investig	urred at the tim	e, date and place, and du nion, death occured at the	City or Town, Stete) ie to the cause(e) end mai the time, date and place, er	nner as stated, and due to the ce	use(e) and manner ee a	
COMPLETED BY	Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MECICAL EXAMI	28e. PLACE Coulding, YSICIAN: To the best of esternion THER: On the best of esternion THER WHO COMPLETED CAU	etc. (Specify)  I my knowledge, death occ xamination end/or investig  E M SE OF DEATH (ITEM 27) (1)	urred at the tim ation, in my opi ype, Print)	e, dete end place, end du nion, death occured at th	City or Town, Stete) ie to the cause(e) end ma ie time, date and place, er UMBER	nner as stated.  and due to the ce	use(e) and manner ee a SNED (Month, Day, Year)	

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020	death. Page 6 may be retained by the hospital or attending physicia	fineral director name 5 chould be detached for use as the busists
B/	hours after o	lled in by the
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicis	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the timeral director name 5 should be detached for use as the burials.

use as the burial-transit permit. Pages 1, 2, 3 should attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the bosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to builal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

							93	19338		
	1 - FOR STATE REGISTRAR	TATE OF MARYLAND	/ DEPARTMI	ENT OF H	EALTH AND DEATH	MENTAL HYGIEI	_			
	1. DECEDENT'S NAME (First, Middle, Last)	Laneso				2. DATE OF DEATH		3. TIME OF DEATH P		
ron	4. SOCIAL SECURITY NUMBER 5. SI	EX 8. AGE (In yrs. Is	ast birthday) IF U	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign		
	216-42-7813 XX	XM 2 □ F 47	YRS. MONT		HOURS MIN.	(Month, Day, Year) 8 - 25 - 45		Country) Md.		
	Richie House 828 Residence of decedent		0.07	Balta	imore	DEATH	9c. COUNTY	OF DEATH		
DIRECTOR	10s. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY LIMITS?		
LDI	Md.		Bal	timor				X1XXYES 2 NO		
FUNERAL	2122 St. Paul St	tr <b>n</b> et			21218			OF WHAT COUNTRY?		
S.	11. MARITAL STATUS 12. W	WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2	RMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yean, Puarto Rican, etc.)		S a A a  RACE — American Indian, Black, While, atc.		
ВУ		F YES, GIVE WAR OR DATES		1 Tyes, spe	Specify:					
	15. DECEDENT'S EDUCATION	N 16a. D	NO SECEDENT'S USUA	L OCCUPATION	DN .	16b. KINO OF BL	SINESS/INDUS	Rlack TRY		
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Meiden Surname)										
NO	17. FATHER'S NAME (First, Middle, Last)		Labo	rer	18. MOTHER'S NA	AME (First, Middle, Melder	Surname)			
BE (	Raymond Lane Maggie Belle Anchin									
2										
	20s. METHOD OF DISPOSITION 20s. BLACE AND DATE OF DISPOSITION 20s. BLACE AND DATE OF DISPOSITION									
	4 Donallon 5 Other (Specify) Temelon, or other place)  Mt. Zion Cem. 7-3-93 Lansdown Md									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	7 1.		22, NAME AN	ID ADDRESS OF FA	638 <b>M.</b> G	ilmor	St. Balt Ma		
	22 PROT 1 STATE OF THE PARTY OF			Albe	n+ D	[17217 2 0 Mar	0+0000	01017		
	23. PART I. Enter the diseases, or compleshock, or heart fellure. List of IMMEDIATE CAUSE (Finel	any one cause on each lin	eeth. Do not er	nter the mo	de of dylng, suc	ch ss cerdlec or resp	dratory srrest	Approximata Interval Between Onset and Death		
	disease or condition resulting in death) a. AID									
_	DUE TO (OR AS A CONSEQUENCE OF):									
TIFICATION	Sequentisity list conditions, if smy, leading to immediate Due TO (OR AS A CONSEQUENCE OF):									
CA	CAUSE (Disease or Injury									
	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	EQUENCE OF):							
S	DADT II Other elemificant conditions					· · · · · · · · · · · · · · · · · · ·				
SAL	PART II. Other significent conditions con	A Se	resulting in the	underlying	g ceuse given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
WED.						1 _ YES :	2 DE NO	OF DEATH?		
N.								1 123 21 110		
PHYSICIAN: MEDICA		SPITAL:		HER:	ACE OF DEATH (C)					
HYS		Inpatient 2 ER/Outpatient : 28a. DATE OF INJURY	28b. TIME OF	28c. INJ	URY AT	8 Other (Specify)  28d. OESCRIBE HOW	INJURY OCCUR	EO		
ВУР	1 Peldatural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY		RK? 'ES 2 NO					
	3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street,	factory, office		281. LOCATION (Street City or Town, State	and Number or F	Bural Route Number,		
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIAN 1	To the best of my knowledge, d	eath occurred at I	he time, data	and place, end dus	to the cause(a) and me	nner as stated.			
WO.		The basis of examinetion and/or						suse(s) and manner as stated.		
BE C	296. SIGNATURE AND TITLE OF CENTIFIER				29c. LICENSE NU	MBER 7	29d. DATE SI	GNED (Month, Day, Year)		
O 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (from Origin)										

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day.

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

	ges 1, 2, 3 should
physician.	e attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
pital or attending	ed for use as the
stained by the hos	should be detached
Page 6 may be n	director, page 5
ours after death.	d in by the funera
pecuted within.	and completely fille
death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.	e attending physician and completely filled

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CER	TIFICATI	E OF	DEATI	H	REG.	NO.		
-4	1. DECEDENT'S NAME (First, Middle, Last)	)		1011-			2	DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	ABRAHAM		LOCKETT SR.				07	0.2	93	1:30 P.	
	4. SOCIAL SECURITY NUMBER 213-07-8500	5. SEX 1 M 2 F	6. AGE (In yrs. last bir	res. Months	DAYS		MIN.	DATE OF BIRTH (Month, Day, Yea) 4/21/1	906	Coun	nest W. Va.
DIRECTOR	9a. FACILITY NAME (If not institution, give  3810 BARRINGT RESIDENCE OF DECEDENT					ORE			9c. CO	UNTY OF I	DEATH
EC	10e. STATE 10b. COUN	TY	10	c. CITY, TOWN	OR LOCAT	ION					10d. INSIDE CITY
	MD 10e, STREET AND NUMBER			BALT	BALTIMORE 101. ZIP CODE				1000		LIMITS?  1 X YES 2 NO  WHAT COUNTRY?
FUNERAL	3810 Barrin				21215				USA		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	TEVER IN U.S. ARMED YES 2 NO AR OR DATES	2 NO If yes, s		ECENDENT OF HISPANIC ORIGIN? (specify Cuben, Maxican, Puerto Rice ES 2 NO Specify:				14. RAC Blac Spec	E — American Indian, ok, Whita, etc.	
COMPLETED	15. OECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	(Give k	ECEDENT'S USUAL OCCUPATION Give kind of work done during most of working te. Do NOT use retired.)					BUSINESS/IN	DUSTRY	FZ M	
PM	17. FATHER'S NAME (First, Middle, Last)					18 MOTHE	D'S NAME	(First, Middle, Mai	den Sumemel		100000
	John Lockett					Ka		(FWS), PROOFO, PRO	oon comeney		
3 BE	19a. INFORMANT'S NAME (Type/Print)							te Number, City or			
2	Abraham Lock	ett, Jr.	76	09 Mai	cy	Dr.	Gler	Burn:	le, M	id :	21060
	20a. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Rev 4 Donation, 5 Other (Specify)	moval from State	20b. PLACE AND cemetery, cremete				m - 7		LOCATION -		own, State Virginia
	21. SIGNATURE OF FUNERAL SERVICE L	CENSES 110	#	22.	NAME AN	Y O.	OF FACIL DYI	TT &	SON F	UNE	RAL HOME
ATION	IMMEDIATE CAUSE (Pfinel disease or condition resulting in death)  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):										
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST  d										
EDICAL	PART II. Other aignificent condition	ona contributing to	death but not reau	iting in the u	nderlying	j ceuse giv	ven in Pa	PER	S AN AUTOPSY FORMED?		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: M								-   IN	QUIR	Y	10.120 10.110
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (Check only one)							
YSI	1 TYES 2 NO		ER/Outpatient 3 🗆	DOA 4 Nu		o 5 ₹ Rosi	idence 6	Other (Specify)			
ВУ РН	27. MANNER OF DEATH  1\( \sum \text{Natural} \) 2 \( \sum \text{Accident} \) 1 Accident Investigation	INJURY sy, Year)	b. TIME OF INJURY M	TIME OF 186. INJURY AT WORK?  M 1 YES 2 NO			28d. OEŞCRIBE HOW INJURY OCCURED				
	3 Suicide 6 Could not be 4 Homicide determined	F INJURY — At home, atc. (Specify)	At home, farm, street, factory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	tondon only	SICIAN: To the beat of									(e) and manner as stated.
TO BE C	SHE SIGNATURE AND TITLE OF CERTIFI	corbe	and			29c. LICEN	C.M.		29d. DA		• (Month, Day, Year) -1993
F	J. LARON LOCKE				tree	et, E	Balt	imore,	Mary	ylan	d 21201
5	31. DATE FILED (Month, Day, Year)  JUL 0 7 1993		A-RANGE							ă T	

4/21/1965 Farmerb, N. Va 217-07-8500 X 87

3510 Sarrington Road

John Lockett

Kate

Ahraham Lockett, Jr. 7609 Marcy Dr. Glen Burnie, Md

Mt. Neba Paptist Cem. 7/8 Dillwyn, Virginia

LEROY O. DYETT & SON STMERAL HOME Salto. Md. 4500 Liberty Hohts Ave.

	1 - STATE REGISTRAR CERTIFICA  1. DECEDENT'S NAME (First, Middle, Last)	ATE OF DEATH	REG. NO.	0 THE 05 051TH					
9	Mary A Latham Mary A.L	atham	MONTH BAY	93 S. TIME OF DEATH					
	10 00 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	MDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Forei Country)					
	911 0 3 3 8 0 7 7 70	CITY, TOWN OR LOCATION OF DE	1/17/15 ATH 190.0	MONMON O					
CTOR	University of Maniland	301 prove, 1	10 13	altomore City					
REC	41 / 1	WN OR LOCATION		10d. INSIDE CITY					
ō	100. STREET AND NUMBER	711.07	ty	XX YES A					
FUNERAL	325 S. Waxayear Street	2/223	10g.	USA					
4	11. MARITAL STATUS  1 Never Merried 2 Merried  1 Never Merried 2 Merried  1 Never Merried 2 Merried	13. WAS DECENDENT OF HISPANI If yes, specify Cuban, Mexican	, Puerto Rican, etc.)	- 14. RACE — American Indien Black, White, etc.					
) BY	Widowed 4 Divorced IF YES, GIVE WAR OR DATES	1 TYES 2 NO Specify:		White					
ETED	15. DECEDENT'S EDUCATION Specify only highest grade completed (Give kind of work of El mentary/Secondary (0-12) College (1-4 or 5 +)	lone during most of working	16b. KIND OF BUSINESS/	INDUSTRY					
리	8th.GRade: Touse	VIFE	Housel	ure					
5	17. FATHER'S NAME (First, Middle, Last) Harry Hutton	18. MOTHER'S NAM	NE (First, Middle, Meiden Surnam Agnes	0'Connor					
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADD	RESS (Street and Number or Rural R	oute Number, City or Town, State,	Zip Code)					
3		Rupert Rd.No							
	ACID ALL ACID ACID ACID ACID ACID ACID ACID ACID	K <sup>e)</sup> Cemetery7/		- City or Town, State O. City, Md.					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FAC	Balto	o.Md. 21230					
4	James H. Hackman St.		neral Home	,130 E.Fort					
	23. PART . Enter the diseases, or complications that caused the daath. Do not enter the block, or heart failure. List only one cause on each line.	nter tha mode of dying, such	as cardiac or respiretory	arreat, Approximat interval Bet Onset and t					
	disease or condition	rdiomyop	athy	Ghi					
7	DUE TO (OR AS A CONSEQUENCE OF):	art felling		5 hrs					
ATION	Sequentially list conditions, if any, leading to immediate  DUE TO (OR) AS A CONSEQUENCE OF):	21 - 3911 Ur							
TIFIC	CAUSE. (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):								
121	resulting in death) LAST								
JICAL C	PART II. Other significant conditions contributing to death but not resulting in the	e underlying cause given in F	Part I. 24s. WAS AN AUTOPS PERFORMED?	24b. WERE AUTOPSY FINE AWAILABLE PRIOR TO					
MEDIC	- Mypertension		1 U YES 2 NO	COMPLETION OF CA OF GEATH?					
			-	1 TYES 2 NO					
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTI	26. PLACE OF DEATH (Chec	ck only one)						
]	27. MANNER OF DEATH 28s. OATE OF INJURY 28b. TIME OF	Nursing Home 5 Residence 8	Other (Specify)  28d. DESCRIBE HOW INJURY (	DCCUREO					
	1 Netural 5 Pending (Month, Day, Seer) INJURY 2 Accident Investigation	M 1 VES ZETTO	Contrac Ass	at .					
<u>~</u>	3 Suicide 6 Could not be building, etc. (Specify)	factory, office	28f. LOCATION (Street and Num City or Town, State)	ber or Rural Route Number,					
ED B	4 Homicide determined determined								
ETED	ALIUM D								
IPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, daeth occurred at 1								
IPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at t		me, data and place, and due to						
BE COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the control of the best of examination end/or investigation, in the control of the best of examination end/or investigation, in the control of the best of examination end/or investigation, in the control of the contro	29c. LICENSE NUMI	me, data and place, and due to	the cause(a) and manner as stat					
E COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the medical examination end/or investigation, in the best of examination end/or investigation.	29c. LICENSE NUMI	me, data and place, and due to	the cause(a) and manner as stat					

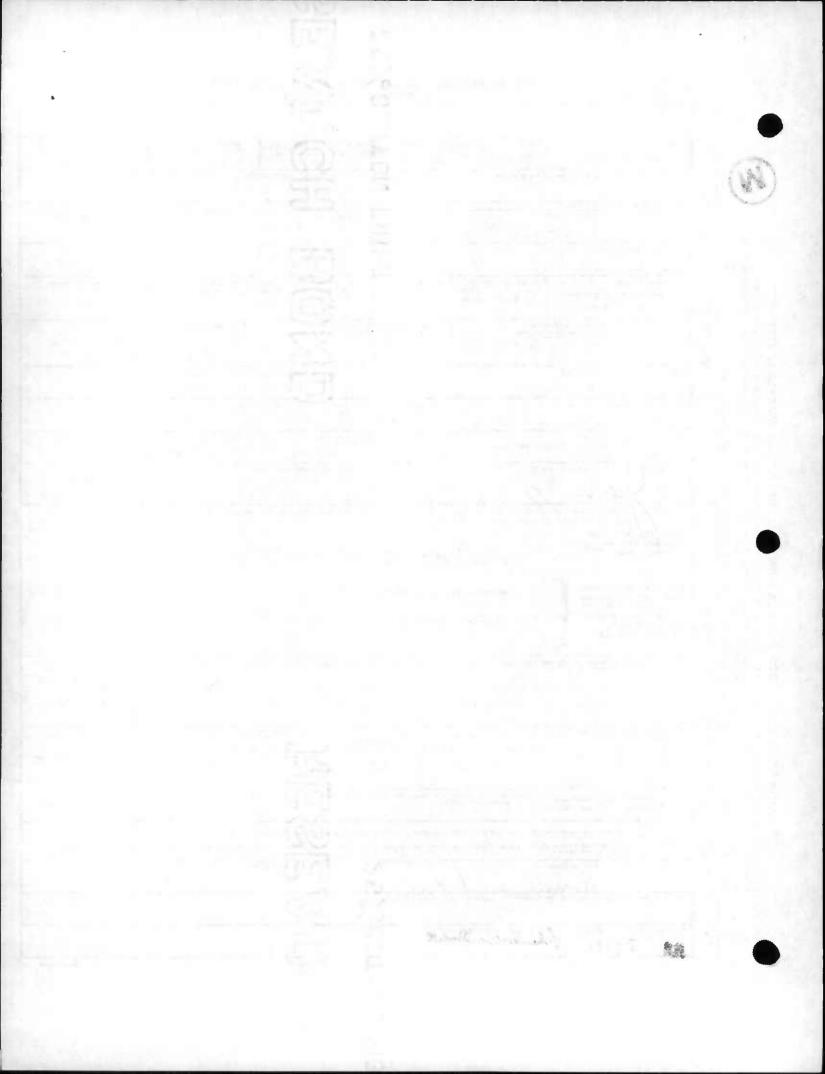
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100. 100. 100. 100. 100. 100. 100. 100.	MICHAEL OCIAL SECURITY NUMBER 2.12-82-1085 FACILITY NAME (II not institution, give  AD RTE#495 SIDENCE OF DECEDENT STATE 10b. COUNT ATYLAND CAI ATYLAND CAI STREET AND NUMBER 1.30 Klee Mill Ro MARITAL STATUS Never Married 2 Married Widowed 4 Divorced  15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)  FATHER'S NAME (First, Middle, Last) Frank Leroy Line INFORMANT'S NAME (Type/Print) Mrs. Elizabeth  METHOD OF DISPOSITION METHOD OF DISPOSITION SPURIAL 2 CREMETOR 3 Rer Donattory 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE LI  PART J. Enter the diseases, Dr strock, or heart failure.	LEE  5. SEX 1   X M 2   F   6. AG 1   X M 2   F    12. WAS DECEDENT EVEING FORCES? 1   YES, GIVE WAR OR COmpleted)  College (1-4 or 5+) 1 year  dsay  Lindsay  movel from State  CENSEE	R IN U.S. ARMED ES 2 DONO R DATES  16a. DECEDENT (Give kind of the Do NOT Self—	IS UNDER 1 Y MONTHS D  9b. CITY, TO Be 1  TY, TOWN OR I  Sykest  13. WAL If y I I  Susual occ I work done duri use retired.)  Employ  G ADDRESS (S  Klee M  EOF DISPOSITIO of for place)  G TOVE	NAVE HOURS MIN.  DOWN OR LOCATION OF the sda  LOCATION  VILLE  101. ZIP CODE 2.178  S DECENDENT OF NISP 23. APOCITY Curban, Maximal Pres 2 No Specify Curban, Maximal Pres 2 No Specify Curban, Maximal Pres 2 No Specify Curban, Maximal Pres 2 No Specify Curban, Maximal Pres 2 No Specify Curban, Maximal Pres 3 No Specify Curban, Maximal Pres 4 No Specify Curban, Maximal Pres 4 No Specify Curban, Maximal Pres 4 No Specify Curban, Maximal Pres 4 No Specify Curban, Maximal Pres 4 No Specify Curban, Maximal Pres 4 No Specify Curban, Maximal Pres 4 No Specify Curban, Maximal Pres 4 No Specify Curban, Maximal Pres 4 No Specify Curban, Maximal Pres 4 No Specify Curban, Maximal Pres 4 No Specify Curban, Maximal Pres 4 No Specify Curban, Maximal Pres 4 No Specify Curban, Maximal Pres 4 No Specify Curban, Maximal Pres 4 No Specify Curban, Maximal Pres 4 No Specify Curban, Maximal Pres 4 No Specify Curban, Maximal Pres 4 No Specify Curban, Maximal Pres 5 No	ANIC ORIGIN? (Specify can, Puerto Rican, etc.)  16b. KIND OF Siding  NAME (First, Middle, Maich M. Lind.  al Route Number, City or Sykesvill.  DATE 20c.  7/8 Sy	9c. COUNTY OF MONTO  10g. CITIZEN Unit  Yes or No 14. 1  BUSINESS/INDUSTI g Subcon for Surname) Say Poo	10:30 BIRTHPLACE (State or Foreign Country) Maryland OF DEATH GOMERY  10d. INSIDE CITY LIMITS? 1 YES 2 KNO OF WHAT COUNTRY? ed States  RACE — American Indian, Black, White, stc. Specify: White RY Attractor Die 1784 or Town, Stata
TO BE COMPLETED BY FUNERAL DIRECTOR  100".  11" WA 11" I I I I I I I I I I I I I I I I I I	OCIAL SECURITY NUMBER 2.12-82-1085  FACILITY NAME (If not institution, give  ID RTE#495  SIDENCE OF DECEDENT STATE  10b. COUNT  MARYLAND  CAT  STREET AND NUMBER  1.30 Klee Mill Ro  MARITAL STATUS  Never Married 2 Married  15. DECEDENT'S EDI  (Specify only highest grad  Elementary/Secondary (0-12)  Frank Leroy Line  INFORMANT'S NAME (First, Middle, Last)  Frank Leroy Line  INFORMANT'S NAME (First, Middle, Last)  Frank Leroy Line  INFORMANT'S NAME (First, Middle, Last)  Frank Leroy Line  SIGNATURE OF FUNERAL SERVICE LI  PART / Enter the diseases, Dr	S. SEX  1   X M 2   F    street and number)  TY  TY  TY  TY  TY  TY  TY  TY  TY  T	R IN U.S. ARMED ES 2 NO R DATES  16a. DECEDENT (Give kind o ille. Do NOT Self—  19b. MAILIN 130.  200. PLACE AND DAT	IS UNDER 1 Y MONTHS D  9b. CITY, TO Be 1  TY, TOWN OR I  Sykest  13. WAL If y I I  Employ  G ADDRESS (S  Klee M  EOF DISPOSITIO Offer place)  G TOVE	FUNDER 24 HRS.  NAVE HOURS MHM.  DOWN OR LOCATION OF THE Sda  LOCATION  VILLE  101. ZIP CODE 2.178  S DECENDENT OF NISP 28. apacity Cuban, Maxima apacity	7. DATE OF BIRTH (Morth, Day, Visur) 8/1/61 DEATH  ANIC ORIGIN? (Specify can, Puerto Rican, etc.)  16b. KIND OF Siding Ch M. Lind of M. Lind of Puerto Number, City or Sykesvill  DATE 20c. 7/8 Sy	9c. COUNTY OF MONT COM	INTHPLACE (State or Foreign Country)  Maryland  OF DEATH  GOMERY  10d. INSIDE CITY LIMITS? 1  YES 2 KNOW  OF WHAT COUNTRY? ed States  RACE — American Indian, Black, White, atc.  Specify: White  Itractor  Ole  1784  or Town, Stata
TO BE COMPLETED BY FUNERAL DIRECTOR 11. WHITE 11. WHITE 12. Source	FACILITY NAME (If not institution, give  MD RTE#495  SIDENCE OF DECEDENT  STATE 10b. COUNT  Maryland Car  STREET AND NUMBER  130 Klee Mill Ro  MARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced  (Specify only highest grad  Elementary/Secondary (0-12)  FATHER'S NAME (First, Middle, Last)  Frank Leroy Line  INFORMANT'S NAME (Type/Print)  Mrs. Elizabeth  Methodo Disposition  Methodo Disposition  Methodo Disposition  Methodo Disposition  Source of Cremetion 3 Ren  Donston 5 Other (Specify)  BIGNATURE OF FUNERAL SERVICE LINE  PART / Enter the diseases, pr	street and number)  TY  Troll  Oad  12. WAS DECEDENT EVELY FORCES? 1  YES, GIVE WAR OR  UCATION To completed)  College (1-4 or 5+) 1 year  dsay  Lindsay  movel from State	I 10c. CI  R IN U.S. ARMED ES 2 NO R DATES  18a. DECEDENT (Give kind o ##e. Do NOT Self—  19b. MAILIN 130	9b. CITY, TO BE 1  TY, TOWN OR Sykes TO Sykes TO Sykes TO Sykes TO Sykes TO Sykes TO Sykes TO Sykes TO Sykes TO Sykes TO Sykes TO Sykes TO Sykes TO Sykes To	DOWN OR LOCATION OF the sda  LOCATION VILLE  101. ZIP CODE 2.178 S DECENDENT OF NISP es, specify Cuban, Maxi YES 2 NO Specify Cuban, Maxi Hing most of working ed  16. MOTHER'S P Rut Street and Number or Rura ill Road  ON (Neme of Cemetery	ANIC ORIGIN? (Specify can, Puerto Rican, etc.)  16b. KIND OF Sidin;  Sidin;  NAME (First, Middle, Maich M. Lind: at Route Number, City or Sykesvill.  DATE 20c. 7/8 Sy	9c. COUNTY OF MONTO	Maryland  OF DEATH  GOMERY  10d. INSIDE CITY LIMITS? 1 Test 2 Kinno OF WHAT COUNTRY? ed States  RACE — American Indian, Black, White, stc. Specify: White RY  Atractor  Ole (2) (2) (3) (4) (7) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
TO BE COMPLETED BY FUNERAL DIRECTOR	SIDENCE OF DECEDENT STATE  TOP COUNT  ATYLAND  STREET AND NUMBER  130 Klee Mill Ro  MARITAL STATUS  Never Married 2 Married  15. DECEDENT'S EDI  (Specify only highest grad  Elementary/Secondary (0-12)  Frank Leroy Line  INFORMANT'S NAME (First, Middle, Last)  Frank Leroy Line  INFORMANT'S NAME (First, Middle, Last)  Frank Leroy Line  INFORMANT'S NAME (First, Middle, Last)  Frank Leroy Line  INFORMANT'S NAME (First, Middle, Last)  Frank Leroy Line  SIGNATURE OF FUNERAL SERVICE LINE  BIGNATURE OF FUNERAL SERVICE LINE  PART J. Enter the diseases, Dr	TY  rroll  12. WAS DECEDENT EVER FORCES? 1 TY IF YES, GIVE WAR OR  UCATION To completed)  College (1-4 or 5+) 1 year  dsay  Lindsay  movel from State	R IN U.S. ARMED ES 2 MINO R DATES  16a. DECEDENT: (Give kind of the Do NOT) Self—  19b. MAILIN 130  20b. PLACE AND DAT	Bet TY, TOWN OR Sykes  13. WAL If y 1 C  S USUAL OCCI I work done duri use refined. Employe G ADDRESS (S Klee M  EOF DISPOSITIO gher place) Grove	LOCATION VILLE  101. ZIP CODE 2.178 S DECENDENT OF NISP DES, specify Cuban, Maxi YES 2 NO Specify Cuban, Maxi YES 2 NO ROTHER'S R RUT Street and Number or Ruri ILL Road ON (Neme of Cemetery	ANIC ORIGIN? (Specify can, Puerto Rican, etc.)  16b. KIND OF Siding  NAME (First, Middle, Maich M. Lind.  al Route Number, City or Sykesvill.  DATE 20c.  7/8 Sy	MONTO  10g. CITIZEN Unit Vee or No— 14. I  BUSINESS/INDUSTI g Subcon fen Surname) say Poo Fown, State, Zip Cod e, MD 2.	10d. INSIDE CITY LIMITS? 1 YES 2 KANO OF WHAT COUNTRY? ed States RACE — American Indian, Black, White, sic. Specify: White RY Attractor 01e 1784 or Town, Stata
100  1 1M 1 1	SIDENCE OF DECEDENT STATE  10b. COUNT Maryland Cat STREET AND NUMBER 130 Klee Mill Ro MARITAL STATUS Never Married 2 Married Widowed 4 Divorced  (Specify only highest grad Elementary/Secondary (0-12)  FATHER'S NAME (First, Middle, Last) Frank Leroy Line INFORMANT'S NAME (Type/Print) Mrs. Elizabeth METHOD OF DISPOSITION Method of Disposition Method of Disposition Secondary of Donestion 3 Ren Donestion 5 Other (Specify) BIGNATURE OF FUNERAL SERVICE LI	12. WAS DECEDENT EVER FORCES? 1 1 YES, GIVE WAR OR DECEDENT EVER FORCES? 1 1 YES, GIVE WAR OR DECEDED TO THE PERSON OF THE PERSO	R IN U.S. ARMED ES 2 MINO R DATES  16a. DECEDENT: (Give kind of the Do NOT) Self—  19b. MAILIN 130  20b. PLACE AND DAT	TY, TOWN OR Sykes	LOCATION VILLE  107. ZIP CODE 2.178 S DECENDENT OF NISP 98, specify Cuban, Maxi YES 2 NO Specify Cuban, Maxi Hing most of working ed  16. MOTHER'S P Rut Street and Number or Rura ill Road ON (Neme of Cemetery	ANIC ORIGIN? (Specify can, Puerto Rican, etc.)  16b. KIND OF Siding  NAME (First, Middle, Malc.)  th M. Lind  al Route Number, City or Sykesvill  DATE 20c.  7/8 Sy	Init  Vee or No— 14. I  BUSINESS/INDUST:  g Subcon  for Sumame)  Say Poo  Fown, State, Zip Code  e, MD 2.  LOCATION — City	10d. INSIDE CITY LIMITS? 1 Secretary 1 Yes 2 Kinno OF WHAT COUNTRY? ed States RACE — American Indian, Black, White, stc. Specify: White RY Atractor Ole (2) (2) (3) (4) (5) (7) (6) (7) (7) (7) (7) (7) (8) (9) (9) (9) (9) (17) (9) (9) (17) (9) (9) (17) (9) (9) (17) (9) (9) (17) (9) (9) (17) (9) (9) (17) (9) (9) (17) (9) (9) (17) (9) (9) (17) (9) (9) (17) (9) (9) (17) (9) (9) (17) (9) (9) (17) (9) (9) (17) (9) (17) (9) (17) (9) (17) (9) (17) (9) (17) (9) (17) (9) (17) (9) (9) (9) (17) (9) (9) (17) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9
100. 100. 11. M 1	STATE 10b. COUNT  Maryland Car  STREET AND NUMBER  130 Klee Mill Ro  MARITAL STATUS  Never Merried 2 Married  15. DECEDENT'S EDI  (Specify only highest grad  Elementary/Secondary (0-12)  Frank Leroy Line  INFORMANT'S NAME (First, Middle, Last)  Frank Leroy Line  METHOD OF DISPOSITION  METHOD OF DISPOSITION  MUMBER OF FUNERAL SERVICE LINE  SIGNATURE OF FUNERAL SERVICE LINE  PART J. Enter the diseases, Dr	12. WAS DECEDENT EVER FORCES? 1 1 YES, GIVE WAR OR DECEDENT EVER FORCES? 1 1 YES, GIVE WAR OR DECEDED TO THE PERSON OF THE PERSO	R IN U.S. ARMED ES 2 MINO R DATES  16a. DECEDENT: (Give kind of the Do NOT) Self—  19b. MAILIN 130  20b. PLACE AND DAT	Sykes  13. WAL  If y  1 []  S USUAL OCCI  If work done duri user refined;  Employe  G ADDRESS (S  Klee M  EOF DISPOSITION  Office of the color  Office of th	S DECENDENT OF NISP S, specify Cuban, Maxi YES 2 NO Spec  UPATION Ing most of working ed  16. MOTHER'S R Rut  Street and Number or Rura ill Road  ON (Neme of  Cemetery	ANIC ORIGIN? (Specify can, Puerto Rican, etc.)  16b. KIND OF Siding  NAME (First, Middle, Malc.)  th M. Lind  al Route Number, City or Sykesvill  DATE 20c.  7/8 Sy	Unit  Wee or No— 14.  BUSINESS/INDUSTI  G Subcon  Say Poo  Fown, State, Zip Code  e, MD 2.  LOCATION — City	LIMITS?  1 YES 2 NOO OF WHAT COUNTRY? ed States  RACE — American Indian, Black, White, stc.  Specify: White  RY  Attractor  12 17 184 or Town, State
100  1 1M 1 1	STREET AND NUMBER  130 Klee Mill Romania Klee Mi	12. WAS DECEDENT EVEING FORCES? 1 1 YES, GIVE WAR OR SET OF THE PROPERTY OF TH	16a. DECEDENT (Give kind of the Do Not Self-  19b. MAILIN 130  20b. PLACE AND DAT	13. WAL If y 1 C S USUAL OCCI I work done duri user retired? Employe G ADDRESS (S Klee M EOF DISPOSITIO gher place) Grove	S DECENDENT OF NISP es, specify Cuban, Maxi YES 2 NO Spec  UPATION Ing most of working ed  18. MOTHER'S R Rut  Street and Number or Rura 111 Road  ON (Name of  Cemetery	ANIC ORIGIN? (Specify can, Puerto Rican, etc.)  16b. KIND OF Siding  NAME (First, Middle, Malc.)  th M. Lind  al Route Number, City or Sykesvill  DATE 20c.  7/8 Sy	Unit  Wee or No— 14.  BUSINESS/INDUSTI  G Subcon  Say Poo  Fown, State, Zip Code  e, MD 2.  LOCATION — City	of what country? ed States  RACE — American Indian, Black, White, atc.  Specify: White  Attractor  Ole  1784  or Town, State
11. M 1	MARITAL STATUS    Never Married   2   Married     Widowed   4   Divorced     15. DECEDENT'S EDI (Specify only highest grad     Stementary/Secondary (0-12)     Frank Leroy Line     Frank Leroy Line     Frank Leroy Line     Frank Leroy Line     MFTHOD OF DISPOSITION     METHOD OF DISPOSITION     METHOD OF DISPOSITION     Method of Disposition   3   Rem     Bonston   5   Other (Specify)     SIGNATURE OF FUNERAL SERVICE LINE     PART / Enter the diseases, Dr	12. WAS DECEDENT EVEL FORCES? 1   YES, GIVE WAR OR IF YES, GIVE WAR OR ICOMpleted)  College (1-4 or 5+) 1 year  dsay  Lindsay  movel from State	16a. DECEDENT (Give kind of the Do Not Self-  19b. MAILIN 130  20b. PLACE AND DAT	S USUAL OCCI work done during refined.) Employed G ADDRESS (S Klee M EOFDISPOSITION of the place) Grove	2.178 s DECENDENT OF NISP se, specify Cuban, Maxi YES 2 NO Specify No Specify	ANIC ORIGIN? (Specify can, Puerto Rican, etc.)  16b. KIND OF Siding  NAME (First, Middle, Malc.)  th M. Lind  al Route Number, City or Sykesvill  DATE 20c.  7/8 Sy	Unit  Wee or No— 14.  BUSINESS/INDUSTI  G Subcon  Say Poo  Fown, State, Zip Code  e, MD 2.  LOCATION — City	ed States  RACE — American Indian, Black, White, atc.  Specify: White  RY  Atractor  Cle  (2) 1784  or Town, State
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17. F/F 1901 20012CM 4 □ 21. S	(Specify only highest grad Elementary/Secondary (0-12)  FATHER'S NAME (First, Middle, Last)  Frank Leroy Line INFORMANT'S NAME (First, Print)  Mrs. Elizabeth  METHOD OF DISPOSITION Apurial 2 Cremeilon 3 Rer Donattory 5 Other (Specify)  SIGNATURE OF FUNERAL SERVICE LI	College (1-4 or 5+) 1 year  dsay  Lindsay  movel from State	(Give kind of the Do NOT Self-	G ADDRESS (S KLEE M  Eopplopolities  Grove  22. NA	ed  18. MOTHER'S R Rut  Street and Number or Rura 111 Road ON (Neme of Cemetery	Siding  NAME (First, Middle, Melc  th M. Lind  of Route Number, City or  Sykesvill  DATE 20c.  7/8 Sy	g Subcon  Jen Surname) say Poo  Jown, Stelle, Zip Cood e, MD 2.	ole 1784 or Town, State
23. IMMM dise	Frank Leroy Line INFORMANT'S NAME (First, Middle, Last) Frank Leroy Line INFORMANT'S NAME (Type/Print) Mrs. Elizabeth METHOD OF DISPOSITION Appurlai 2 Cremation 3 Ren Donattony 5 Other (Specity) SIGNATURE OF FUNERAL SERVICE LI	1 year dsay Lindsay movel from State	Self-	G ADDRESS (S KLee M cof Dispositio Grove  22. NA	ed  16. MOTHER'S R Rut Street and Number or Rura ill Road ON (Neme of Cemetery	NAME (First, Middle, Male: th M. Lind: al Route Number, City or Sykesvill  DATE 20c. 7/8 Sy	len Surname) Say Poo Town, State, Zip Cool e, MD 2.	ole 21784 or Town, Stata
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20a. 13204 4 - 21. 8	Mrs. Elizabeth  Method of Disposition  Apurlal 2 Cremetion 3 Ren  Donettony 5 Other (Specify)  SIGNATURE OF FUNERAL SERVICE LI  PART / Enter the diseases, Dr	movel from State	130	Klee M  corpisposition other piece) Grove  22. NA	ill Road  ON(Neme of Cemetery	Sykesvill DATE 20c. 7/8 Sy	e, MD 2.	01784 or Town, Stata
20a. 12CM 4 1 21. S	METHOD OF DISPOSITION  Apurial 2 Cremation 3 Ren  Donation 5 Other (Specify)  SIGNATURE OF FUNERAL SERVICE LI  PART J. Enter the diseases, Dr	movel from State	20b. PLACE AND DAT	other piece) Grove	ON(Neme of Cemetery	7/8 Sy	LOCATION — City	or Town, State
21. S	Purial 2 Cremation 3 Ren Donation 5 Other (Specify)  SIGNATURE OF FUNERAL SERVICE LI  PART J. Enter the diseases, Dr	ICENSEE	cemetery cremetory or	grove	Cemetery	7/8 Sy		
23.	PARTA. Enter the diseases, pr	B Cor	1000	22. NA				
IMM	PART I. Enter the diseases, or shock, or heart failure.	B Cor	1011		WE AND ADDRESS OF I	FACILITY	Dimenha	D A
IMM	PART I. Enter the diseases, or shock, or heart failure.	annella di	eu_	12	rrier-Quee	n Funeral	d Winfi	leld, MD 21
IFICATION OF THE CATE	quentially liet conditions, iny, leading to immediate see. Enter UNDERLYING USE (Disease or injury t initiated eventa ulting in death) LAST	bOUE TO (OR AS	S A CONSEQUENCE	OF):				
	RT II. Other aignificant condition	one contributing to deeth	h but not requiting	In the unde	eriving cause given i	n Part I. 24a, WAS	AN AUTOPSY T	24b. WERE AUTOPSY FINDS
MEDICA						PERF	FORMED?	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  YES 2 NO
	MAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			26. PLACE OF DEATH (	Check only one)		
YSI	YES 2 NO	HOSPITAL: 1   inpatient 2   ER/O			g Home 5 - Residence			
<u>-</u>	MANNER OF DEATN  Natural 5 Pending	28a. DATE OF INJUR (Month, Day, Yea	11)		BC, INJURY AT WORK?	28d. DESCRIBE HO		TRUCK BY
À 2	Accident Investigation	28a. PLACE OF INJU	JRY — At home, ferm	. 50		281 LOCATION (Stee	at and Number or D	humi Bouto Mumber
₩ 4	Nomicide 6 Could not be determined	bullding, etc. (S	ROADW			281. LOCATION (Streetly or Town, Streetly of Town, Streetly 495 & GEO	RGETOW	N RD/MONT
<u>a</u>   (		SICIAN: To the beat of my kn	nowledge, death occu	rred at the time				use(a) and manner as state
29b. 1	SIGNATURE AND TITLE OF CERTIFIE		1		29c. LICENSE N	UMBER		GNED (Month, Day, Year)
	Men		rute 10	13	0.C.	M.E	▶ 07-	05-1993
30. N	NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUSE OF			8.60			1 2 212
/0 31. D	DATE FILED (Month, Day, Year)	23 REGISTRAR'S OF	GNATURE T	enn S	Street, E	<u>saltimore</u>	e, Mary	land 212

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

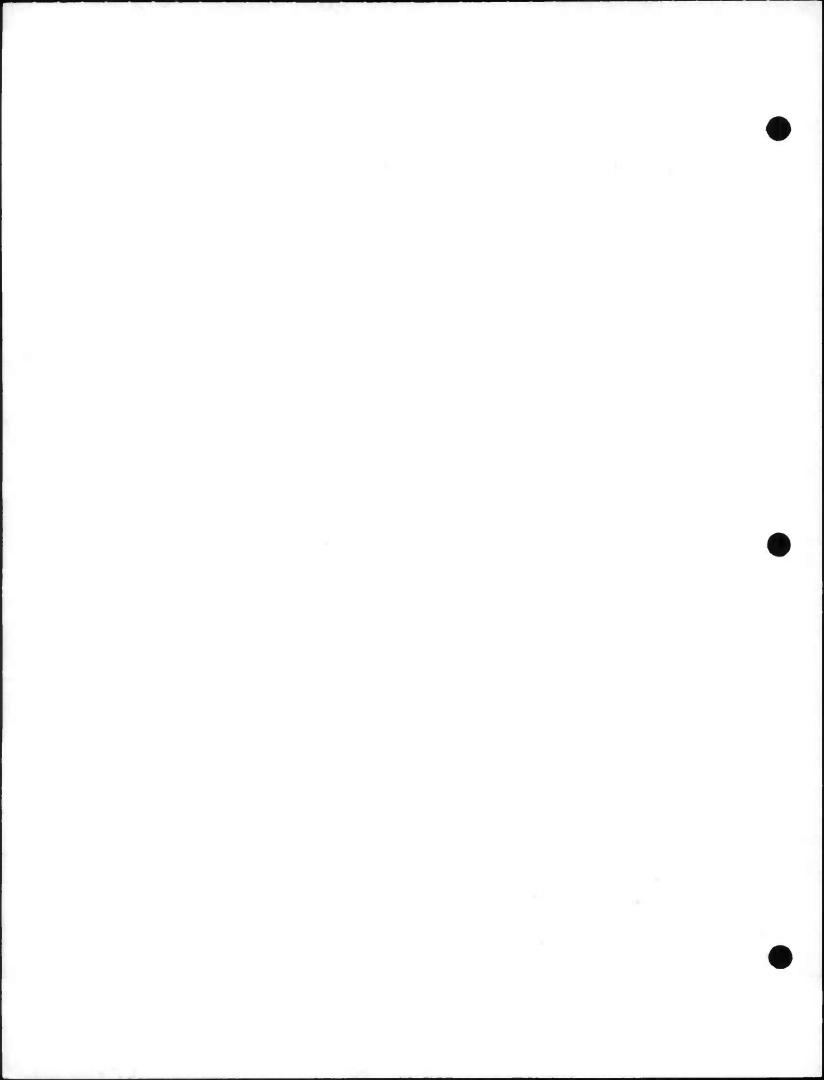
BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89



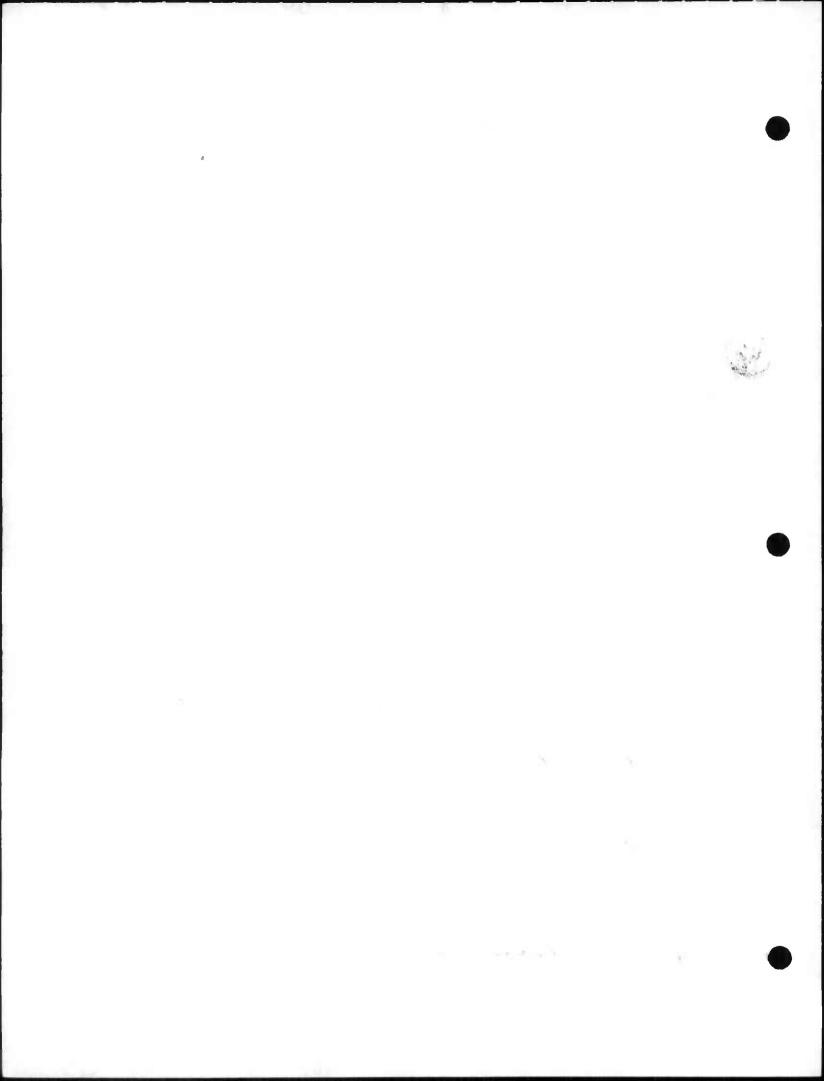
DAVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DHVISION	TO THE HOSPITAL OR ATTENDING PH	TO THE FUNERAL DIRECTOR: After this to filed within 72 hours after death with	IMPORTANT: If item 28 is mark

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIFI	TMENT OF H	EALTH AND DEATH	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	Dorothy Ma	rie [	ikens		2. DATE OF DEATH MONTH D	1993	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 220–48–3635	1 □ M 2XXF 85	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 1, 19	8. BIR	TNPLACE (State or Foreign ntry)
TOR	98. FACILITY NAME (If not institution, give s 4245 Chapel Rd.  RESIDENCE OF DECEDENT	treet and number)		Perry	Hall	EATN	%c. COUNTY OF Balt:	
DIRECTOR	Maryland 10b. count	Baltimore	10c. CITY	, TOWN OR LOCAT		Hall		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL		apel Rd.			zip code		U. S.	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	U.S. ARMED	If yes, spe	ENDENT OF NISPA Helfy Cuban, Maxic 2 XNO Speci	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	Ble	CE — American Indian, ick, White, stc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S t (Give kind of w life. Do NOT use	ork done durina mo:	N st of working	16b, KIND OF BU	SINESS/INDUSTRY	
ОМР	9 VIS.  17. FATNER'S NAME (First, Middle, Last)		House	wife	16 MOTNER'S N	Home		
BE C	J	oseph C	oster		Mar		Brien	
TO E	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow	n, State, Zip Code)	
	Mr. John Likens 200. METHOD OF DISPOSITION	20b.1	PLACEANDDATEO	F DISPOSITION (Na		erry Hall.	Md. 2'	128_
	1 Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	0000	tery, crematory or oit St. Jose	ph R.C.	Church C	em. 71-		lerton.Md.
	D. J. Lass	A.			D ADDRESS OF FA	E.F.La Rd. King	ssahn Fu sville.	neral Home Md. 21087
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	e	consequence of	ve 1.		Feulu		Approximate interval Between Onset and Death
CERTI	that initiated events resulting in deeth) LAST	DUE TO (OR AS A C						
AN: MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PRIDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINERS  1  YES 2 NO	HOSPITAL: 1  Inpatient 2  ER/Outpat		OTHER:	ACE OF DEATH (Ch			
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJURY	IRY AT	8 Other (Specify) 28d. DE\$CRIBE NOW II	NJURY OCCURED	
BY	1 Netural 5 Pending Investigation			M 1 🗆 Y	ES 2 NO			
ETED	3 Suicide 8 Could not be 4 Homicide Could not be determined  28a. PLACE OF INJURY — At home, farm, street, fectory, offica building, etc. (Specify)  28b. LOCATION (Street and Number or Rural Route Number, City or Rown, State)							Route Number,
OMPL		CIAN: To the best of my knowled						(a) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	1Home	mp		29c, LICENSE NUI	193	29d. DATE SIGNE	D (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO				21236		256	3580
	31. DATE FILED (Month, Day, Year) 1111 0 7 1993	The Davidson Significant	SHE SHE		1270		200-	JJ00



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	1 - STATE REGISTRAR		STATE OF M	/ MARYLAND Ci			TOFHI EOF			MENTA	REG. NO			
	1. DECEDENT'S NAME (First, Mic Rose Les	idle, Lest)	ROSE L							2. DATE	OF DEATH		YEAR 93	3. TIME OF DEATH  5: 05 A PART
1	4. SOCIAL SECURITY NUMBER 081-09-4041		SEX □ M 2 💥 F	6. AGE (In yrs. les		IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign Y) YORK
OR	98. FACILITY NAME (N not institution, give street and number)  96. COUNTY OF DEATH  96. COUNTY OF DEATH  BALTIMORE  96. COUNTY OF DEATH  96. COUNTY OF DEATH									EATH				
DIRECTOR	RESIDENCE OF DECED	like	10c, CIT	Y, TOWN	OR LOCATI	ON		10d, INSIDE C			10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER	varia	Baltinore					10g. CITIZEN OF WH			1 TYES 2 NO			
FUNERAL	5A CROSS KE	12	. WAS DECEDEN	T EVER IN U.S. AR	21210 VER IN U.S. ARMED 13. WAS DECENDENT OF HIS			5-HISPAN	HISPANIC ORIGIN? (Specify Yea or No. 14.			USA 14. RACE	— American Indian,	
BY	3 Widowed 4 Divorced IF YES, GIVE WAR			AR OR DATES						Hican, etc.)		Speck		
BEICOMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)				CEDENT'S two kind of Do NOT u	work done se retired.)	CCUPATION during moss	N t of workin	g	168	ACCOUN			
selcon	17. FATHER'S NAME (First, Middle, Last) HARRIS LESSER										Middle, Maiden IENDELS			
9	DR JULIAN A										DRE, MI			-
	206. METHOD OF DISPOSITION  1X Pauriet 2 Cremetion 3 Knamoval from State  4 Donation 5 Other (Specify)  206. PLACE AND DATE OF DISPOSITION Visions Co.  206. PLACE AND DATE OF DISPOSITION Visions Co.  206. PLACE AND DATE OF DISPOSITION Visions Co.  206. PLACE AND DATE OF DISPOSITION VISIONS CO.  207. PLACE AND DATE OF DISPOSITION VISIONS CO.  208. PLACE AND DATE OF DISPOSITION VISIONS CO.  209. PLACE AND DATE OF DISPOSITION VISIONS CO.  200. PLACE AND DATE OF DISPOSITION VISIONS CO.  200. PLACE AND DATE OF DISPOSITION VISIONS CO.  200. PLACE AND DATE OF DISPOSITION VISIONS CO.  200. PLACE AND DATE OF DISPOSITION VISIONS CO.  200. PLACE AND DATE OF DISPOSITION VISIONS CO.  200. PLACE AND DATE OF DISPOSITION VISIONS CO.  200. PLACE AND DATE OF DISPOSITION VISIONS CO.  200. PLACE AND DATE OF DISPOSITION VISIONS CO.  200. PLACE AND DATE OF DISPOSITION VISIONS CO.  200. PLACE AND DATE OF DISPOSITION VISIONS CO.  200. PLACE AND DATE OF DISPOSITION VISIONS CO.  200. PLACE AND DATE OF DISPOSITION VISIONS CO.  200. PLACE AND DATE OF													
	21. SIGNATURE OF FUNERAL SE	ERVICE LICENS	SEE C	Peur		22. S	OL L	EVIN	SON	& BF	ROS.,IN	VC,		
	23. PART I. Enter the disease shock or heart IMMEDIATE CAUSE (Final disease or condition resulting in death)	sea, or com failure. List	Soniy ona csu	coused the dese on such line	•		the mod	e of dyl	ng, such	as cen	diac or respi	ratory arr	est,	Approximata interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING													
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d	DUE TO	OR AS A CONSEC	DUENCE OF	P):								
PHYSICIAN: MEDICAL C	PART II. Other algnificant o	PART II. Other aignificant conditions contributing to death but not resulting in the undariying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 VES 2 NO									WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO			
CIA	25. WAS CASE REFERRED TO ME EXAMINER?		OSPITAL:					CE OF OE	ATH (Che	ck only on	•)			
IXSI	1 TYES 2 TONO  27. MANNER OF CEATH		Inpetlant 2 -	ER/Outpatient 3			sing Home		Idencs					
ВУ Р	1 Netural 5 Pend	ling itigation	26a. OATE OF (Month, Da	ly, Year)		URY M			NO	28d. DES	CRIBE HOW II	JURY OCC	UREO	
	3 Suicide 6 Coul 4 Homicide deter	d not be mined	26a. PLACE Of building,	FINJURY — At houst. (Specify)	me, farm, :	street, fact	ory, offica			261, LOC City	ATION (Street a or Town, State)	nd Number	or Rural A	oute Number,
COMPLET				my knowledge, dec amination and/or i										and manner as stated.
B	296. SIGNATURE AND TITLE OF	certifier	~	_b.o.				29c. LICE			al	29d, DATE	SIGNEO	(Month, Day, Year)
오	Sinai Hos	son who co	OMPLETEO CAUS	e of DEATH (ITEM	1 27) (Type,	Print)							1 - 1	1
İ	31. DATE FILEO (Month, Day, Year)	gratie	32 REGISTRA	PS SIGNATURE										



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Death of Health and Mental Horizon prior to huisal companion or companion.	The many strains are considered by the constraint of the training of the medical examiner must be notified at once MPORTAN. If then 28 is marked, or them 23 shows any injury, or other trainmatic event, the medical examiner must be notified at once
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	1 - STATE REGISTRAR		STATE OF I				HEALTH AND	MEN		GIENE				
	1. DECEDENT'S NAME (First)			11		,			TE OF DE	EATH DAY		VEAR	. TIME OF DE	ATH
	4. SOCIAL SECURITY NUMBER		O. L	cathe	x416	od		1	UN	y 4	199	13	3	A. M
	215 32 9119		5. SEX 12 M 2 ∏ F	6. AGE (In yrs. Is				7. DA 10/	onth, Day	йтн 16аг) 35	1	Country)	Md.	Foreign
_	9s. FACILITY NAME (If not in	stitution, give s		9b. CITY, TOV	N OR LOCATION OF				9c. COUNT	Y OF DEA	тн			
DIRECTOR	6311 Geo	POEDENT 106. COUNT				Y. TOWN OR LO	Sykesvil	le			C/	Arro		
	Md.	Carr	-		10.00	esville					10d. INSIDE CITY LIMITS? 1 ☐ YES ② NO			
FUNERAL	100. STREET AND NUMBER					101. ZIP CODE				10g. CITIZE	N OF WH	AT COUNTRY	7	
RE	6311 Geor	getow					21784				Ţ	J.S.A	4.	
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES					If yes	DECENDENT OF HISP appecify Cuban, Max YES 2 NO Spe	ican, Puar	GIN? (Spe to Rican,	etc.)		Specify: Vhite	- American Ir White, etc.	idlan,
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY													
MPL	H	I.S.	-	-		Cab Dr	iver	- 1		Т	'axi			
COMPLET	17. FATHER'S NAME (First, M.	iddle, Last)					18. MOTHER'S	NAME (Fire	st, Middle,	Meiden S	umeme)			
BE			Leatherwo				Helen		lliv					
2	19s. INFORMANT'S NAME (7)						et and Number or Run							
	Teresa L. Leatherwood [ 1899 Springhill Lane Hampstead, Md. 21074													
	20c. METHOD OF DISPOSITION  1  Surial 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of completely, cremation of other place)  OIG Oakland Cemetery  7/7 Sykesville,													
	21. SIGNATURE OF FUNERAL		CENSEE /	014	- COLLCI		AND ADDRESS OF	FACILITY	<u> </u>	Syve	SATTI	.e, r		
	Do Bul	1	Ala	11										21784
H	23. PART I. Entar the di	anc	complications the	Louised the d	anth Da a	Hai	ght Funer	ral I	Home	Box	195	Syke		
1	shock, or he	eert fellure.	Liet only one ceu	ise on each lin	e.	ot enter the	inode or dying, at	Jen ss c	eralec o	r reepiri	itory srree	ж,		Between
	IMMEDIATE CAUSE (Fin disease or condition reaulting in death)	→	· Ch	wir Obs	tucker	Pulm	ay Dista	D					Onset a	nd Death
			DUE TO	OR AS A CONSE	OUENCE OF	1. /a:	-							
CERTIFICATION	Sequentially list condition of the sequential sequentia	ons,	0.	(OR AS A CONSE	· con	- H	r.Gr					-	-	
CAT	cause. Enter UNDERLYI CAUSE (Disease or Inju	NG	ė.										İ	
E	that initisted events		DUE TO	(OR AS A CONSE	OUENCE OF	7:								
ER	resulting in death) LAS		d											
1 - 1	PART II. Other significa	nt condition	s contributing to	death but not	reculting i	n the underly	ing ceuse given i	n Part I.	240. 1	MAS AN A	UTOPSY	24b. W	ERE AUTOPSY	FINDINGS
MEDICAL										YES 2		0	MILABLE PRICOMPLETION DI	
WEL							-		1.0	120 2/2	Cito		F DEATH?	1 NO
ż														, 114
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				PLACE OF OEATH (	Check only	one)					
YS!	1 TES 2 NO		1 Inpatient 2	ER/Outpatient 3	3 🗆 DOA	OTHER:	ome 5 D feeldenc	6 🗆 01	ther (Speci	ify)				
F	27. MANNER OF OEATH	Pending	26s. DATE OF (Month, D	INJURY ay, Year)	26b. TIMI INJ	JRY	INJURY AT WORK?	26d. D	EȘCRIBE	HOW IN.	IURY OCCU	REO		
B	2 Accident	nvestigation	- PI 107 0				YES 2 NO	<u> </u>						
TED		Could not be setermined	building,	F INJURY — At he etc. (Specify)	ome, farm, a	treet, factory, o	ffice		OCATION :		d Number or	Rural Rou	te Number,	
COMPLET	29e. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best of	my knowledge, de	eath occurre	d at the time, d	ata and place, and d	ue to the	Cause(a) e	nd mann	er as stated	7		
O.							, death occured at the						nd manner as	stated.
W	29b. SIGNATURE AND TITLE	OF CENTIFIER					29c. LICENSE N	UMBER	3		29d. DATE S	SIGNED A	lonth, Day, Yea	r)
TO B	Patrick	Tue	Ways				1)20	806			D 7/	6/8	3	
F	30. NAME AND ADDRESS OF A TRICK	PERSON WH	O COMPLETED CAUS	SE OF DEATH (ITE		Print) 25 Libe	ity Red	51.	des	buo	MO	2/7	184	
	31. DATE FILED (Month, Day, )		32. REGISTRA	R'S SIGNATURE	4		/	~	,	7		41	-/	
السي	OOL 110	0		*		-								

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S.	that
RECC	reduires
_	W.
IA	The
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours at
Z	NG
ISIC	TEND
2	DR A
_	HOSPITAL
	141

	1. 2. 3 should		
	Pages		
TO THE MOSPITAL OR ALTENDING PHYSICIAN! The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SPITAL	NERAL D	thin 72 h	NT: II II
1 1 1	THE FU	filed wil	<b>APORTA</b>
E.	2	8	≗

	FOR 1 - STATE REGISTRAR	TATE OF MARYLA		TMENT OF H					
	1. DECEDENT'S NAME (First, Middle, Last)		OLITITI	CAIL OF	DEATH	REG. NO.	·		
	TOGERNI	DIDE	LADUTH			MONTH DI	y or	3. TIME OF DEATH 3. 4:40 PM M	
		RLES		ARKIN					
		M 2 □ F 81	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 04-7-1912	2 1	BIRTHPLACE (State or Foreign Country) MARYLAND	
TOR	NORTH ARUNDEL HOSP	and the second	ATION	9b. CITY, TOWN OR LOCATION OF DEATH ATION GLEN BURNIE			9c. COUNTY OF DEATH A.A. C		
DIRECTOR	10e. STATE 10b. COUNTY	RUNDEL		10c. CITY, TOWN OR LOCATION GLEN BURNIE				10d. INSIDE CITY LIMITS? 1 YES XX NO	
FUNERAL	18 D STREET, S.W.			1	ZIP CODE		10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
BY	1 Never Married 2 X Married	J.S. ARMED 2 NO ES	13. WAS DECI	or No- 14.	RACE — American Indian, Black, White, etc. Specify: WHITE				
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12) Co	Give kind of w	USUAL OCCUPATIO ork done during mos retired.)	SINESS/INDUST					
MPL	7 17. FATHER'S NAME (First, Middle, Last)	PAINT	MIXER		PAINT I		<i>(</i>		
BE CC	JOHN L			MARGARI	ME (First, Middle, Meiden ET	Surneme) HUTI	ron		
TO E	190. INFORMANT'S NAME (Type/Print) HELEN L. LARKIN				Route Number, City or Town		-/		
	20e. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  Commetter (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  GLEN HAVEN MEMORIAL PARK (1993)								
at more state of grantest control of the state of the sta								NERAL HOME	
	23. PART   Enter the diseases, or companies of companies of companies of companies of condition resulting in death)						ratory arrest	Approximata interval Between Onset and Death	
ATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A C	ONSEQUENCE OF	Stamo	ch St	latus Post	945/V-	ectour	
5	DARK II ON A LONG III						0		
MEDICAL	PART II. Other aignificant conditions con	ntributing to death but	not reaulting is	n tha underlying	cause given in	Part i. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
								1 YES 2 NO	
PHYSICIAN:		SPITAL: Inpatient 2 - ER/Outpati		OTHER:	5 Residence	8 Other (Specify)			
ву рну	27. MANNER OF DEATH    Description   State   Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c, INJU	IRY AT	28d. DESCRIBE HOW II	NJURY OCCUR	EO	
ED	3 Suicide 8 Could not ba 4 Homicide datermined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, st	reet, factory, office		28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)			
COMPLET		To the bast of my knowled the basic of examination e						use(e) end manner as stated.	
BE	2 SIGNATURE AND TITLE OF CERTIFIER AHS	AN.M.D.	for Dr	Karipi	29c. LICENSE NUN	IBER	29d. DATE SIG	GNED (Month, Day, Year) 4-93	
5	RANI S. KARIPINENI	MPLETED CAUSE OF DEATH	H (ITEM 27) (Type.	Print)		/GLEN BURN	IE, MAI	RYLAND 21061	



1 - STATE REGISTRAP	ì
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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

	REGISTRAR		CERTIFICA	TE OF DEATH	REG. NO	).	
3	1. DECEDENT'S NAME (First, Middle, Last)	, ~~ C			2. DATE OF DEATH MONTH	AY YEAR	3. TIME OF DEATH
		The Tree []	GRANZ		07-04	1-43	11:00
	17014 2709	1 🗆 M 2 💟 F	(In yrs. lest birthday) IF UN YRS. MONTH	DER 1 YEAR   IF UNDER 24 HRS. IS DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day Year)		THPLACE (State or Fore
DIRECTOR	9e. FACILITY NAME (If not institution, give ST, VOSEPH)	street and number) 5 HOSP 1 + 1.	96. C	TOWSO		9c. COUNTY OF	OEATH //O,
EC	RESIDENCE OF DECEDENT  100. STATE  10b. COUNT	ry	10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY
DIA	MARYLAND BAS	Jimore.	Pag	Kirilis			LIMITS?
	10e. STREET AND NUMBER	2011	1 1 11	101. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
ER	2514 CRIGO	TION AVS		21224		().	07
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Maxic	ANIC ORIGIN? (Specify Ye	s or No — 14. R/	ICE — American Indiar ack, White, alc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 VES 275 NO Spec			WHITE
ETED	15. DECEDENT'S EDI (Specify only highest grad	JCATION le completed)	16a. DECEDENT'S USUAL (Give kind of work do	ne during most of working	16b. KIND OF BU	SINESS/INDUSTRY	,
Ä	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use retire	d.)			
COMPL	17. FATHER'S NAME (First, Middle, Last)		HI HO	NE			
	In tainer's name (rist, miodis, List)	1 Raylon			IAME (First, Middle, Maiden	Surname)	
BE	19a. INFORMANT'S NAME (Type/Print)	1. 1/0m/22	19h MAII ING ADDR	ESS (Street and Number or Rura	ABELLE	on Chata Tin Cadal	
2	in and On	ROS	S ~ ~			rn, Stare, ZIP CODE)	
	20a. METHOD OF DISPOSITION	20b	PLACE AND DATE OF DISI	S AS ABO		CATION — City or	Town State
	15 Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)		etery, crematory or other pla		K 7-7 P	oki-11c	Marylan
	21. SIGNATURE OF FUNERAL MENTICE L	ICENSEE		22. HAME AND ADDRESS OF F	ACILITY COS COS	U	HIVLAN
	100 JJ	/\		11	. 0	RILL	
	23. PART I. Enter the diseases, or	Maron A		3800 HARFO	RO 160AO-	- MARKY.	Approxima
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	bDUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):				
E	resulting in death) LAST	d					
	PART II. Other aignificent condition	na contributing to death b	ut not regulting in the	underiving cause given is	n Pert I. 24s. WAS AN	AUTOPSV 2	4b. WERE AUTOPSY FIN
MEDICAL					PERFO	RMED?	AMALABLE PRIOR T COMPLETION OF CO OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	Г		26. PLACE OF OEATH (C	Shook note and		
Sic	EXAMINER?  1 YES 2 NO	HOSPITAL:	other 3 DOA A D	ER:			
ĔΙ	27. MANNER OF DEATH	26a. DATE OF INJURY	28b. TIME OF	Yunsing Nome 5 ☐ Residence 28c. INJURY AT	28d. DE\$CRIBE NOW	NJURY OCCUREO	
BY	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK? 1 YES 2 NO			
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, street,	ectory, office	28f. LOCATION (Street City or Town, State,	end Number or Run )	al Route Number,
ZET	29a. CERTIFIER  (Check only 1 CERTIFYING PNYS	SICIAN: To the best of my knowl	ledge, death occurred at th	e time, data and place, and de-	e to the councies and ma	Oper se stated	
COMPL		ER: On the basis of examination					e(a) and manner as sti
	29b. SIGNATURE AND TITLE OF CERTIFIE			29c. LICENSE NU			EO (Month, Day, Year)
BE	om es an	111		D 40.		N SIGN	1,92 (MONIN, 1788)
2	30. NAME AND ADDRESS OF PERSON WI		ATH (ITEM 27) (Type, Print)			7	
		NOSAIRC					
	31. DATE FILED (Month, Day, Year)					· · · · · · · · · · · · · · · · · · ·	
0	.1111 0 7 1993	32. REGISTRAR'S SIGN	andelle				
		444					

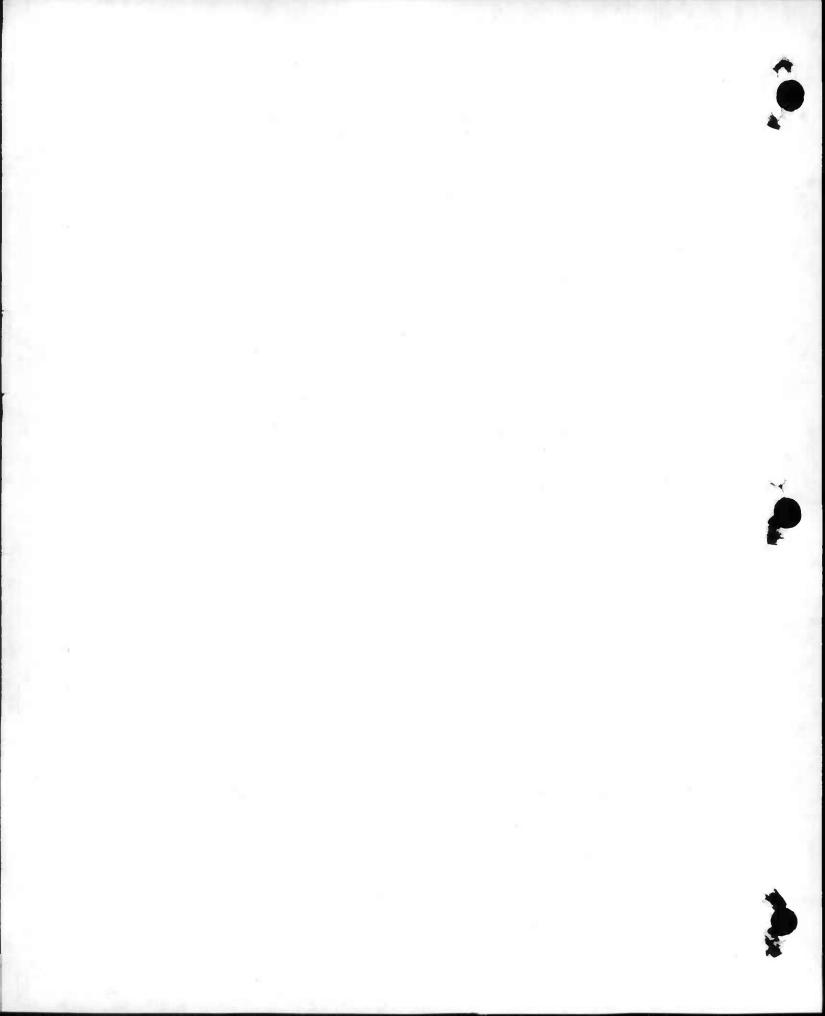


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

ITEMS 23.28

FOR STATISTICS	STATE OF	MARYLAND / DEPAI CERTIF	RTMENT (	OF DEATH	MENTAL	REG. NO.		
DECEDENT'S NAME (First, Middle, Les			MYG	CHELL	2. DAT	E OF DEATH	OF 15	1:30 P
JAMES	1	ADD to the best high death of the				E OF BIRTH		ATTIPLACE (State or Foreign
262–40–0558	5. 8EX 6.	AGE (In yrs. leat blithday) 59 YRS.	IF UNDER 1	PAYE HOURS NO	ic	-23-33	FI	ORIDA
MERCY HOSPITA	e street and number)			OWN OR LOCATION O			e. COUNTY D	F DEATN
ON BTATE TOL COU		1	Y. TOWN OR	4 Agertanti		-;		I AN INSIDE CITY
MD			ATTIM	DRE				10d. INSIDE CITY LIMITS7 YES R   NO
1607 CHILTON S	TREET			10r. ZIP CODE 2121	8		U.S	A.
1. MARITAL STATUS    Naver Mentled   R   Mentled	12, WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	VER IN U.B. ARMED YES SY IND OR DATES	10	AS DECENDENT OF NO 1900, apacity Cuban, M	ISPANIC ONI Iselean, Puer Accelly:	GIN7 (Specify Yea 6 to Rican, etc.)	1 2	ACE — American Indian, Hack, Whita, etc. IDDONY: BLACK
15. DECEDENT'S E (Spootly any highest or Elementary/Secondary (0-12)	College (1-4 or 5+)	16h. DECEDENT'S (Give Aind of Ille, Do NOT u	USUAL OCC work during the se relibed.)	UPATION dry most of working		ISD, KIND OF BUSIN	NEBS/INDUST/	Υ
17. FATHER'S NAME (First, Middio, Lest)	***			GEORG	IA WE			
Ba. INFORMANT'S NAME (Type/Frint)				Street and Number of I				
ROSA MITCHELL  No. METHOD OF DISPOSITION		1007		ON STREET			ATION - CITY O	
Donation & Li Other (Specify)	emovel from State			EMETERY				MARYLAN
I, BIGNATURE OF FUNERAL SERVICE	LICENSEE	BURNAMOA	-	AME AND ADDRESS	and the same			
Humiz	to K.C	Anes	WM	.C.MARCH	F.H./	1101 E.	MORTH	AVENUE
Gequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TD (C	DIAI, FIBROS  PRAS A CONSEQUENCE CO	)F): )F):					
seputting in deeth) LAST	_ 6							
PART II. Other algnificant condi	iona contributing to d	eall) bul not resulting	in the und	forlying cause give	en in Part	L 246. WAS AN PERPOAL	MEOT	24b, WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SE, WAS CASE REFERRED TO MEDICA				28. PLACE OF DEAT	TH (Check on	ין (פריט ע'		
EXAMINER?	HOSPITAL:	AOO ( ) C melmqruova	4   Num	: ing Home \$ [] Ryald	Sence & []	Other (Specify) (	· · · · · · · · · · · · · · · · · · ·	,
27. MANNER OF DEATH  1XX Natural	28a. DATE OF I	NJURY ROB. TI	NE OF	20c, INJURY AY WORK? 1 YES 2 7		OESCRIBE HOW IP	NJUNY OCCURI	EO
2 Accident annualipati 3 Suicide 8 Could not 4 Homicide determine	ba PLACE OF building, a	INJURY — Al home, larm ic. (Specify)	, street, Isoto	ery, office	261.	LOCATION (Bireet a City or Town, State)	nd Number or I	lural Route Number,
	IYSICIAN: To the best of s							suse(a) and manner as state
No. BINNATURE AND TITLE OF CEM	hehele	OF DEATH ((TEM 27) L/M	oe, Prioti	0.0	e number . M.E		► 6-J	B-1993
MANAGE AND AND AND AND AND AND AND AND AND AND	h 16000	J.L.I. Pe	enn s	street,	Balt.	imore,	Mary!	Land 2120
JUL 07 7399	of which was	down-flowders						

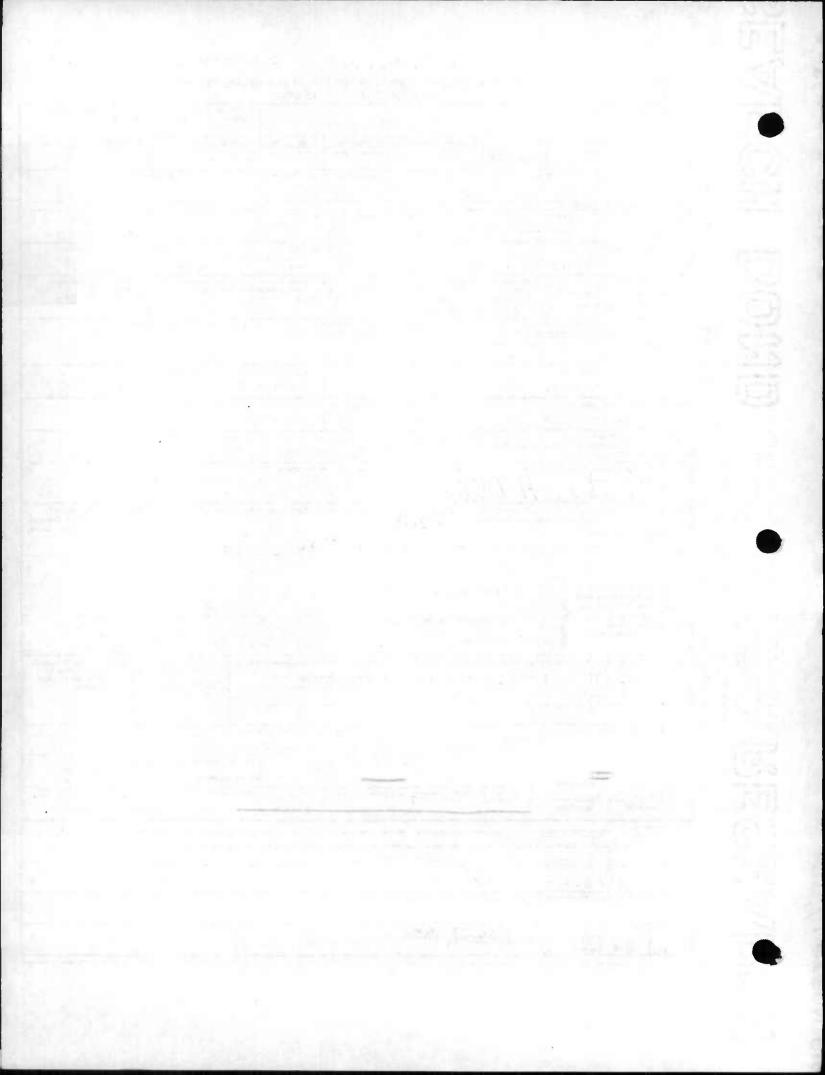


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE C	E DEATH		
	SHERMAN	н.	McDON	IALD		MONTH	3 199:	3 YEAR	2; 11 A
	4. SOCIAL SECURITY NUMBER 5. S 217-26-6610 1.X		(In yrs. lest birthday) 62 YRS.	IF UNDER 1 YEA		7. DATE O	F BIRTH Day, Year) 1929	8. BIRTI	HPLACE (State or For
	Sa. FACILITY NAME (If not institution, give street a	nd number)		96. CITY, TOV	VN OR LOCATION OF			UNTY OF C	
0 E	2400 BLOCK WASHII	NGTON BO	ULEVARD	BA	LTIMORE	CITY			
DIRECTOR	10e. STATE 10b. COUNTY Maryland Baltim	ore		CATION TITE	10d, INSIDE CITY LIMITS? 1 YES 2 [X				
FUNERAL	100. STREET AND NUMBER 200 First Ave.; A	pt. 216	Eller		101. ZIP CODE 21227	7	10g. CITIZEN OF WHAT COL		
B≼	a Date and a State and	was decedent even in forces? 1 8 Yes F Yes, give war or direct the confidence of the	ATES 1 TYES 2 NO Specify:					Yea or No— 14. RACE — American Indian, Black, White, atc. Specify: White	
品	15. DECEDENT'S EDUCATION (Specify only highest grade complete)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working the Do NOT use refired.)  16b. KIND OF					F BUSINESS/INDUSTRY		
COMPLET	Elementary/Secondery (0-12) Coll High School		se retired.) ck Driv		т	Transportation			
8	17. FATHER'S NAME (First, Middle, Last)	1110	CK DIIV	ddle, Meiden Surname)					
BEC	Sherman N.	McDonald			Mary		erta Ger		
0	19a. INFORMANT'S NAME (Type/Print)  James M. McDonald						imore, Md		214
	20t METHOD OF DISPOSITION  1 N Buriel 2 Cremation 3 Removal f 4 Donation 5 Other (Specify)	rom State 20t	b. PLACE AND DATE	OF DISPOSITION		DATE	20c, LOCATION -	- City or To	fown, State
	23. PART I. Enter the diseases, or comp shock, or heart fellure. List of IMMEDIATE CAUSE (Finel	only one cause on a	each line.	not enter the	mode of dying, au	ich as cerdi	ec or reapiratory a	rrest,	Approxima Interval Be
z		DUE TO (OR AS	S ASSOCIAT A CONSEQUENCE O		POSITIONAL	ASPHYXI	Λ		Onset and
HTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A		PF):	POSITIONAL	ASPHYXI	Λ		Onset and
N: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO deeth be	A CONSEQUENCE O  A CONSEQUENCE O  A CONSEQUENCE O	마: 판: 판:	ying ceuse given i	n Part I.	24a. WAS AN AUTOPS PERFORMED?	7 241	b. WERE AUTOPSY FII AMAILABLE PRIOR COMPLETION OF C OF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions con ATHEROSCLEROTIC CARDIOVALE PULMONARY DISEASE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO deeth be	A CONSEQUENCE O  A CONSEQUENCE O  A CONSEQUENCE O	F): In the underl	ying couse given i	n Part I.	244. WAS AN AUTOPS) PERFORMED? 1 YES 2 NO		b. WERE AUTOPSY FII AMAILABLE PRIOR COMPLETION OF C OF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditions con ATHEROSCLEROTIC CARDIOVALE PULMONARY DISEASE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS ADDUE TO (OR AS ADDUE TO (OR AS ADDUE TO (OR AS ADDUE TO (OR AS ADDUE TO (OR AS ADDUE TO (OR AS ADDUE TO (OR AS ADDUE TO (OR ADDUE TO (OR ADDUE TO (OR ADDUE TO (OR ADDUE TO (OR ADDUE TO (OR ADDUE TO (OR ADD	A CONSEQUENCE OF A CONS	In the underi	ying ceuse given is UCTIVE  D. PLACE OF DEATN (CHOME 5   Residence	n Part I.	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  (Specify) PUE	BLIC	b. WERE AUTOPSY FII AMAILABLE PRIOR COMPLETION OF C OF DEATH?
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions con ATHEROSCLEROTIC CARDIOVALE PULMONARY DISEASE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO 10  27. MANNER OF DEATH  1 Natural	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF A CONS	In the underi IC OBSTR  OTHER: 4   Nursing I	ying couse given i	n Part I.	24a. WAS AN AUTOPS' PERFORMED?  1 YES 2 NO  (Specify) PUI	BLIC country FIX	b. WERE AUTOPSY FII AMAILABLE PRIOR COMPLETION OF C OF DEATH?
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions con ATHEROSCLEROTIC CARDIOVALE CARDIO	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF A CONS	F):  In the undering the street, factory, of the stree	ying ceuse given is UCTIVE  D. PLACE OF DEATN (Come 5   Residence INJURY AT WORK?   YES 22   NO	n Part I.  Check only one  8 X Other  2ed. DESC  SUBJ  28f. LOCA	244. WAS AN AUTOPS? PERFORMED?  1 YES 2 NO  (Specify) PUI  RIBE NOW INJURY OF THE PORT NOTION WASHINGT(	BLIC CCURED VER ON BLV	b. WERE AUTOPSY FII AMAILABLE PRIOR : COMPLETION OF CO OF DEATH?  STREET  STREET  AUTO /// D. SEXTON
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions con ATHEROSCLEROTIC CARDIOVALE CARDIO	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF A CONS	In the underi IC OBSTR  OTHER: 4 — Nursing Interest, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, or the street, factory, o	ying ceuse given is UCTIVE  D. PLACE OF DEATN (Company of the property of the	n Part I.  Check only one  8 Nother  2ed. DESC SUBJ  2ef. LOCA ARD	24a. WAS AN AUTOPS: PERFORMED? 1 XYES 2 NO  (Specify) PUE RIBE NOW INJURY OF ECT DRIV FION WASHINGT( BALTIN e(a) and menner as at	BLIC CCURED VER ON BLV MORE	b. WERE AUTOPSY FINAMALABLE PRIOR COMPLETION OF CO F DEATH?  1. YES 2 N  STREET  ED OBJETIN AUTO  O, SEXTON  CITY ME
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditions con ATHEROSCLEROTIC CARDIOV/PULMONARY DISEASE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO  1 Netural Investigation 27. MANNER OF DEATH 1 Netural Investigation 3 Suicide 6 Could not be determined 4 Nomicide CERTIFYING PNYSICIAN:	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF A CONS	In the underi IC OBSTR  OTHER: 4 — Nursing Interest, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, factory, or the street, or the street, factory, o	ying ceuse given is UCTIVE  D. PLACE OF DEATN (Company of the property of the	check only one  a Nother  28d. DESC  28f. LOCA  ARD  to to the cause time, data a	24a. WAS AN AUTOPS' PERFORMED?  1 YES 2 NO  (Specify) PUI RIBE NOW INJURY OF DRIV TION WASHINGT( BALTIN  (e) and menner as at and place, and due to	BLIC CCURED VER  VER  ON BLV  MORE	b. WERE AUTOPSY FINAMALABLE PRIOR COMPLETION OF CO F DEATH?  1. YES 2 N  STREET  ED OBJETIN AUTO  O, SEXTON  CITY ME



1-transit permit. Pages 1, 2, 3 should

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

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	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN STANFORD BREVARD MORRISON JULY 1993 5:20 P M 7. DATE OF BIRTH (Morth, Day, Year) 02/10/2/ 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 246 28 7389 1 XM 2 - F 66 YRS. NORTH CAROLINA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR V.A. MEDICAL CENTER FORT HOWARD BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2314 OCALA AVENUE 21215 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puarto Rican, atc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 □ NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TYES 2 NO BY Specify: 3 Widowed 4 Divorced **BLACK** 08/02/45-11/12/46 COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high dery (0-12) College (1-4 or 5+) SERVICEMAN 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) KAKE MORRISON VARDIE SHUFORD BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 MARY MORRISON 2314 OCALA AVENUE BALTIO, MD. 21215 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE GARRISON FOREST VET. OWINGS MILLS, MD. 4 Donation 5 Other (Specify) 7/8 21. SIGNATURE OF FUNERAL SERVICE LICENSEE. 22. NAME AND ADDRESS OF FACILITY E.L. PHILLIPS FUNERAL HOME PA. #281 1721-27 N MONROE ST BALTIO 23. PART I. Entar the diseeses, or complications that caused the death. Do not enter the mode of dying, such ae cardiac or reapiratory arrest, Approximata shock, or heart fellure. List only one cause on each line Interval Batween IMMEDIATE CAUSE (Finsi Onset and Death disease or condition ANOXIC BRAIN DAMAGE 2 YEARS resulting in death) DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequantisliy list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b, WERE AUTOPSY FINDINGS AMAIL ARLE PRIOR TO CORONARY ARTERY DISEASE COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO RESPIRATORY FAILURE 1 | YES 2 | NO S/P GASTROSTOMY PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER 1 TYES 2 X NO 1 V Inpatient 2 ER/Outpatient 3 DOA te 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28d. DESCRIBE NOW INJURY OCCURED 28b. TIME OF INJURY 28c. INJURY AT WORK? 1X Natural 5 Pending Investigation M 1 YES 2 NO ВУ 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide ETED. 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Homicide 29s. CERTIFIER

(Chack only

1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

M an JULY 2, 1993 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) AURORA C. TAN, M.D., 9600 NORTH POINT ROAD, FORT HOWARD, MARYLAND 21052 que thinks shows



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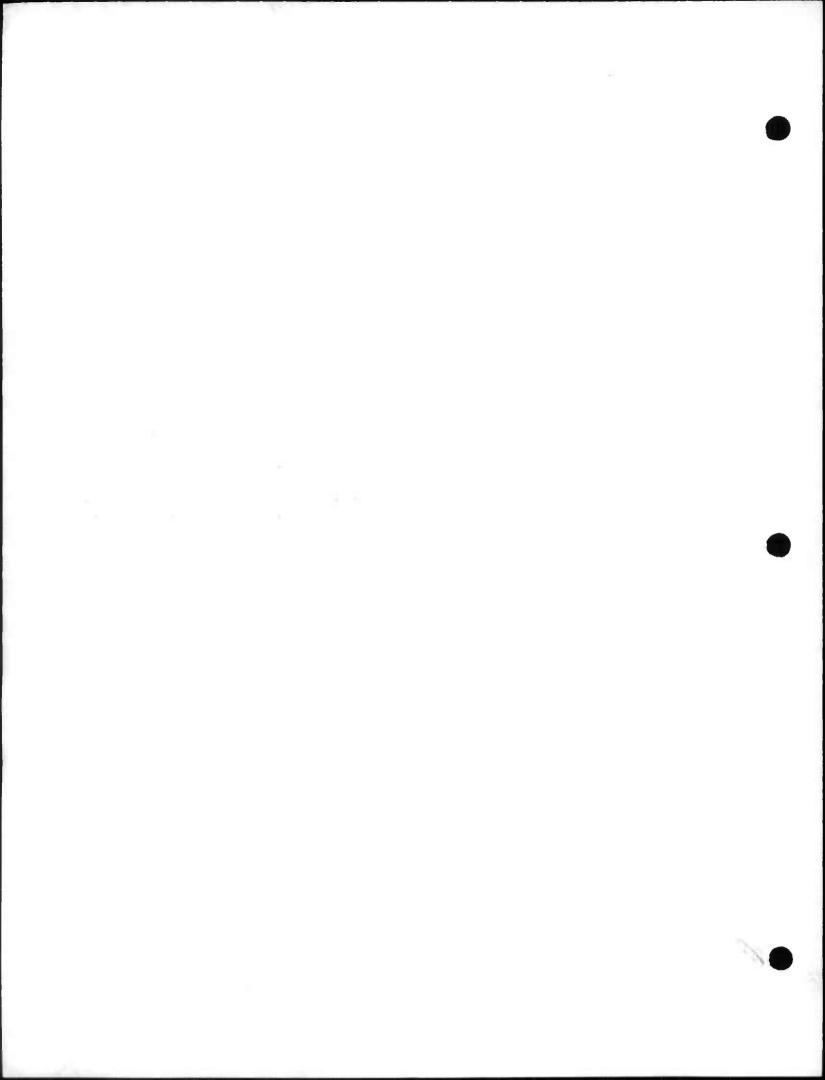
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29b. SIGNATURE AND TITLE OF CERTIFIES

29d. DATE SIGNED (Month, Day, Year)



1	-	FOR STATE REGISTRAR

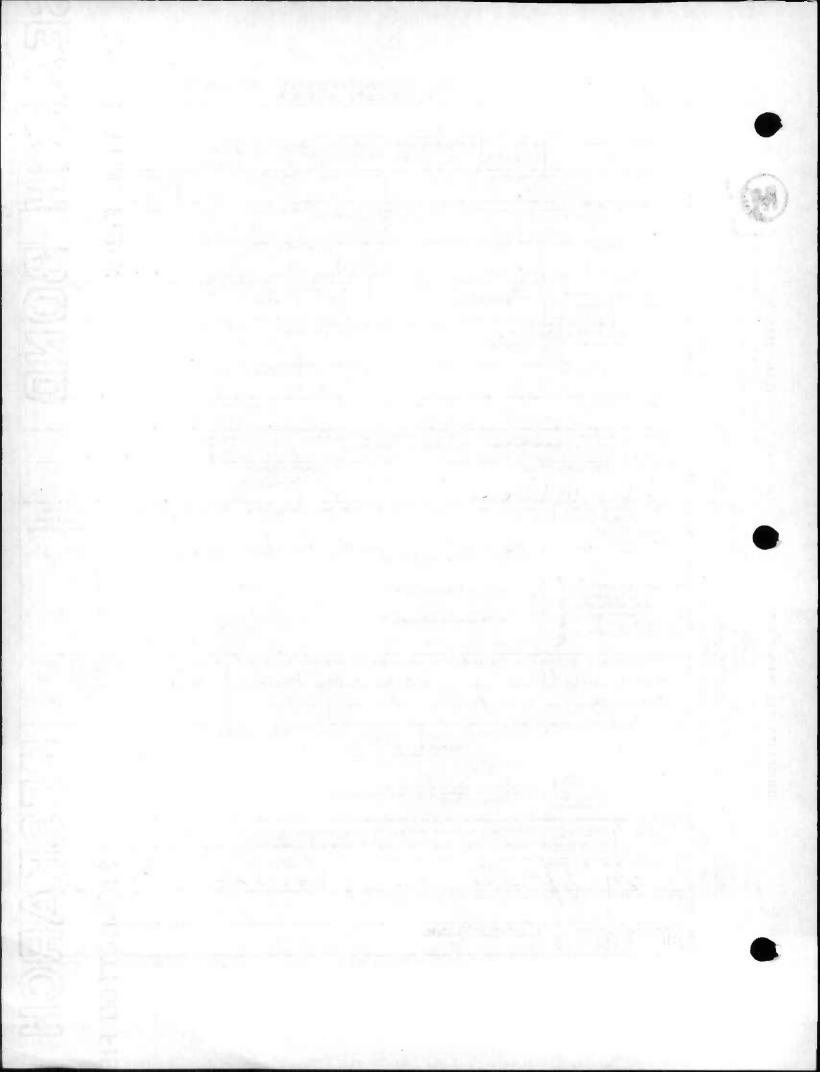
1. DECEDENT'S NAME (Fir	st, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATH
Jonatha	n Fran	klin Ma	Crav				7-4-1	DAY O O	YEAR	10:20 P
4. SOCIAL SECURITY NUI		5. SEX	6. AGE (In yrs. last bi	irthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN	993	a. BIRTI	IPLACE (State or Foreign
212-10-0	585	1 M 2 F	89	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	00/	Count	77)
9a. FACILITY NAME (# not	300	_ 25	0 9		9b. CITY TOWN	OR LOCATION OF D	5-26-1		Wes	st Va.
863 Flin					BelAi		LAIN		rfor	
RESIDENCE OF DE								1.0		
Md .	Har	ford			v, town on Loc. BelAir	ATION			4.5	10d. INSIDE CITY LIMITS?  1 YES 2 X NO
10e. STREET AND NUMBE	R					Of. ZIP CODE		10g. CIT	TIZEN OF	WHAT COUNTRY?
863 Flin	tlock	Dr.			200	2101	5	II .	S.A.	
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. ARME	D	13. WAS DE		NIC ORIGIN? (Specify Y		14. BAC	E — American Indian.
1 Never Married 2 3 Widowed 4 Di		FORCES?	MAR OR DATES		If yes, s	pecify Cuban, Maxic S 2 X NO Speci	an, Puarto Rican, etc.)		Spec Whit	k, White, etc. //y:
	CEDENT'S EDUC		16a, DECE	DENT'S	USUAL OCCUPAT	ION	16b, KIND OF B	USINESS/IN		
(Specify of Elementary/Secondary	nly highest grade	College (1-4 or 5	Hito D	kind of w o NOT us	work done during me se retired.)	ost of working				
12 vr		nounder (see on p		D	Telen		Ret.	Exe	Cuti	Ve
17. FATNER'S NAME (First,				, ,	тетер		AME (First, Middle, Maide		-ul.	
		McCra	а у				le Fishe			
19a. INFORMANT'S NAME							Route Number, City or To			
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ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DNMN-16 Rev 1/89



93 19351

1	1. DECEDENT'S NAME (First, Middle, Last	)	THE STATE OF						E OF DEATH			3. TIME OF DEATH
	RICHARD	MICH	HAEL		MO	TSK	С	MON		199		10:56
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)			IF UNDER 24 I	(140	E OF BIRTH		BIRTHE	LACE (State or Foreig
0	216-62-2143	1 🖾 M 2 🗌 F	37	YRS.	MONTHS	DAYB	HOURS N	Mar		1956	Country	ryland
200	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN O	R LOCATION	OF DEATH		9c. COUNT		
ECTOR	100 WEST 39TH	STREET	#70	5	В	ALT	IMORE			Balt	imo	re City
2	RESIDENCE OF DECEDENT  10a. STATE 10b. COUN	TY		10c. CIT	TY, TOWN C	OR LOCATI	ION				1	10d. INSIDE CITY
DIR	Maryland Ba	ltimore C	ity				ore C	i + 17				LIMITS?
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7	Elementary/Secondary (0-12)	College (1-4 or 6	+)	ille. Do NOT u					1	014		erwright
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	Stephen Motsko							s name (First elen	Middle, Malden		37	
BE	19a. INFORMANT'S NAME (Type/Print)			10h MAH IN	G ADDRESS	S (Street -			mber, City or Tox	blinsk	-	
2	Ms. Dianna West								re, MD			
	20a. METHOD OF DISPOSITION			CEANDDATE						CATION — CH		rn. Stata
	1 Buriat 2 D Cremation 3 Red	moval from Stata	cemetery.	crematory or o	other placel		Serv					Maryland
	21. SIGNATURE OF FUNERAL SERVICE L		I Udl.	TOTT (	OT CIliq		DETA	1/-	< па	mpsted	11 0	DIBLATOR
	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE,	0		22.		D ADDRESS	OF FACILITY				
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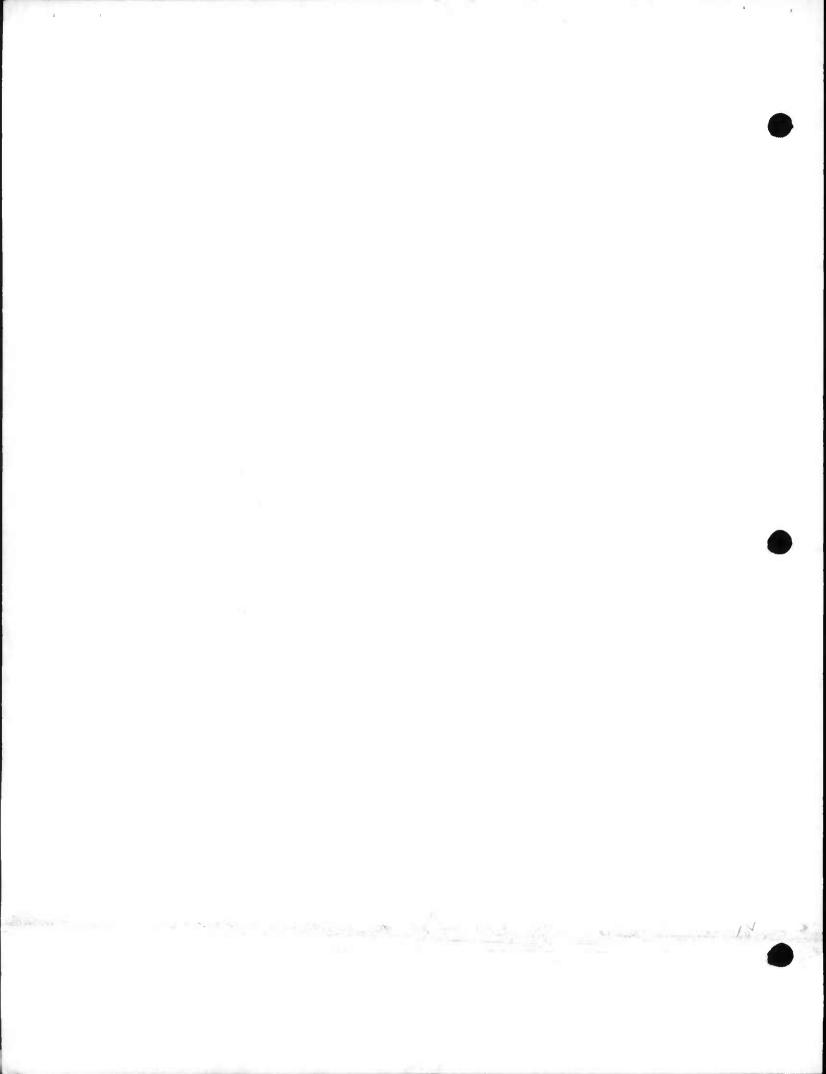
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19352 93 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF CEATN YEAR AMA MAM 3 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In vrs. lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 163 18 1 M 2 F DAYS HOURS 68 20 9e. FACILITY NAME (If not in 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Mercy DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO 59 FUNERAL 10e. STREET AND NUMBER 21213 10g. CITIZEN OF WHAT COUNTRY? Recdomway USA 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 TES 2 TO 11. MARITAL STATUS 13. WAS OECENDENT OF NISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuber, Mexican, Puerto Rican, etc.)
1 YES 2 Specify: 14. RACE — American Indian, Black, White, etc. 2 Merried BY IF YES, GIVE WAR OR DATES 3 Wildowed 4 Divorced ack COMPLETED 15. OECEDENT'S EDUCATION secily only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY DISAble College (1-4 or 5+) 12 ER'S NAME (First, Middle, Ma bee BE 19e. INFORMANT'S NAME (Type/Print 19b. MAILING ADDRESS (Street en 2 21213 edom way METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, 2 Cremation 3 🗆 landowe 4 Donation 5 Other (Specify) 10n TI. SIGNATURE OR FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY 39 51013 23. PART I. Enter the diseases, or complications that ceused the daeth. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, Approximata shock, or heart fellure. List only one cause on each line. intarval Between **IMMEDIATE CAUSE (Final Onset and Death** disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequantially list conditions, it any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST CURIS PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO DM 1 YES 2 NO PVD PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO 1 Inpatient 2 - ER/Outpatient 3 - DOA ne 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 3 Sulcide 8 Could not be determined COMPLETED 4 Nomicide 29e. CERTIFIER

(Chark only

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner ee stated.  $2 \ \ \underline{ \ } \ \underline{$ BE 29d. DATE SIGNED (Month, Day, Year) NHO COMPLETED CAUSE OF DEATH UTEM 27) (Type, Print, 2

John Denden



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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directo	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	ITANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mu
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TO THE H

93 19353 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH 1993 July 2, VINCEN 50 6. AGE (In yrs. lest birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign 1 M 2 | F Maryland 212-09-1513 5-07-9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore DIRECTOR Northwest Hospital Center Randallstown RESIDENCE OF DECEDENT 10e. STATE 10h CDUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Baltimore 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21244 3420 Mayfield Avenue United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 A YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married If yes, specify Cubs IF YES, GIVE WAR OR DATES Specify BY Specify: 3 Widowed 4 Divorced Caucasian 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) A. J. Myerberg & Company Sales Manager 12th Loyola High School 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Sebastian Zito Conardena Presprick notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3420 Mayfield Avenue Baltimore, MD 21244 Dorothy M. Zito must be 20a, METHOD OF DISPOSITION
1.A. Burlel 2 Cremation 3 Rem 20b. PLACE AND DATE OF DISPOSITION (Name of DATE | 20c. LOCATION — City or Town, State Druid Ridge Cemetery July 5, 1993 Pikesville, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE the medical examiner 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, INC. 8728 Liberty Rd Randallstown, MD 21133-4784 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death MYOCARDIAL INFARCTION

DUE TO (OP AS A CONSEQUENCE OF):

CORONARY ARTERY DISEASE

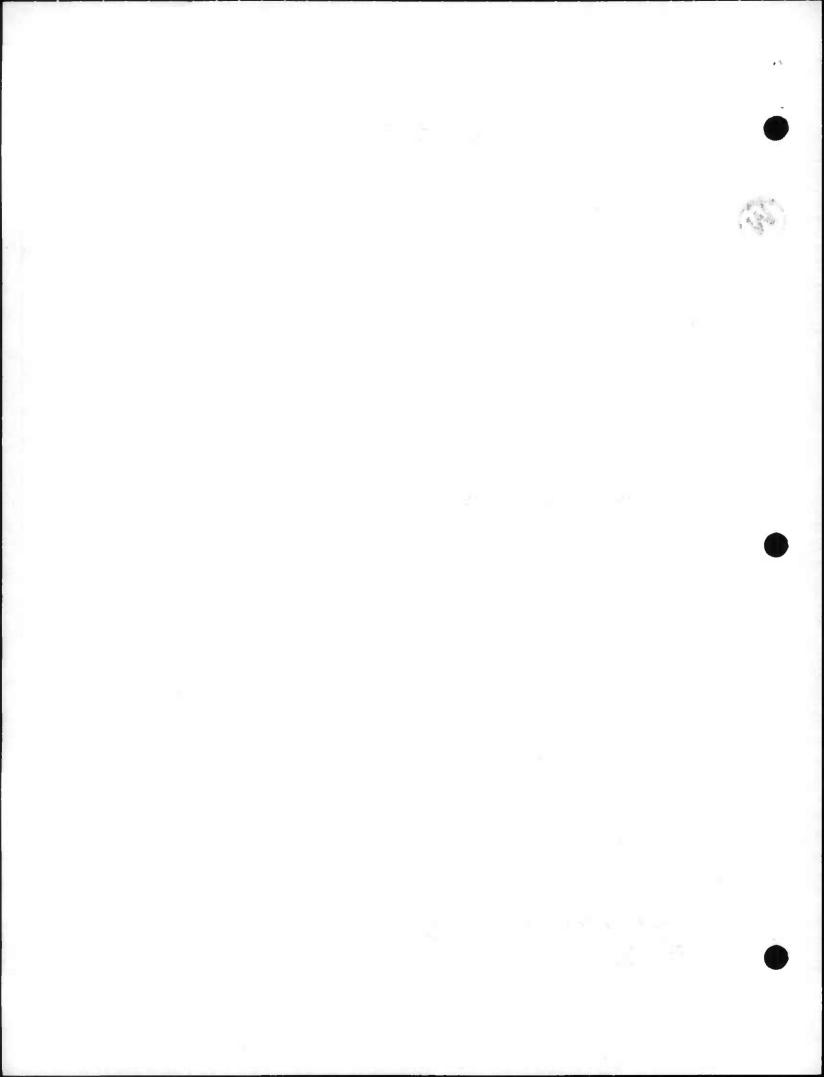
DUE TO (OR AS A CONSEQUENCE OF): disease or condition resulting in death) BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAIL ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 26b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. a of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. IMPORTANT: 296. SIGNATURE AND TITES OF CERTIFIER 29d, DATE SIGNED (Month, Day, Year) BE 2

HD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or arti	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use he filled within 70 hours after death with the State hear of Health and Merital Hivingan prior to hursal community or community	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M	ENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPART	MENT OF H	EAUTH AND	MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last)	10				2. DATE OF DEATH			. TIME OF DEATH
1	John	B. Martin				MONTH	DAY	93	IO AM
15			rs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPI	ACE (State or Foreign
	215-10-5548	1 M 2 □ F   88	YRS.	ONTHS DAYS	HOURS MIN.	June 30,	1005	Mary.	
	9a. FACILITY NAME (If not institution, give street	et and number)	9	b. CITY, TOWN (	R LOCATION OF D			TY OF DEA	
DIRECTOR	Northwest Hospital	Center		Randall	stown		В	alti	more
RE	10a, STATE 10b, COUNTY	144		TOWN OR LOCAT				.1	0d. INSIDE CITY LIMITS?
		ltimore	Kai	ndallst	own			] 1	YES 2XXNO
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZ	EN OF WH	AT COUNTRY?
Ä	8600 Gray Fox Road				21133			U.S.	Α.
3	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S FORCES? 1 ☑ YES 2	S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Y	ea or No—	14. RACE -	- American Indian, White, atc.
BY	3 🖾 Widowed 4 🗌 Divorced	JE YES, GIVE WAR OR DATES			2 NO Speci			Specify:	
	15. DECEDENT'S EDUCA'	TION 40.	. DECEDENT'S US	I COCUPATIO					White
COMPLETED	(Specify only highest grade co	mpleted)	(Give kind of wor	BUAL OCCUPATION  k done during momentum  betired.)	N st of working	16b. KIND OF B	USINESS/INDU	JSTRY	
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<u></u>	17. FATHER'S NAME (First, Middle, Last)		Sheet rie	etai wo				ervi	ces
ö						AME (First, Middle, Maide			
BE	Geroge Martin  190. INFORMANT'S NAME (Type/Print)					aret Loeff			
2	- Bloom to an in the way to be a first					Route Number, City or To			31133
	Mrs. Dorothy Schra				haway Di				llstown,MD
	20a METHOD OF DISPOSITION ALABURIAL 2 Cremation 3 Remove		ACE AND DATE OF I	rplacal			OCATION — C	- 1	
	4 Denetion 5 Other (Specify)	Woo	dlawn Ce			7/6/93 Wo	odlawn	, Ma	ryland
	11. SIGNATURE OF PUNCHAL SERVICE LICEN				Ryans I	Kuneral Di	ractor	C T	0.0
	DAR TO					Road Rand			
	23. PART I Enter the diseases, or cor	nplications that caused the	e death. Do not	enter the mo	de of dying, suc	ch es cerdiec or ree	piratory arre	est,	Approximete
	IMMEDIATE CAUSE (Final	A CONTROL NO.							interval Between Onset and Death
	disease or condition resulting in death	aute mis	mandia	O. inl	notion)	)			
		DUE TO (OR AS A GO)  DUE TO (OR AS (A GO)	NSEQUENCE OF):	Nigs.			-		1
Z		Coronaria	arteris	diseas	U				
음	Sequentially list conditions, if eny, leading to immediate	DUE TO (OR ASIA GO!	NSEQUENCE OF:						
S	CAUSE (Disesse or Injury								
E	that initiated events	DUE TO (OR AS A COM	NSEQUENCE OF):						
CERTIFICATION	resulting in death) LAST								
	PART II. Other significent conditions	contributing to deeth but n	ot resulting in	the underlylog	Cause alven la	Part I, 24a, WAS A	N AIFTONON	0.00	ERE AUTOPSY FINDINGS
CAL	diabetes mellitus	1)	ot roouting in	and andonlying	cause given in	PERFO	PRMED?	A	MILABLE PRIOR TO
		0				1 TYES	2 NO		DMPLETION OF CAUSE F DEATH?
Σ	hypertension	- //				_		1	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	routhcuren							
PHYSICIAN: MEDIC	EXAMINER?	IOSPITAL:	0	26. PL	ACE DF DEATH (CI	neck only one)			
ĭ.	1 YES 2 NO 1	☑ Inpetient 2 ☐ ER/Outpetien				8 Other (Specify)			
	1 Natural 5 Pending	(Month, Day, Year)	286. TIME D INJUR	Y WOI	RK?	28d. DESCRIBE HOW	INJURY OCCU	JRED	
'n	2 Accident Investigation				ES 2 NO				
8	3 Suicide 6 Could not be datarmined	28a. PLACE OF INJURY — A building, atc. (Specify)	it home, farm, stre	et, factory, office		281. LOCATION (Street City or Town, State		or Rural Rou	te Number,
						<u> </u>			
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledge	a, death occurred a	nt the time, data	and place, and due	lo lhe cause(a) and m	anner aa stste	d,	
0	one) 2 MEDICAL EXAMINER:	On the beals of examination and	d/or investigation, i	in my opinion, de	eth occured at the	time, data and place, a	end due to the	cause(a) a	nd manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	200			29c. LICENSE NU	MBER	29d. DATE	SIGNED /M	onth, Day, Year)
BE	solon.	MID					•	7/3	/93
임	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Pri	int)				1	, , ,
41	31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S SIGNATUR	RE						
27	1111 7 1993 guli	Weviden Andal	L						

el. the state of the state of ITEM: 23 PART II, PER MEO G-702 8/6/93 t.t/s.w

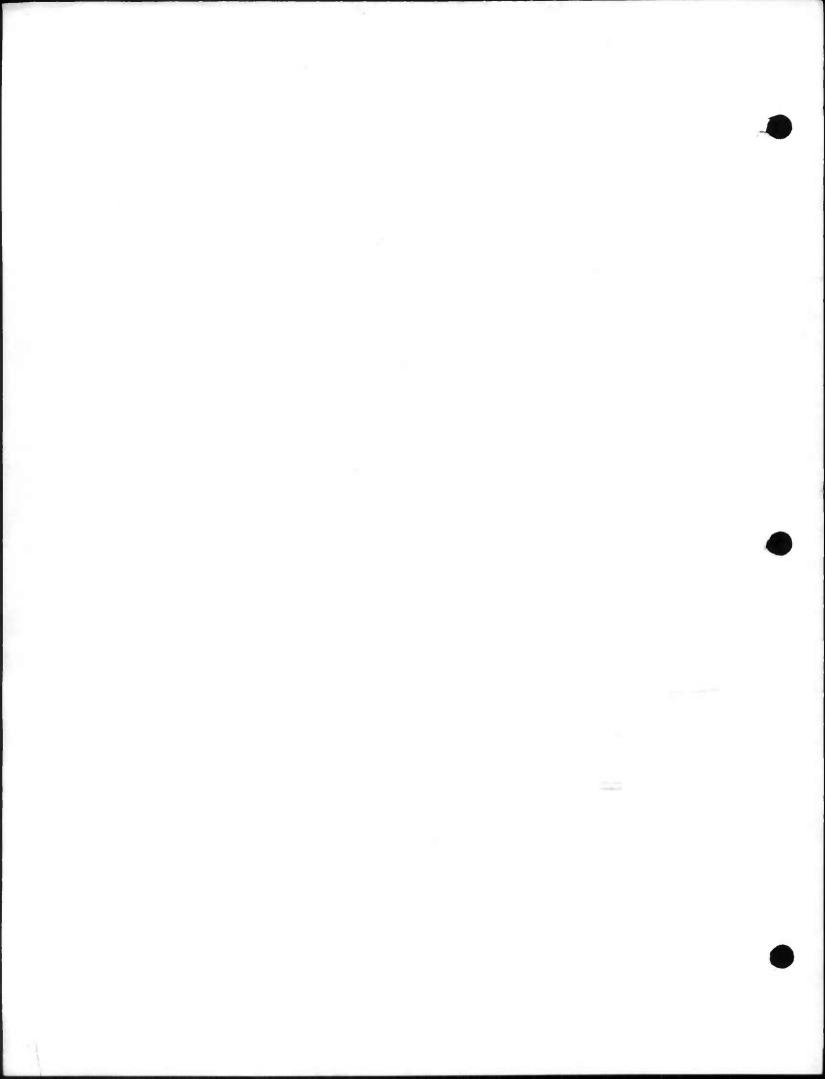
ITEMS: 23 PART I, 27, 28a-f, PER MEO G-701 7/13/93 t.t

03 19355

	1. DECEDENT'S NAME (First, REBECCA			acGr	egor		4			2. DATE MONTH	of DEATH D	** 199	3 EAR	3. TIME OF DEATH 11:22
	4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE	(In yrs. last birt	thday) IF UN	DER 1 YEAR	IF UNDE	R 24 HRS.	7. DATE	OF BIRTH			NPLACE (State or Foreign
	220-90-5116		1 DM 2 F		20 '	rrs.		2739		7 1	12 72		Ohi	0
OR	1327 SOUTH			REE	Т	90. 0	BA	LTIN					NTY OF C	DEATN ====================================
DIRECTO	RESIDENCE OF DEC	EDENT 106. COUNT	Υ	_	10	c. CITY, TOW	N OR LOCA	TION						10d, INSIDE CITY
DIR	Maryland					Balti:								LIMITS?
RAL	100. STREET AND NUMBER						10	. ZIP COD	_					WHAT COUNTRY?
FUNERAL	3654 South	Hanov	er Street		N U.S. ARMED		3. WAS DEC	FNDENT	212		? (Specify Yea		J.S.	
BY FI	1 Never Married 2   3   Widowed 4   Divor		FORCES?	YES	2 Dino		If yes, sp	ecity Cub	en, Maxica	n, Puarto F	Rican, etc.)	OF NO.	Blac Spec	E — American Indian, k, White, etc.
_		EDENT'S EDU	CATION		160 DECED	ENT'S USUAL	OCCUPATION	201		Lan				White
COMPLETED	(Specify only	highest grade	College (1-4 or 5	+)	(Give ki	ind of work do NOT use retire	ne during mo d.)	ast of worki	ing		KIND OF BUS		DUSTRY	
MP	8 years 17. FATNER'S NAME (First, Mi	cidle Leet)			Asser	mbly I	ine				Plast:			
ш	Kennet		Parmer							me (First, M Ce Wo	Aiddle, Meiden DOMET	Surname)		
10 8	196. INFORMANT'S NAME (Ty										per, City or Town			20
	Florence A			1 001	PLACEAND				, Wa		igton 1			
	1 Burial 2 Cremation 4 Donation 5 Donation	n 3 🗆 Rem	ioval from State	cen	nelery, cremato Slen H	ry or other pla	ce)		Park	7/2		cation – n Bur		
	21. SIGNATURE OF FUNERAL	SERVICE LI	CENSEE		C C	1	2. NAME A	NO ADDRE	SS OF FA	CILITY				
	Such	and	C. K	10	rves		_				neral , Md :			01 Ritchie
	23. PART I. Enter the dis shock, or he	seases, or e	complications the List only one cau	t caused	d the death.	Do not an	lar tha mo	da of dy	ing, suc	h sa csrd	lac or reapl	ratory sn	reat,	Approximate
	IMMEDIATE CAUSE (Findisease or condition													Onset and D
	resulting in death)	<b>→</b>	a,		TIC INTO		ON			_				
z I	Sequentially list condition	000	b											į
CATION	If any, leading to immed cause. Enter UNDERLY!	liata	DUE TO	(OR AS A	CONSEQUEN	ICE OF):								
RTIFIC	CAUSE (Disease or injur that initiated events		c. DUE TO	(OR AS A	CONSEQUEN	ICE OF):								-
CERT	resulting in death) LAST		d											
AL C	PART II. Other significan	nt condition	na contributing to	death b	out not resul	ting in the	underlyin	g cause	given in	Part I.	24a. WAS AN		24b	WERE AUTOPSY FINDIR
SC	ACUTE BRONCHO	PNEUMON	IIA							_	1 YES 2	MED7 ☐ NO		AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
ME														YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO	MEDICAL					28 PI	ACE OF D	EATM (C)	eck only one	-1			
200	EXAMINER?		HOSPITAL:	☐ ER/Outp	patient 3 🗆 D	OTH								
PHY	27. MANNER OF OEATN		28a. OATE OF (Month, D	INJURY		b. TIME OF INJURY	28c, JNJ				CRIBE NOW IP	NJURY OC	CUREO	
<u> </u>	1 Natural S/ID on 2 Accident	ending evestigation	FOUND:6-	-27-93		OUND PM	1 🗆 '	rES 2	ĭ NO	UNKN				
a II	3 Suicide a XX C	Could not be letermined	bullding,	etc. (Spec		erm, street, f	ectory, offic	•		FRO LIGHT	NTION (Street a or Town, State)	nd Number 1327	or Rural F	ARLES STREE
	29a. CERTIFIER	EVINO BUVO	FOUND:					_		BALTI				
COMPLETE			CIAN: To the best of FI: On the basis of a											) end manner ee state
5 II	29b. SIGNATURE AND TITCE								ENSE NUM					(Month, Day, Year)
ш														

DIVISION OF VITAL RECORDS. P.O. BOX 68760.

DHMH-16 Rev 1/89

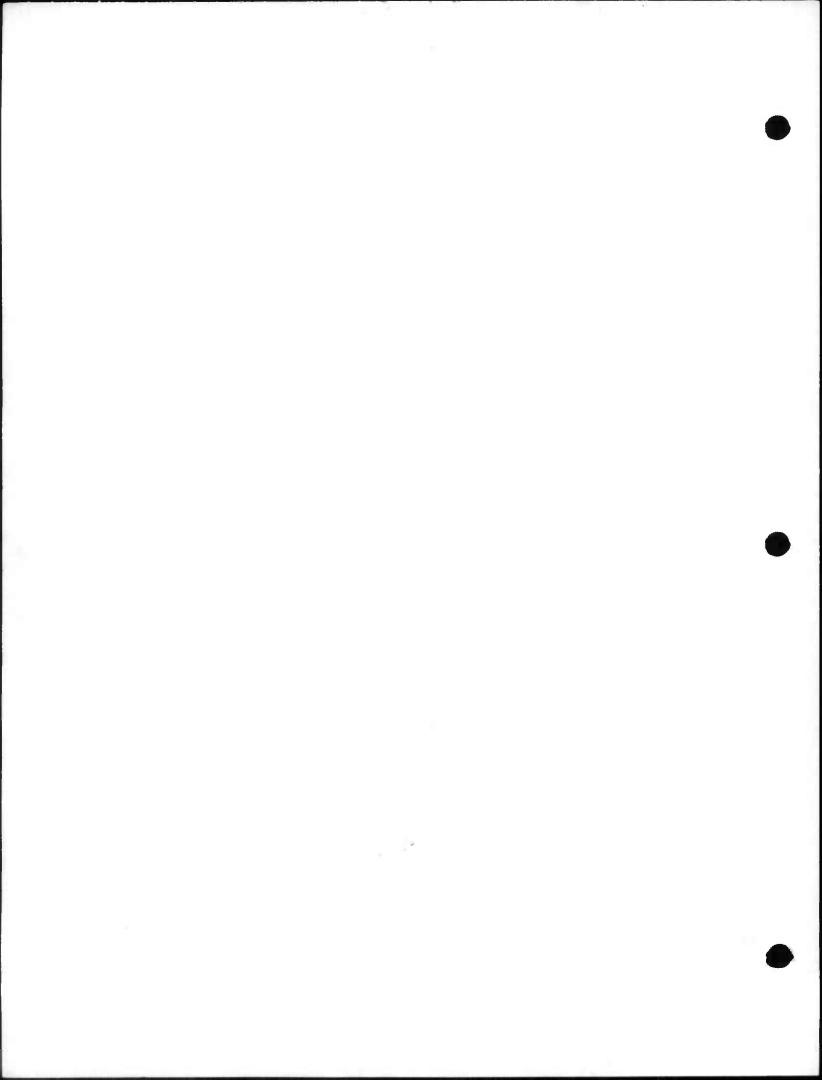


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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPA CERTII	RTMENT OF H	EALTH AND I	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)		narles	Peter	Meo)	2. DATE OF DEATH DATE OF		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-01-7345A  9a. FACILITY NAME (If not institution, give	1 M 2 □ F	n yrs. lest birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		913 M	errhplace (State or Foreign and anyland
TOR	Planas Scott Ke			Balty	M-SC	ATN	9c. COUNTY O	F DEATH MOCI
DIRECTOR	Maryland 106. counts	·		ty, town on Locate 1 timor				10d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	422 N. Colling			101	21231			ed States
84	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, sp	ecify Cuben, Mexical 2 NO Specify	IC ORIGIN? (Specify Yea n, Puerlo Rican, etc.)	В	ACE — American Indian, lack, White, etc. pecify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	(Give kind of life. Do NOT a	B USUAL OCCUPATION Work done during mo use retired.) Driver	si of working		ond Ca	
BE	Carmelo Meo  19a. INFORMANT'S NAME (Type/Print)		195 MAII IN	C ADDRESS (Street	Branc	ME (First, Middle, Meiden asia Sci	occa	
T0	Florence Meo	2016	22	South D	ecker A	ve. Bal	to., M	
	1 M Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	CENSEE	ak Law	n Cemet	ery 7/	6/93 Ba	<u>ltimor</u>	e, MD
Ц	23. PART I. Enter the diseases, or			1901	Easter	ler, INc	Balto.	. MD 21231
	shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Pulmon	ch iina.		ou or dying, such	i as cardiac or respir	ratory arrest,	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	oue to (on As A oue to (on As oue to (on As A oue to (on A oue to (on As A oue to (on As A oue	in Hast	Pailme				
MEDICAL	PART II. Other significant condition	a contributing to death bu	it not reaulting	in the underlying	g cause given in i	Part I. 24a. WAS AN PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO	HOSPITAL:	tlent 3 DOA	OTHER:	ACE OF OEATN (Che			
ВУ РНУ	27. MANNER OF DEATH  1 Neturel 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. T/8	E OF 28c. INJ	RK?	28d. DESCRIBE HOW IN	NJURY OCCUREO	
ETED E	3 Suicide 6 Could not be determined	280. PLACE OF INJURY - building, etc. (Specif	At home, farm,	Hospita		281. LOCATION (Street at City or Town, State)	nd Number or Run	al Route Number,
COMPL	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowle R: On the basis of examination	dge, death occur and/or investigation	ed et the time, data on, in my opinion, d	and plecs, and due to	to the cause(s) and meni	ner se stated. I due to the caus	e(s) and menner as stated.
O BE	296. SIGNATURE AND TITLE OF CENTRIE	AP MI			29c. LICENSE NUM ZOGO	BER	29d. DATE SIGN	ED (Month, Day, Year)
		Hwang MI	TH (ITEM 27) (Type	diene, f	· Nancis	Featt Key	Hospita	P
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE			0	7	



DHMN-16 Rev 1/89



1 - STATE REGISTRAR

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

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5	that
200	requires
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1	The
DIVISION OF VITAL RECORDS, P.O. BOX 88780,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
200	ATTENDING
	SH
3	SPITAL (

	PETER S	at, Middle, Last) ALVAT	OPE M	ASTROS	TMON	T.				MONT		19	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. Is		IF UNDER	t YEAR	IF UNDE	R 24 HRS.	7. DATE	OF BIRTH	19	-	IPLACE (State or Form
	545-39-407	6	1 1 M 2 F		24 YRS.	MONTHS	DAYS	HOURS	MIN.	(Mon	th, Day, Year)	30/0	Countr	(Y)
	9a. FACILITY NAME (# not		street and number)	- 4	54	9b. CITY,	TOWN (	DR LOCATI	ION OF DI		e 17.	1969 9c. cóun		lifornia EATH
5	2922 EAST	COLD	SPRING	I.ANE		RAT	TT	MORE	,					-
СТОВ	RESIDENCE OF DE	CEDENT												
E	10a. STATE	10b. COUNT	Υ		t0c. CIT	Y, TOWN D	R LOCAT	TIDN						10d. INSIDE CITY LIMITS?
0	Maryland 100. STREET AND NUMBER				H	amilt								1 XYES 2
RA								. ZIP COD				10g. CITI	ZEN OF V	VHAT COUNTRY?
FUNERAL	2922 East C	old Sp		E NT EVER IN U.S. A	DMED	12.9		2121		NIC BRICE	N? (Specify Ye	U	S.	A
	1 Never Married 2	Merried	FORCES?	YES 2 WAR OR DATES		- 11	yes, sp	ecity Cube	en, Mexice	n, Puerlo	Rican, atc.)	s or No—		— American India k, White, etc.
BY	3 Widowed 4 Div	rorced		39Jul	v 190		U TES	2 ND	Specif	у:			Speci	White
0		CEDENT'S EDU	CATION	16a. D	ECEDENT'S	USUAL OC				16	. KIND OF BU	JSINESS/IND	USTRY	011112
H	Elementary/Secondary		College (1-4 or 5		Give kind of te. Do NOT u	se retired.)	uring mo	at or work	ng					
MP	12			Fo	rk L	ift O	per:	ator		1	Mareho	use		
COMPL	17. FATHER'S NAME (First, I	Middle, Last)							HER'S NA	ME (First,	Middle, Malder	n Surname)		
BE	Peter Mast		one						ervl					
2	19e. INFORMANT'S NAME (	(Type/Print)		1	9b. MAILING	ADDRESS	(Street e	and Numbe	r or Rural	Route Nun	ber, City or Tox	wn, State, Zip	Code)	
	Sheryl Fals				141 1	Holly	Ci	rcle	Es	sex.	Maryl			
	20e. METHOD OF DISPOSI 1 ☐ Burlel 2 10 Cremati	lon 3 🗆 Rem	oval from State	cemetery, ci	AND DATE		TION (Na	ame of		DA	E 20c. L	OCATION —	City or To	wn, State
	4 Donation 6 Othe			- Green		. Cre					Ba	ltimo	re.	Marylan
	21. SIGNATURE OF FUNER.	AL SERVICE LI	1 1	/	11			dzins			ral Ho	me PA		
	/////	chno	16	2nds	Ins									yland 2
	sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury)  b.  DUE TO (OR AS A CONSEQUENCE DF):  C.  DUE TO (OR AS A CONSEQUENCE DF):													Onset and
ICATION	Sequentially list condi if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in)	ediate riNG	b. DUE TO	O (OR AS A CONSE	EOUENCE D	F):	3							Onset and
CERTIFICATION	Sequentially list condi if any, leading to immo	ediate riNG ury	b. DUE TO	O (OR AS A CONSE	EOUENCE D	F):	3							Onset and
MEDICAL CERTIFICATION	Sequentially list condi if any, leading to immo cause. Enter UNDERLY CAUSE (Disease or inj that initiated events	ediate ring jury	b. OUE TO	O (OR AS A CONSE	EQUENCE O	F):	S	g cause	given in	Part I.	24a, WAS AI PERFO 1 UYES	RMED?	24b	WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF CO OF DEATH?
MEDICAL	Sequentially list conditions, leading to immicause. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in deeth) LAS	ediate /ING iury ST	b. OUE TO	O (OR AS A CONSE	EQUENCE O	F):					PERFO	RMED?	24b	WERE AUTOPSY FIT AMAILABLE PRIOR 1 COMPLETION OF CO
MEDICAL	Sequentially list conditions, leading to immicause. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in deeth) LAST PART II. Other algnific 25. WAS CASE REFERRED EXAMINER?	ediate /ING iury ST	b. DUE TO	O (OR AS A CONSE	EQUENCE O	F): in the unc	26. PI	LACE OF E	DEATH (Ch	eck only o	PERFO 1 ( YES	RMED?	24b	. WERE AUTOPSY FIN AVAILABLE PRIOR T COMPLETION OF CO
MEDICAL	Sequentially list conditions, leading to immicause. Enter UNDERLY CAUSE (Disease or injust that initiated events resulting in deeth) LAST PART II. Other algnific	ediate /ING iury ST	b. DUE TO c. DUE TO d	O (OR AS A CONSE	EQUENCE O	F):  in the uncertainty of the second of the	26. Pl	LACE OF D	DEATH (Ch	eck only o	PERFO  1  YES  ne)	PRMED?		. WERE AUTOPSY FIN AVAILABLE PRIOR T COMPLETION OF CO
PHYSICIAN: MEDICAL	Sequentially list conditions of the condition of the cond	ediate // / / / / / / / / / / / / / / / / /	b. DUE TO c. DUE TO d	O (OR AS A CONSE	EQUENCE O	F):  in the uncertainty of the second of the	26. PI I: ling Hom 28c. INJ	LACE OF D	DEATH (Ch	6 Oth	PERFO 1 TYES  ne)  pr (Specify)  \$CRIBE HOW	INJURY OCC	CURED	1  YES 2 N
BY PHYSICIAN: MEDICAL	PART II. Other algnific  25. WAS CASE REFERRED EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH 1   Netural 5   2   Accident	ediate // Company // C	b. DUE TO  d  HOSPITAL: 1   Inpetient 2   26e. DATE OI (Month, I) 0 6 / 22 26e, PLACE	D (OR AS A CONSE  D (DR AS A CONSE  D deeth but not  ER/Outpetient F INJURY Dey, Year) 8 / 1993 OF INJURY — At h	resulting  3 □ DOA  28b. Tilk	OTHER  A IN Nurse  OTHER  OTHE	26. PI I: Ing Hom 28c. INJ	LACE OF D	DEATH (Ch	6 Oth	PERFO  1 VES  1 VES  1 (Specify)  SCRIBE HOW  BJECT	INJURY OCC	CURED GED	WERE AUTOPSY FRAMALABLE PRIOR COMPLETION OF COOPERATION OF COOF DEATH?  1 YES 2 N
BY PHYSICIAN: MEDICAL	resulting in death)  Sequentially list condification, leading to immicause. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LA:  PART II. Other algnific  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural S 2	ediate // / / / / / / / / / / / / / / / / /	b. DUE TO  d  HOSPITAL: 1   Inpetient 2   26e. DATE OI (Month, I) 0 6 / 22 26e, PLACE	D (OR AS A CONSE  D (DR AS A CONSE  D deeth but not  ER/Outpetient  F INJURY  Day, Year)  8 / 1993  OF INJURY — At h., etc. (Specify)	resulting  3 DOA 29b. Tillin.	OTHER 4   Num E OF JURY M	26. PI I: Ing Hom 28c. INJ	LACE OF D	DEATH (Ch	6 □ Oth 28d. DE SUI	PERFO  1 VES  PERFO  1 (Specify)  SCRIBE HOW  B J E C T  CATION (Street  A Journal Street  A Journal Street  A Journal Street  A Journal Street  A Journal Street	INJURY OCCUPANT AND AND AND AND AND AND AND AND AND AND	GED OLD	WERE AUTOPSY FII AMALABLE PRIOR COMPLETION OF CO OF DEATH? 1 YES 2 N
BY PHYSICIAN: MEDICAL	resulting in death)  Sequentially list condificant, leading to immicause. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LA:  PART II. Other algnific  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 2 Accident  3 Y Suicide 6 4 Homicide  29e. CERTIFIER (Check only 1 CERTIFIER 1 CERTIFIER 1)	ediate ring surry ST Condition TO MEDICAL  Pending Investigation Could not be detarmined	b. DUE TO  d  HOSPITAL: 1   Inpetient 2   26e. DATE OI (Month, I) 0 6 / 22 26e, PLACE	D (OR AS A CONSE  D (DR AS A CONSE  D death but not  ER/Outpetlent  F INJURY Day, Year)  8 / 1993  OF INJURY — At h, etc. (Specify)	resulting  3 DOA 28b. Till IN.	OTHER 4   Nurse   Nurs	26. PI I: ling Hom 28c. INJ WC 1 Dory, office	LACE OF E	DEATH (Ch	8   Oth 28d. DE SU	PERFO  1 VES  1 VES  1 (Specify)  SCRIBE HOW  B J E C T  CATION (Street  A John Street  L T I MO	INJURY OCCU HANG	GED GED OLD MAR	WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF CO OF DEATH? 1 YES 2 1
BY PHYSICIAN: MEDICAL	resulting in death)  Sequentially list condificant, leading to immicause. Enter UNDERLY CAUSE (Disease or injust that initiated events resulting in death) LAST PART II. Other algnification in the initiated events resulting in death) LAST PART II. Other algnification in the initiated events resulting in death) LAST PART II. Other algnification in the initiated events are also also also also also also also also	TO MEDICAL.  Pending investigation  Could not be detarmined	b. DUE TO c. DUE TO d	O (OR AS A CONSE  O (DR AS A CONSE  O deeth but not  ER/Outpetient  FINJURY Day, Year)  8 / 1993  OF INJURY — At h, etc. (Specify)  Af my knowledge, d	resulting  a DOA 29b. Tilk in.  THC	OTHER 4   Nurs BE OF JURY M street, factor	26. PI I: Ing Hom 28c. INJ WC 1 Dory, office	LACE OF E	DEATH (Ch	6 Oth 28d DB SU 28f 100 BA	PERFO  1 VES  or (Specify)  SCRIBE HOW  BJECT  ATION (Street  A JOHN (STREET  ATION (STREET  ATION (STREET  ATION (STREET)  ATION (STREET  ATION (STREET)	INJURY OCC HANG STATEMENT RE, I	GED OLD MAR	SELF
COMPLETED BY PHYSICIAN: MEDICAL	resulting in death)  Sequentially list condificant, leading to immicause. Enter UNDERLY CAUSE (Disease or injust that initiated events resulting in death) LAST PART II. Other algnification in the initiated events resulting in death) LAST PART II. Other algnification in the initiated events resulting in death) LAST PART II. Other algnification in the initiated events are also also also also also also also also	ediate ring properties of the condition	b. DUE TO c. DUE TO d	O (OR AS A CONSE  O (DR AS A CONSE  O deeth but not  ER/Outpetient  FINJURY Day, Year)  8 / 1993  OF INJURY — At h, etc. (Specify)  Af my knowledge, d	resulting  a DOA 29b. Tilk in.  THC	OTHER 4   Nurs BE OF JURY M street, factor	26. PI I: Ing Hom 28c. INJ WC 1 Dory, office	LACE OF E	DEATH (Ch	8 Oth 28d. DE SU 28f. 100 BA to the ca	PERFO  1 VES  or (Specify)  SCRIBE HOW  BJECT  ATION (Street  A JOHN (Street  A JOHN (STREET	INJURY OCC  HANG  and Number  RE, I	GED OLD MAR ed.	SELF
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

SUCCESSED SOURCES THE MOS June 1997 Sandrage , received 1 100 100 motion on a contract A. see Intend | American over L. Mary Lastern Everye Lasers, by the Con-

93	9	3	5	8

1 - FOR REGIS	STRAR	STATE OF MARY	LAND / DEPARTI CERTIFIC	MENT OF I	EALTH AND DEATH	MENTAL HYGIEN		) [	9358	
JUL	T'S NAME (First, Middle, Lest	MAC NAMA	RA			A .		YEAR 3. 1	TIME OF DEATH	м
102	44 1521	5. SEX 1 M 2 F 6. AGI	1. YRS. M	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	9,	Country) Bro	ce (State or Foreign	
M 77 - 7 -	NAME (If not institution, give Cross Ho	spital	9		er Spr			ontgo	omery	
100. STATE Mary	10b. COUN	m ontgomery		own on Local				10d	I. INSIDE CITY LIMITS? X YES 2 NO	
	AND NUMBER OCUSTWOOD	Ct.,			2IP CODE 0 9 0 5	Ţ	nite	N OF WHAT	COUNTRY?	
3 🗌 Widow	STATUS Married 2 Married ed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 YNO	if yes, sp	ENDENT OF NISPA ecify Cuban, Maxic 2 NO Speci	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) fy:		Black, Wh	American Indian, litte, stc. 2 S 1 2 N	
Elements 17. FATNER'S I Y V i	15. DECEDENT'S ED (Specify only highest grace ary/Secondary (0-12)	UCATION the completed)  5 + College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of world life. Do NOT use in Elemen	done during mo stired.)	School	Prince			School	s
	NAME (First, Middle, Lest)			eache		AME (First, Middle, Malder Chernofs				
19a, INFORM	ant's NAME (Type/Print) as J. MacI	Namara	19b. MAILINO AE Same	addre	nd Number or Rurel	Route Number, City or Tow	n, Stete, Zip C	code)	<del>.</del>	
1- Burial	D OF DISPOSITION 2 Cremetion 3 Recons 5 Other (Specify)	movel from State	ob. PLACE AND DATE OF the office of the control of	place)	metery	1	elphi	300.00		
21. SIGHATU	NADEC	CENSEE	V				1 Hor	nes		
IMMEDIAT	E CAUSE (Finel condition	complications that cause. List only one cause on	ed the death. Do not eech line.  ( SHOC  A CONSEQUENCE OF):		de of dylng, aud	ch es cerdiec or resp	iratory arres	st,	Approximate interval Betwe Onset and Dec	
if any, lead	ily list conditions, ding to immediate ter UNDERLYING	· Bowe	A CONSEQUENCE OF):		hu.					
that initist	sesse or injury ed events n death) LAST	OUE TO (OR AS	A CONSEQUENCE OF):							
PART II. O	ther significant condition	na contributing to deeth	but not resulting in t	he underlyin	ceuse given in	Part I. 24a. WAS AN PERFO	RMED?	COM	NE AUTOPSY FINDING LABLE PRIOR TO IPLETION OF CAUSE DEATH?	
						-		100	YES 2 NO	
EXAMINI	E REFERRED TO MEDICAL ER? 3 2 NO	HOSPITAL: 1 □ Inpatient 2 □ ER/Ou		THER:	ACE OF DEATH (CI	6 Other (Specify)				
27. MANNER	rel 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	/ WO	JRY AT RK? ES 2 NO	26d. DESCRIBE HOW	NJURY OCCU	RED		_
2 Acci	ide 8 Could not be	28s. PLACE OF INJUR building, atc. (Sp	Y — At home, farm, atre-			28f. LOCATION (Street City or Town, State)		Rural Route	Number,	_
29a. CERTIFI (Check o one)	nly 1 CERTIFYING PHYS	SICIAN: To the best of my kno							manner as steled	_
29b. SIGNATI	PREJAND TITLE OF CERTIFIE				29c. LICENSE NU				oth, Day, Year)	
		NO COMPLETED CAUSE OF O		nt)				7.		_

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 . S	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMI CERTIFICA				GIENE		
1. OEC	CEDENT'S NAME (First, Middle, Last)	Albert Hen			DEATH	2. DATE OF OF MONTH		YEAR 93	3. TIME OF OEATH
21	CIAL SECURITY NUMBER  3-01-4843	12M2 0 F 9	/ YRS. MONT		IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BH (Month, Day,	) 01	8. BIRTH Gountry	PLACE (State or Foreign  )  No. Mode
	96. FACILITY NAME (If not institution, give street end number)  CHURCH HOSPITAL CORPOR ATION  BALTIMORE CITY  PESIDENCE OF DECEDENT  96. COUNTY OF DEATH  96. COUNTY OF DEATH								
E L	Md. 10b. COUNTY		Bal	timore	THE STATE OF THE S				10d. INSIDE CITY LIMITS? 1 YES 2 NO
40	01 South Bouldis				21224			u.s	A.
3 🕱	Never Married 2 Married Wildowed 4 Divorced	12. WAS DECEOENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	il yes, sp	ENDENT OF HISP ecify Cuben, Mexi- 2 NO Spec	ANIC ORIGIN? (Specan, Puerto Ricen, elly:	atc.)	14. RACE Black Specif	- American Indian, White, stc.  White
¥	15. DECEDENT'S EDUC (Specify only highest grade of ementary/Secondary (0-12)	College (1-4 or 5+)	16e. DECEDENT'S USUA (Give kind of work de life. Do NOT use retin Milluoru	one during mo	ON st of working		of Business/INI		-Brass
u L	Charles Massol				Ma	ry Hub	er		
190. IN	FORMANT'S NAME (Type/Print) Dolores M. Hall		196. MAILING ADDR	Bouldi	nd Number or Rure	Balto., Mi	y or Town, State, Zi		
9€ B	ETHOD OF DISPOSITION uriel 2 Cremetion 3 Remo	oval from State	PLACE AND DATE OF DIS Detery, crematery prother place acred Hear	tol ?	lesus (e	m. 7-6+	20c. LOCATION — 93 Dundo	Uk, M	d.
21. SIG	HATURE OF FUNERAL SERVICE LICE	D. Jelen		Char	les S. Z	Reiler &	Son Inc	90	1 S. nkling St.
Seque If any CAUS that is	ART I. Entar the diseases, or conshock, or heart failure. Learning the condition of the condition of the condition of the condition of the conditions, the conditions of the conditions, the conditions of the con	DUE TO (OR AS A ACCLE	consequence of:	Enal	fail	ure Cailur	r respiretory ar	7051,	Approximata interval Between Onset and Death
25. WAX	II. Other significant conditions  Malnutrific  BPH	contributing to death b	ut not resulting in the	undariyin	g cause given in	,	WAS AN AUTOPSY PERFORMED? YES 2 1 NO		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS	S CASE REFERRED TO MEDICAL AMINER?	HOSPITAL:			ACE OF DEATH (C	Check only one)			
27. MAI	YES 2 NO	1 Dispetient 2 ER/Outp		IER: Nursing Hom 28c. INJ		6 Other (Spec		CURER	
' '	Natural 5 Pending Investigation	(Month, Day, Year) INJURY WORK?  M 1 YES 2 NO			28d. DESCRIBE HOW INJURY OCCURED				
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, 1erm, atreet, 1ectory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number of Rural Route Numbe						oute Number,		
		HAN: To the best of my know							end menner ee stated.
29b. Sid	GNATURE AND TITLE OF CENTIFIER  HOS adina	MD			29c. LICENSE NU				(Month, Day, Year) 3   93
МО		INA,M.D. 1	00 NORTH	BROA	DWAY S'	T. BAI	TIMORE	MD	21237
31. DAT	JUL 1993	32: REGISTRAR'S SIGN							

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TI. DATE FILED (Month, Day, Year)

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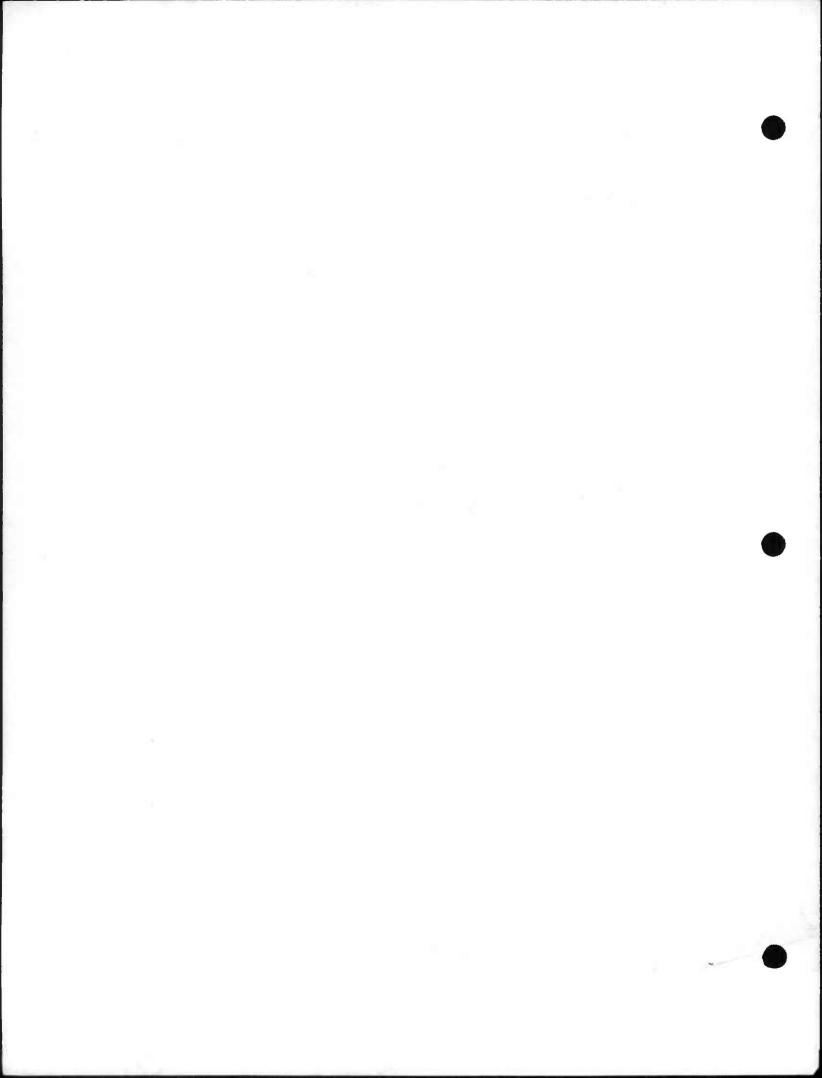
IDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.		arten
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The Iav	TO THE FUNERAL DIRECTOR; After this certificate has be filed within 72 hours after death with the State Dep	IMPORTANT: If Item 28 is marked or Item 23

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH VEAD **JAMES** MCCALL 01.20 AM JULY 1443 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 7. DATE OF BIRTH 244-307-748 1 X M 2 - F 68 6-14-1925 North Carolina 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNION MEMORIAL HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 709 Beaumont Avenue 21212 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 24 TNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yea, specify Cuban, Mexican, Puerto Rican, stc.)

1 YES 2 NO Specify: FORCES? 1 YES 24
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Laborer Construction 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Pearl McCall George McCall BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 709 Walter Whitaker Beaumont Avenue Balto., Md. 21212 20a. METHOD OF DISPOSITION
1 💢 Burial 2 🗆 Cremation 3 🗆 Ramoval from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Nama of DATE ery, crematory or other place)
Zion Cemetery 4 Donation 5 D Other (Specify) 7-6 Landsdowne, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Derrick C. Jones F.H. ence 4611 Park Heights Ave. Balto., Md.1. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, Approximate ahock, or heart feiture. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Brachogenic Carcinoma I Port abstruction Preumonica resulting in death) 4 weeks DUE TO (OR AS A CONSEQUENCE OF): and RML + RLL Collapse CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death but not recuiting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AWAILABLE PRIOR TO COPD COMPLETION DF CAUSE 1 TES 2 NO 1 TES NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 V Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 TES 210 NO 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28b. TIME OF INJURY 26d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation м 1 YES 2 NO BY 2 Accident
3 Suicide 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Yourn, State) ETED 6 Could not be 4 Homicide

29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Medical Resident July 2 1993 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) umion mem Hospital

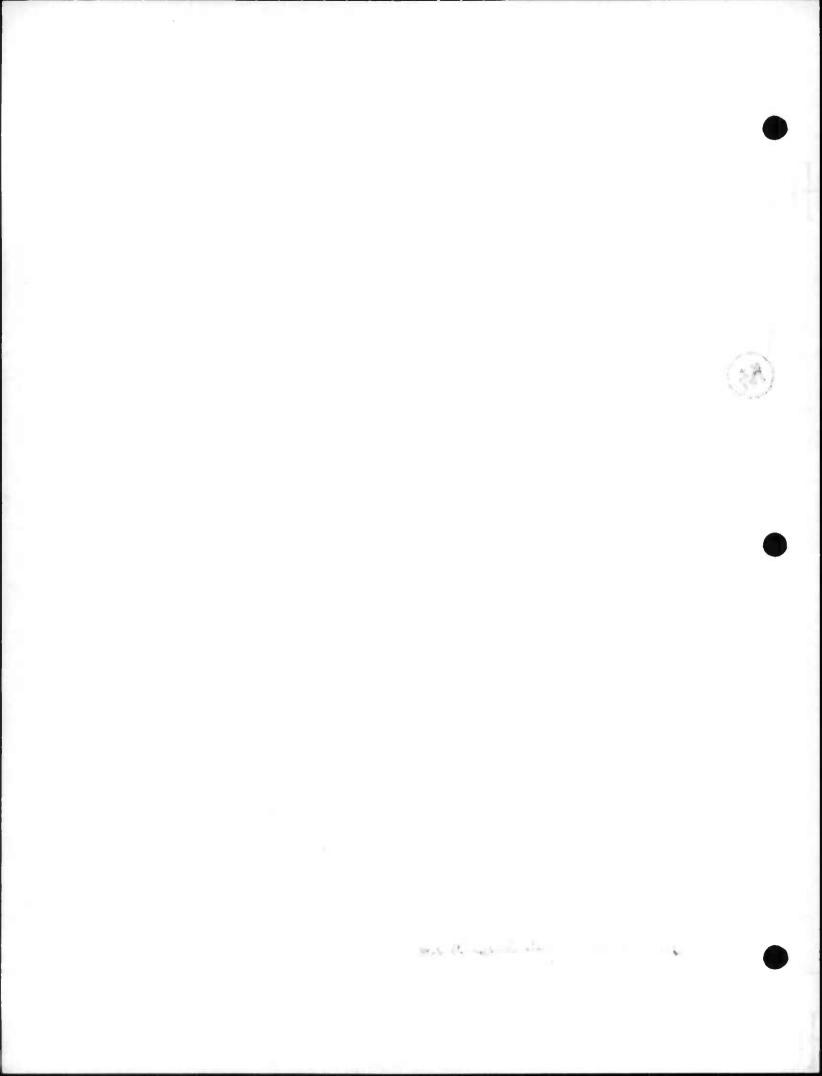




BALTIMORE, MAR	4 hours after death. Page 6 may be retained	illed in by the funeral director, page 5 should in, or removal,	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept, of Health and Mental Hypiene prior to burial, cremation, or removal.	

21215-0020 or attending physician. It use as the burial-transit permit. Pages 1, 2, 3 should

IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Cag down a consequence of p:  Due TO (on as a consequence of p:  Land a latter of pear to conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Due TO (on as a consequence of p:  Land a latter of pear to conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Due TO (on as a consequence of p:  Land a latter of pear to conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PENDON TO AMALABLE PRIOR TO  AMALABLE PRIOR TO	FOR STATE REGISTRAR	STATE OF MARY		TMENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	93   936
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THE TOTAL STATUS  THE TOTAL ST			.20		(Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
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Bethersen/Pleevolding (Part) College (1-d or 5 -1)  Beth String Processing (Part) Col		IF YES, GIVE WAR DR I	DATES	1 YES 2 X NO Speci	fy:	speedly: white
Self  SthemotoryRecondary (0-12)   College (1-4 or 5-1)   Homemaker   Self  The Anther's NAME (First, Models, Late)   The Models (1-4 or 5-1)   Homemaker   Self  To Pather's NAME (First, Models, Madden Surname)   Unikovim   The Name (1-4 or 5-1)	15. DECEDENT'S E	:DUCATION	16a. DECEDENT'S	USUAL OCCUPATION	16b. KIND OF BUSH	NESS/INDUSTRY
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The Information of Dearth Runner City or Runner Cit					AME (First, Middle, Maiden Sc	urname)
JOHN A. Newman  13 Second Avenue, Lansdowne, Maryland 21227  30s, BETHOD OF DISPOSITION 10 Removal from State 10 Consistion 3   Removal from State 2   Donation 5	D AND INFORMATION HAME (For Color)					
The control of the co	D NO. INFORMANT'S NAME (Type/Print)					
1   Courted 2   Committing Computery or committed country Computery or control   Committed Country   Computer Country   Computer Country   Count	John A. Newman	Lea				-
22. NAME AND ADDRESS OF FACILITY Ambroose Funeral Home of Lansdowne 2719 Hammonds Fr. Rd. Lansdowne, Md. 2122' 2719 Hammonds Fr. Rd. Lansdowne, Md. 2122' 2719 Hammonds Fr. Rd. Lansdowne, Md. 2122' 2719 Hammonds Fr. Rd. Lansdowne, Md. 2122' 2719 Hammonds Fr. Rd. Lansdowne, Md. 2122' 2719 Hammonds Fr. Rd. Lansdowne, Md. 2122' 2719 Hammonds Fr. Rd. Lansdowne, Md. 2122' 2719 Hammonds Fr. Rd. Lansdowne, Md. 2122' 2719 Hammonds Fr. Rd. Lansdowne, Md. 2122' 2719 Hammonds Fr. Rd. Lansdowne, Md. 2122' 2719 Hammonds Fr. Rd. Lansdowne, Md. 2122' 2719 Hammonds Fr. Rd. Lansdowne, Md. 2122' 2719 Hammonds Fr. Rd. Lansdowne, Md. 2122' 2719 Hammonds Fr. Rd. Lansdowne, Md. 2122' 2719 Hammonds Fr. Rd. Lansdowne, Md. 2122' 2719 Hammonds Fr. Rd. Lansdowne, Md. 2122' 2719 Hammonds Fr. Rd. Lansdowne, Md. 2122' 2719 Hammonds Fr. Rd. Lansdowne, Md. 2122' 2719 Hammonds Fr. Rd. Lansdowne, Md. 2122' 2720 Hammonds Fr. Rd. Lansdowne, Md. 2122' 2730 Hammonds Fr. Rd. Lansdowne, Md. 2122' 2740 Hammonds Fr. Rd. Lansdowne, Md. 2122'	1 X Burial 2 Cremation 3 R	lemoval from State CB	metery, crematory or of	her place)	1	
27.19 Hammonds Fr. Rd. Lansdowne, Md. 21.22  23. BART I. Enfer the diseases, or complications that caused the death. Do not enfer the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.  MMMEDIATE CAUSE (Finel diseases or conditions, in any conditions, in any cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.  DUE TO (on As A COMEQUENCE OP):  Sequentially list conditions, in any, leading to immediate cause. Enter UNDERLYING cause injury that Initiated events resulting in death) LAST  a. DUE TO (on As A COMEQUENCE OP):  DUE TO (on As A COMEQUENCE OP):  A. DUE TO (on As A COMEQUENCE OP):  DUE TO (on As A COMEQUENCE OP):  A. DUE TO (on As A COME			offathe i			itawii, Marytand
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Sequentially list conditions as A Consequence op:    MANEDIATE CAUSE (Final Conditions on the course)   Due to got as a Consequence op:	22 24 5 4 4 4	4	-0-			
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DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Errier UNDERILING CAUSE (Disease or Injust)  CAUSE (Disease or Injust)  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PRIOR AREA ARE PROPRY PRIOR AREA AREA PROPRY PRIOR AREA ARE PROPRY PRIOR AREA ARE PROPRY PRIOR AREA ARE PROPRY PRIOR AREA ARE PROPRY PRIOR AREA ARE PROPRY PRIOR AREA ARE PROPRY PRIOR AREA ARE PROPRY PRIOR AREA AREA PROPRY PRIOR AREA PROPRY PRIOR AREA PROPRY PRIOR AREA PROPRY PRIOR AREA PROPRY PRIOR AREA PROPRY PRIOR AREA PROPRY PRIOR AREA PROPRY PRIOR AREA PROPRY PRIOR AREA PROPRY PRIOR AREA PROPRY PRIOR AREA PROPRY PRIOR AREA PROPRY PRIOR AREA PROPRY PRIOR AREA PROPRY PRIOR AREA PROPRY PRIOR AREA PROPRY PRIOR AREA PROPRY PRIOR AREA PROPRY		0-	4.5			Onset and Deat
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25. WAS CASE REFERREO TO MEDICAL  EXAMINER?  1   YES 2   NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1   Netural 5   Pending Investigation   28a. DATE OF INJURY MORK?  28. PLACE OF INJURY AT WORK?  1   YES 2   NO  28a. PLACE OF INJURY AT WORK?  1   YES 2   NO  27. MANNER OF DEATH  28a. DATE OF INJURY MORK?  28b. TIME OF INJURY MORK?  28b. TIME OF INJURY AT WORK?  27b. TIME OF INJURY AT WORK?  28c. CERTIFIER (Check only one)  28c. CERTIFIER		ions contributing to death	but not resulting I	n the underlying cause given in	Part I. 24a. WAS AN AI	UTOPSY 24b. WERE AUTOPSY FINDINGS
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Accident investigation   28a. PLACE DF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Flural Route Number, City or Town, State)   29a. CERTIFIER (Check only orie)   2   MEDICAL EXAMINER: Dn the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.   29b. SIGNATURE AND TITLE OF CERTIFIER   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)   31. DATE, FILED (Mopth, Day, Year)   32. REGISTRAR'S SIGNATURE	1 YES 2 NO		petient 3 DOA		6 Other (Specify)	
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  31. DATE FILED (Mogith, Day, Year)  32. REGISTRAR'S SIGNATURE		11. MA	. , Dh. 1	A524	3852898	D7.07.03
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		WHO COMPLETED CAUSE OF DI	EATH (ITEM 27) (Type,			04.0043
		WHO COMPLETED CAUSE OF DI	EATH (ITEM 27) (Type,			07.0093



	ì	1. DECEDENT'S NAME (Firs	t, Middle, Last)						DEAT			OF DEATH	,	3.	TIME OF DEATH
	,		ERNE	ST	W.	ORR	, J	R.			MONT	H 7 D	AY G	YEAR	12. 2
		4. SOCIAL SECURITY NUM 214 50 74		5. SEX 1 🗚 2 🗆 F		n yrs. lest birthdey) 16 YRS.	IF UNDER	DAY#	IF UNDER	24 HRS. MIN.	7. DATE	OF BIRTH (7) 27/109/14	7	8. BIRTHPLA	ACE (State or For
OR		9a. FACILITY NAME (If not la Francis	Scott						E LOCATIO	on of DEA	тн	H 9c. COUNTY		TY OF DEAT	Н
DIRECTOR		RESIDENCE OF DE		Balto.		10c. Cr Tur	ners	or Locat	ion tati	on					d. INSIDE CITY
FUNERAL I	I	201 Ash		ıe				101	zip code	1222	2				T COUNTRY?
ВУ		11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Diver		12. WAS DECEDED FORCES? IF YES, GIVE	YES	2 NO		If yes, sp	ENDENT O	n, Mexican,	C ORIGIN	f? (Specify Yes Ricen, etc.)	or No-	Black, W	American Indie
ETED.	T		CEDENT'S EDU			16a. DECEDENT'S	USUAL OC	CCUPATIO	ON et of workin		16b	KIND OF BU	SINESS/INDU	USTRY	
COMPLET		Elementary/Secondary (	0-12)	College (1-4 or 5	+}	(Give kind of He. Do NOT to Tru	ck D	riv	er		to	ng Di	st.	Haul	ing
S	1	17. FATHER'S NAME (First, A							18. MOTH	IER'S NAM	E (First, I	Middle, Maiden	Surname)		
M		Ernes  19a. INFORMANT'S NAME (		Orr, Si	c.							e Rai			
2		Ernestin		020-0								ber, City or Tow			
	1	ETHESTIN  METHOD OF DISPOSIT			200	PLACE AND DATE	Ash	AV	enue	Ba	1to	Md		2.2.2 Sity or Town,	State
		Burlel 2 Cremetle	on 3 🗆 Ren	noval from State	Cine	ÍVENW	the Resce)	V.A	•		7/				e, Md
		20b. PLACE AND DATE OF DISPOSITION   OATE   20c. LOCATION - City or Town   13 Burlel 2   Cremetion 3   Removel from State   20b. PLACE AND DATE OF DISPOSITION   Name of   OATE   20c. LOCATION - City or Town   13 Burlel 2   Cremetion 3   Removel from State   22 NAME AND ADDRESS OF FACILITY   James A. Morton & Sons   1701 Laurens St. Balto., Mo											•		
	1	23. PART i. Enter the d shock, or h	liseases, or eart fellure.		at ceused	the deeth. Do	1	701	Lau	rens	s S	t. Ba	lto.	, Md	Approxima
ERTIFICATION		23. PART i. Enter the d	liseases, or leart feilure.  nei  iona, diate iNG	e	A. O(OR AS A) O(OR AS A) O(OR AS A)	the deeth. Do ch fine.  R. O. S. CONSEQUENCE CONSEQUEN	not enter  S,  F):  SYS/80  F):	701 the mo	Lau de of dyin	irens	as cerd	t Ba	1to.	, Md  3 MY  3 MY  -7 MY	Approxima interval Be
AL CERTIFICATION		23. PART i. Enter the defect, or himmediate Cause (Findsease or condition resulting in death)  Sequentially list condition and the cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events	diseases, or peart feliure.	e	A. (OR AS A (OR A) (OR A) (OR A) (OR A) (OR A) (OR A) (OR A) (OR A) (OR A)	CONSEQUENCE OF	not enter  S,  PF):  FYS/R0  FP:  LAW	701 the mo	Lau de of dyi	mg, such	as cero	t. Ba flec or respi	1to.	3 01 X 3 01 X 3 01 X 5 7 01 X 7 1	Approximatinterval But Onset and
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E COMPLETED BY PHYSICIAN: MEDICAL	2 2 2	23. PART I. Enter the defect, or he shock, o	iseases, or leart feliure. In the condition of the condit	DUE TO  DUE TO	A coused use on ee  A  O (OR AS A  O (OR AS A  O (OR AS A  O (OR AS A  ER/Outpa  ER/Outpa  ER/Outpa  I (Specification of the country of the	CONSEQUENCE OF THE CONSEQUENCE O	Innot enter  System  Fys:  YS/80  Fys:  OTHER  A \( \text{Nurse} \)  At Correct, factor  at at the the on, in my on	701. the mo	Laude of dying de of dying de of dying de of dying de of de	EATH (Check laidence & 2 ond due to hed at the tirense NUMB 1473.	art I.  Other 28f. LOC. City on the caume, date	24a. WAS AN PERFORM 1 YES 2  ATION (Street of Town, State)	AUTOPSY IMEO?  BACT  AUTOPSY IMEO?  BACT  AUTOPSY IMEO?  BACT  AUTOPSY IMEO?  BACT  AUTOPSY IMEO?  BACT  AUTOPSY IMEO?  BACT  AUTOPSY IMEO?  BACT  AUTOPSY IMEO?  BACT  AUTOPSY IMEO  AU	24b. WE AM COOF 1 [	Approximatinterval Be Onset and Onse

TO THE HISPITAL DR ATTENDING PHYSICIAN. The law remaines that the death certificate he essentiated within 32 hours often death. Done Remained he has honorated as essentiated as the control of the contr	
IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

Item1,Film701,7/9/93,lt
FOR STATE OF

19.363 93

	1 - STATE REGISTRAR	SIAIE UF W	NAKYLAND / I CE		FICATI				MENTAL	REG. NO.	_		
	1. DECEDENT'S NAME MAY								2. DATE OF	DEATH			3. TIME OF DEATH
1	ANNA MAY								JULY	01	1 1	993	2:00 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last i		IF UNDER	1	IF UNDER	24 HRS.	7. DATE OF (Month, E			8. BIRTHI	PLACE (State or Foreign
	217-03-2373	1 M 2 X F	98	YRS.				2.5	Octob			Rei	sterstown
Œ	9e. FACILITY NAME (If not institution, give s						OR LOCATIO		ATH		000	NTY OF DE	
DIRECTOR	The Union Memoria	al Hospit	al		Ba]	ltimo	ore C	<u>'ity</u>			Bal	Ltimo	re City
RE	10e. STATE 10b. COUNT				TY, TOWN		ION			-			10d. INSIDE CITY LIMITS?
		imore		Pil	kesvi								1 YES 2 NO
RAL	100. STREET AND NUMBER					101.	. ZIP CODE				10g. CIT		THAT COUNTRY?
INE	12 Brightside		T EVER IN U.S. ARM		140		212					U.S.	
BY FUNERAL	1 Never Married 2 Merried 3 X Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 NO	) )	- 1	If yes, spe	ENDENT O ecity Cuber 2 X NO	n, Mexica	IIC ORIGIN? ( n, Puerto Ric :	Specify Yes an, atc.)	or No—	Specify	— American Indian, , White, atc. y: ite
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DEC	EDENT'S	S USUAL O	CCUPATIO	ON	_	16b, K	IND OF BUS	SINESS/INC		Ite
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+	+) #fe. C	Do NOT us	ise retired.)	during mo.	St Ut Wroten	g					
W N	10 Years		Sa	ales						hsch		Kohn	
	Howard W.	Ra	ırnhart				_		ME (First, Mid	_	,		
BE	19a. INFORMANT'S NAME (Type/Print)	Ба		MAILING	ADDRES	9 (Street e		aura	a. V.		aver	Codal	
2	Dr. and Mrs. Lave	lv Gruber							Pikes				208
	20e. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Rem		20b. PLACE AN	ND DATE (	OF DISPOS	SITION (Na			DATE			City or Tow	
	4 Donation 5 Other (Specify)		- Druid	Rid	ther place) ge Co	emete	ery		7/3				Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1) .		22.	NAME AN	D ADDRES	S OF FAC	Funera				
	slephen	M. 40	nhen	٥									MD 21133
	23. PART I. Enter the diseases, or ahock, or heert failure.	complications that	caused the des	th. Do r	not antar	tha mod	de of dyl	ng, suct	ss cardia	c or respli	ratory err	rest,	Approximate
)	iMMEDIATE CAUSE (Final disease or condition resulting in death)		while on a second into		,								Interval Between Onset and Death
	Transfer - Con-	DUETTO	OR AS A CONSEQU	JENCE OF	F):	,	1 1	4	٠.				
ON	Sequentially list conditions,	b. Pur TO	OR AS A CONSEOU	esta	nal	01	berru	ual	W				
AT	If any, leading to immediate cause. Enter UNDERLYING	,,	On No A CONSESS	JENGE G	r):								
FE	CAUSE (Disesse or Injury that initiated events	DUE TO (	(OR AS A CONSEOU	JENCE O	F):							-	<u> </u>
CERTIFICATION	resulting in death) LAST	d											
LC	PART II. Other significent condition	ns contributing to	death but not re-	aulting	In the ur	nderlying	cause o	Iven In I	Part I. 2	la, WAS AN	ALITOPSY	245	WERE AUTOPSY FINDINGS
ICAL							,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PERFOR	MED?		AWAILABLE PRIOR TO COMPLETION OF CAUSE
MED								-	_   '	YES 2	□ NO	- 1	DF DEATH?
ž									_				I TES 4 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF OF	EATH (Che	ck only one)				
YSI	1 U YES 2 NO	1 Inpatient 2 🗆	ER/Outpatient 3	□ DOA	OTHER 4 - Num		s 5 □ Rei	sidence (	6 Other (S	specify)			
F	27, MANNER OF/DEATH  1 Notural 5 Pending	28e. DATE OF I (Month, De		28b. TIMI	IE OF JURY	28c. INJU	RK?	F-2	28d. DESCR	IBE HOW IN	JURY OCC	CUREO	
BY	Accident Investigation	28a, PLACE OF	F INJURY — At home	- form	M tool		/ES 2 [	NO	*** * OOATI				
COMPLETED	4 Homicide 8 Could not be	building, e	etc. (Specify)	B, 185111, w	Meet, reco	Ory, Gince	1		City or	ON (Street e. Fown, State)	nd Number	or Rurai Ho	ute Number,
Ē	290. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of r	- knowledge deat	th account	of the t	dete		- 1 400					
OM PM	(Check only one)  2 MEDICAL EXAMINE												and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE						Month, Day, Year)
TO BE	Hung St	habit ou									D 7	mila	73
7	30. NAME AND ADDRESS OF PERSON WHO	4, 130	117 13708-	27) (Type,	Print) 1	212	A 57.	11/1	L, U	nion	nd,	non	al Hospisial,
7	31. DATE FILED (Month, Day, Year)  JUL. 7 1993	32. REGISTRAR	I'S SIGNATURE										

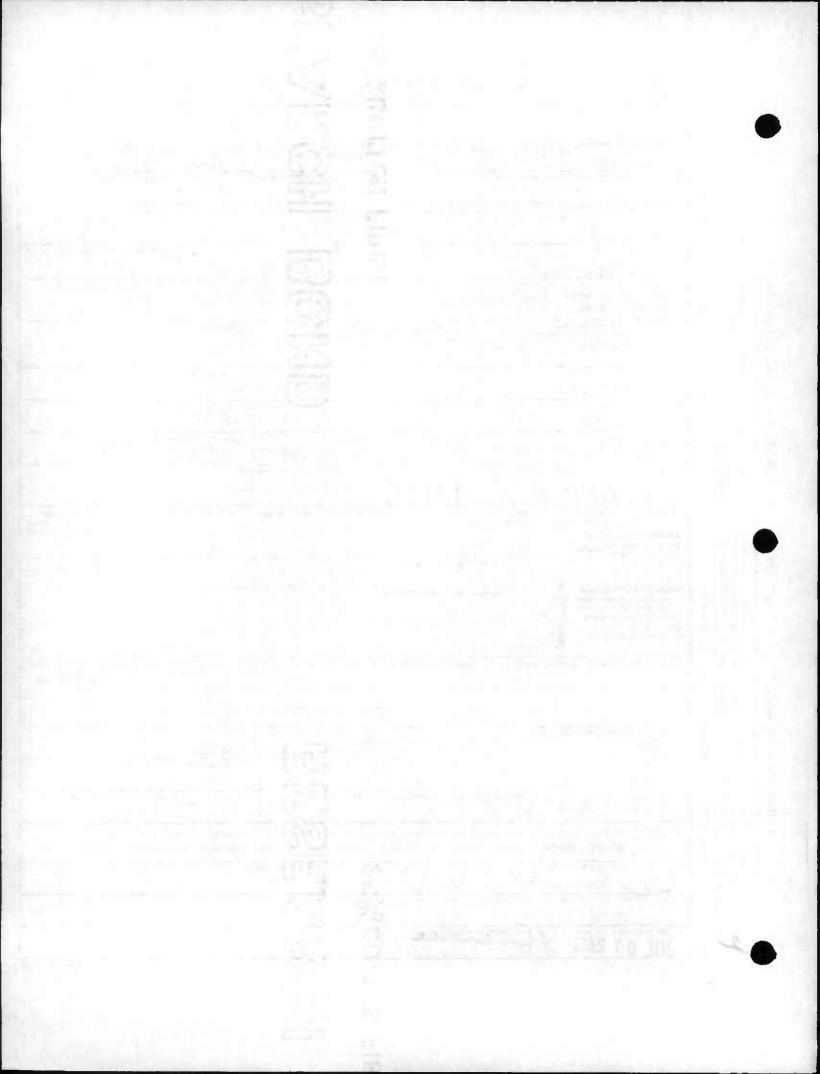
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First MARY	t, Middle, Last)		PATRIC	K			10		2. DATE MONTH	30	199	YEAR	3. TIME OF DEATH 6:25
	4. SOCIAL SECURITY NUM 219-76-8950		5. SEX	8. AGE (In yrs.		IF UNDER	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE (	OF BIRTH , Day, Year)		8. BIRTH Country	
OR	9a. FACILITY NAME (# not 410 E. 2	nstitution, give	street and number)		0			PR LOCATI MORI			28–35	9c. COUNTY OF DEATH		
DIRECTOR	RESIDENCE OF DE	10b. COUNT	ry		200	r, town of		TION						10d. INSIDE CITY LIMITS? 1 K YES 2 NO
AL	100. STREET AND NUMBER 410 E. 22 /2		Т				101	212				-	U.S.	HAT COUNTRY?
BY FUNER	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Dh	] Married	12. WAS DECEDE FORCES?	NT EVER IN U.S. 1 YES 2 WAR OR DATES		- 11	yes, sp		n, Mexice	n, Puerto R	? (Specify Yes lican, etc.)	or No-	Black	— American Indian, i, Whita, atc. fy: BLACK
LETED	(Specify or Elementary/Secondary	CEDENT'S EDU ly highest grad 0-12)	JCATION e completed) College (1-4 or 5	+)	DECEDENT'S (Give kind of v ille. Do NOT us	vork done d e retired.)			ng	16b.	KIND OF BUS	SINESS/IND		
E COMPL	7th 17. FATHER'S NAME (First, HARRY SP.				HOUSEW	ILFE				ME (First, N	fiddle, Malden	Sumame)		1 740
TO B6	19a. INFORMANT'S NAME (Type/Print) MARY JOHNSON  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 430 E. 21st STREET/BALTIMORE, MD 21218										218			
	20e. METHOD OF DISPOSITION 1 X Buriel 2   Fremation 3   Removed from State 4   Donation 5   Other (Specify)   Donation 5   Other (Specify)													
	22. NAME AND ADDRESS OF FACILITY  WM.C.MARCH F.H./1101 E. NORTH AVENUE  23. PARTY. Ehter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat,  Approximate													
ERTIFICATION	disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in) that initiated events resulting in death) LA	O (OR AS A CON!	ONSEQUENCE OF):  ONSEQUENCE OF):											
MEDICAL CI	PART II. Other signific	ot resulting i	10					24a. WAS AN AUTOPSY PERFORMED?  1 UYES 2 WNO INQUIRY		24b.	WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Ch	ack only on	p)			
BY PHYS		Pending Investigation	1 Inpatient 2 28a. DATE O (Month.)		26b, TIM	_	28c. INJ WC	URY AT ORK?		6 Other 28d. DES	(Specify) CRISE HOW I	NJURY OC	CUREO	
TED B	2 Accident 3 Suicide 8 Homicide	Could not be determined	28a. PLACE building	OF INJURY — At I, etc. (Specify)	home, ferm, s	treet, facto	ry, offic	•		281. LOCA City o	ATION (Street or Town, State)	and Number	or Rural R	loute Number,
TO BE COMPLETED BY PHYSICIAN: MED	29C. LICENSE NUMBER 29d. DATE SIGNED (Mo  0 C M F.									(Month, Day, Year) 1-1993				
	J. LARON 31. DATE FILED (Month, Day			AN'S SUNATURE	111 P	enn	St	reet	., В	alti	more	, Ma	ryla	and 21

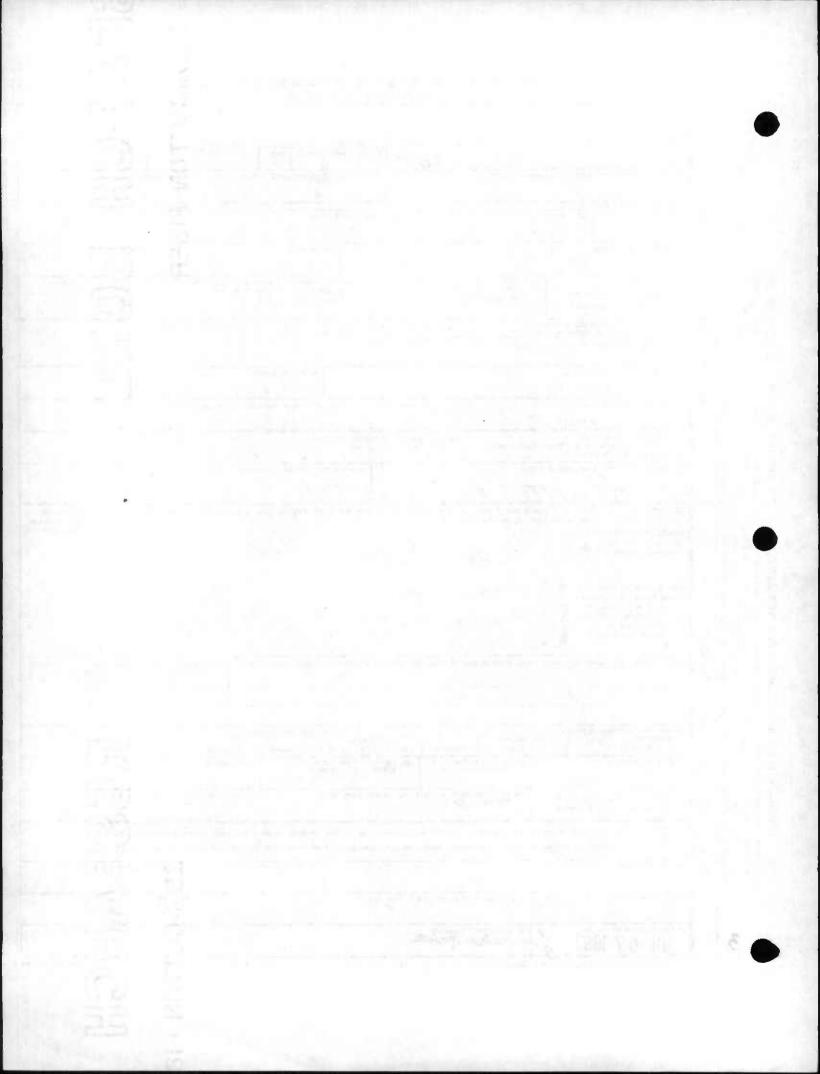


ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATN
	STEPHANIE		PART	LOW		0.6 30		3:04 A
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (1		UNDER 1 YEAR IF UN	DER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year, 11/6/6	8.	BIRTHPLACE (State or Foreign Country) ARYLAND
L DIRECTOR	9a. FACILITY NAME (If not institution, give a RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MD BAL 10c. STREET AND NUMBER	724 NORTH	EDGEWOOD	OSTREET  OWN OR LOCATION  I MORE CI	BA TY	LTIMORE	Z.	OF DEATN  10d. INSIDE CITY LIMITS? 1 YES 2 NO OF WHAT COUNTRY?
ERAL	766 EDGEWOOD S	TREET			229		E 30.00	S A
BY FUN	11 MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 _ YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDEN	T OF NISPAN uban, Maxicar	IC ORIGIN? (Specify i, Puerto Ricen, etc.)	Yes or No- 14.	RACE — American Indian, Black, White, atc. Specify BLACK
APLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of wo	orking	16b. KIND OF	BUSINESS/INDUST	TRY
COMPL	17. FATNER'S NAME (First, Middle, Last)			18. M	OTHER'S NAI	AE (First, Middle, Maid	fen Surname)	
BE	GERALD PARTLOW					Y A. TU		
2	194. INFORMANT'S NAME (Type/Print) SHIRLEY PARTLO	W		Nov+h				
	20a. METNOD OF DISPOSITION	206	PLACE AND DATE OF D		Aven		LOCATION — City	d . 21217 or Town, State
	∜☐ Burial 2 ☐ Cremation 3 ☐ Ram 4 ☐ Donation 5 ☐ Other (Specify)	lovel from State	e'N G MEMO	R'AL PK.	7/	7/93 RA	NDALLS"	TOWN, MD.
	21. SIGNATURE OF FUNERAL SERVICE LIN	tte K-	Jones	MARCH F			E. NO	RTH AVENUE
	IMMEDIATE CAUSE (Final	01 0	, 1,1		00			Interval Betwe
RTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	bDUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):	ed of	her	1		Onset and Da
IEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. DUE TO (OR AS A C. DUE TO (OR AS A d.	CONSEQUENCE OF):	0		Part I. 24e. WAS PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL	b. DUE TO (OR AS A C. DUE TO (OR AS A d	CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in t	the underlying cous 28. PLACE O		Part I.	FORMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE
SICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reauting in death) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 7 YES 2 NO	b. DUE TO (OR AS A  c. DUE TO (OR AS A  d	CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in t	the underlying cous	e given in	Part I. 24a. WAS PERI 1 YES	FORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 \sum NO
PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. DUE TO (OR AS A c. DUE TO (OR AS A d	CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in t  atlant 3 DOA O  28b. TIME O  INJURY	28. PLACE O THER:  Nursing Nome 5 F 28c. INJURY A	F DEATN (Che)	Part I. 24a. WAS PERI 1 YES  ock only one) 6 1 Other (Specify) 26d. DESCRIBE HO	TN AI	24b. WERE AUTOPSY FINDING ANALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	DUE TO (OR AS A  C.  DUE TO (OR AS A  d.  HOSPITAL: 1   Inpetient 2   ER/Outp  28a. DATE OF INJURY (Month, Dey, Year)  0 6 / 3 0 / 1 C  28e. PLACE OF INJURY	consequence of):  consequence of):  ut not resulting in t  atlent 3 DOA 4  28b. TIME 0  INJURY 3:00  At home, farm, stre.	28. PLACE OTHER:  Nursing Nome 5 WORK?  Y YES	e given in i	Part I. 24a. WAS PERI 1 X YES CK only one)  6 X Other (Specify) 26d. DESCRIBE HO	TN AT w injury occur CT SHOT	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 \( \subseteq \text{NO} \)  T. F. Y
ED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	b. DUE TO (OR AS A c. DUE TO (OR AS A d	consequence of):  consequence of):  ut not resulting in t  atlent 3 DOA 4  28b. Time 0  INJURY 3:0(  At home, farm, streetly)	28. PLACE O THER:  Nursing Nome 5  F 26c. INJURY AI WORK?  NAM 1 YES et, factory, office	F DEATN (Che)	Part I. 24e. WAS PERION TO SUBJE OF COCATION (SUR)	IN AI w injury occur CT SHOT	24b. WERE AUTOPSY FINDING ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 - NO  L.F.Y  ED  The Review Humber D.G.E.V.
ETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inlitated events reaulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)	DUE TO (OR AS A  C.  DUE TO (OR AS A  d.  HOSPITAL: 1   Inpetient 2   ER/Outp  28a. DATE OF INJURY (Month, Dey, Year)  0 6 / 3 0 / 1 C  28e. PLACE OF INJURY	consequence of):  consequence of):  ut not resulting in t  attent 3 DOA 4  28b. TIME ON INJURY 3:00  At home, farm, stre- dify)  TN AT.  ledge, death occurred a	28. PLACE O THER: Nursing Nome 5  FY 28c. INJURY A WORK?  MAN 1 YES  et, factory, offica	F DEATN (Che Residence	Part I. 24a. WAS PERI 1 X YES  1 X YES  1 X YES  1 X YES  2 Other (Specify) 2 Ed. DESCRIBE HO  SUBJE 2 OCATION (SPI) N Expecification (STREET  to the Land Manual Control of the Control o	IN AI  WINJURY OCCUR  CT SHOT  A and Norther or N  BALTI  menner of direct	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 - NO  LIFY ED  THE YES 1 - NO  LIFY ED  THE WORE, MARY 29
ED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inlitated events reaulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)	DUE TO (OR AS A  C.  DUE TO (OR AS A  d.  HOSPITAL: 1   Inpetient 2   ER/Outp  28a. DATE OF INJURY (Month, Day, Year)  O 6 / 30 / 1  28b. PLACE OF INJURY building, etc. (Special Clanter)	consequence of):  consequence of):  ut not resulting in t  attent 3 DOA 4  28b. TIME ON INJURY 3:00  At home, farm, stre- dify)  TN AT.  ledge, death occurred a	28. PLACE O THER: Nursing Nome 5  F 26c. INJURY A WORK?  A 1 YES  et, factory, office  L.F. Y  In my opinion, death or	F DEATN (Che Residence	Part I. 24a. WAS PERI 1 YES 1	IN AI WINJURY OCCUR TO SHOT BALTI Mental And Market And	COMPLETION OF CAUSE OF DEATH?  YES 2 NO  LLEY  ED  COMPLETION OF CAUSE  OF DEATH?  THE YES 2 NO  LLEY  ED  THE YES 2 NO  THE YES



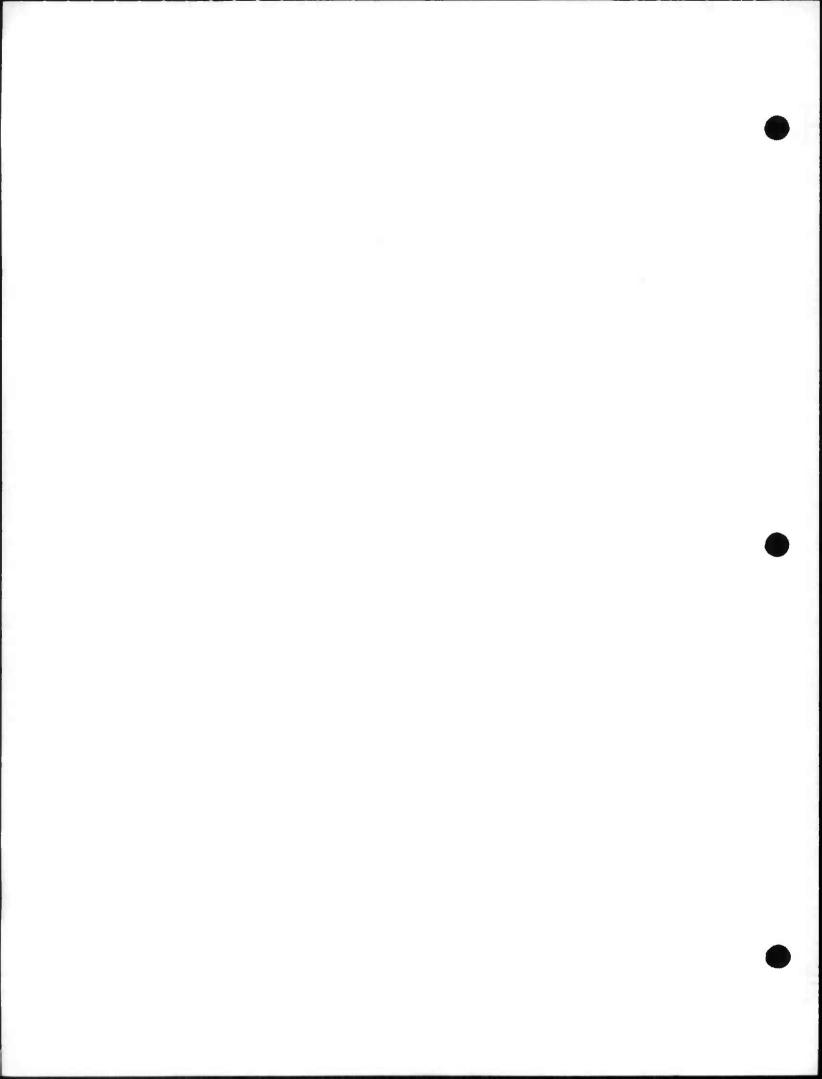
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68760,	
DIVISION OF VITAL RECORDS, P.O. BOX 687	The second control of the second control of
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR		STATE OF M		/ DEPAR					MENT	AL HYGIEN			
	1. DECEDENT'S NAME (First	, Middle, Last)									TE OF DEATN	·-		3. TIME OF DEATN
	Lester	Irving	g Peltzer	r						MO	July 2	,199	3 YEAR	M
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.		TE OF BIRTH	,		HPLACE (State or Foreign
	216-10-5263		1 ∰ M 2 ☐ F.	76	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mc	onth, Day, Year)	0-16	Count	(ry)
	9a. FACILITY NAME (If not in	stitution, give st	treet end number)	,,,		9b, CITY	TOWN 0	OR LOCATI	ON OF D	FATN		_	NTY OF D	altimore,Md.
OR			nomas Ave	nue			tim					34.000		ZZAN
ည္မ	RESIDENCE OF DEC	10b. COUNTY	,		100 000	Y. TOWN C	D 1 000	1011						
DIRECTOR	MD.				100. 011	Balt								10d. INSIDE CITY LIMITS? 1 24 YES 2 NO
AL	10e. STREET AND NUMBER						101	. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	4418 Sai	int The	omas Aveni	ие				21	206				U.S.	Α.
5	11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.S. A	RMED	13.	MAS DEC	ENDENT C	F NISPAI	NIC ORK	GIN? (Specify Ye	or No-	14. RAC	E — American Indian.
	1 Never Married 2 🛣		FORCES? 1 F	YES 2 R OR DATES	NO		f yes, sp	ecify Cube 2½ NO	n, Mexice	in, Puerl	lo Rican, etc.)	1,1,000	Blec	k, White, etc.
ВУ	3 Widowed 4 Divo	rced		MII				- Z_ 110	apacii	y.			Spec	White
	15. DEC	EDENT'S EDUC y highest grade	CATION	16a, D	ECEDENT'S	USUAL O	CUPATIO	N		1	6b. KIND OF BU	SINESS/INC	DUSTRY	
Ξ,	Elementary/Secondary (0		College (1-4 or 5+)	- A	Give kind of fe. Do NOT u	work done o	turing mo	st of workir	ng					
<u>a</u>	12th Gra	ade			Engi	neer					Mart	in M	arie	tta
COMPLETED	17. FATNER'S NAME (First, M	liddle, Laat)						18. MOTI	HER'S NA	ME (Firs	t, Middle, Meiden	Surneme)		
ш	George V	Washing	gton Pelt:	zer						Mar	y Deri	.nda	Be1	t
00	190, INFORMANT'S NAME (7				9b. MAILING	ADDRESS	(Street e	nd Number	or Rural	Route Nu	imber, City or Tow	n State Zir	Code	
2	Irene A. Ree	dincer	r Paltsar								timore,			6
	200. METHOD OF DISPOSITI		LICICZCI		AND DATE				v			CATION —		
	1 Donation 5 Other		oval from State	cemetery c	rematory or o	ther nlevel				7-		1tim		
	21. SIGNATURE OF FUNERA		EMSEE /	GI	eenno	-		D ADDRE	SS OF EA					r Road
	1/-	,	h 1.	/										MD21206
	23. PART I. Enter the di	leen	n. Mu	rohe	1					-				FID21200
CERTIFICATION	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentielly list condit! If any, leeding to immercause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS	ions, diate NG	DUE TO (C	V	EOUENCE O	F):	c-V-	sma,	00	kna	nwe	em	as y	Interval Between Onset and Death 2 Man Vhs
ប៊	DART II Other circliffe	at an distant												
ᅔᅵ	PART II. Other significe			eeth but not	reculting	n the un	derlying	ceuse g	jiven in	Part I.	24a. WAS AN PERFOR	AUTOPSY RMED?	24b	. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
ă	Citchosis		200	- 0	1.9						1 - YES 2	MO		COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICA	Squerrous	s cell	Coscilon	20 00.	the	voce	10	2000						1 TES 2 NO
ÿ														
5	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					ACE OF D	EATH (Ch	eck only	one)			
S	I TES 2- NO		1   Inpatient 2	R/Outpatient	3 🗆 DOA	OTHER		5 19 Re	sidence	e 🗆 Ot	her (Specify)			
품	27. MANNER OF DEATH		28a. DATE OF IN (Month, Day,	JURY Year)	26b. TIM	E OF URY	28c. INJI WO			28d. D	ESCRIBE HOW I	NJURY OC	CURED	
B		Pending Investigation	, , , , , , ,	,		М		ES 2	NO					
	3 Suicide 8	Could not be	28e. PLACE OF building, et	INJURY — At h	ome, farm, s	treet, facto	ry, office	,			CATION (Street	and Number	or Rural I	Route Number,
ETED	4 Nomicide	determined	John Mary Co.	a (apouny)						CI	ty or Town, State)			
	29e. CERTIFIER 1 CERT	IFYING PNYSIC	CIAN: To the best of m	u knowledge d	anth assum	4 -4 44 - 44	- 4-4-		4.					
COMPL														e) end menner as stated.
					- Congacio	., my of					no and place, en			
<b>#</b>	296. SIGNATURE AND TITLE	OF CERTIFIER	SW					29c. LICE			>	29d. DAT	E SIGNED	(Month, Day, Year)
0	\mu 0							7	63	10	2	7	3-	75
	30. NAME AND ADDRESS OF	PERSON WHO	141 -	SOS	OS\es	Print)	Su	ike	50	4 -	Tousa	M	0	21204
	31. DATE FILEO (Month, Day, 1	1993	to healthan	S SIGNATURE	LIC	-			-					



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

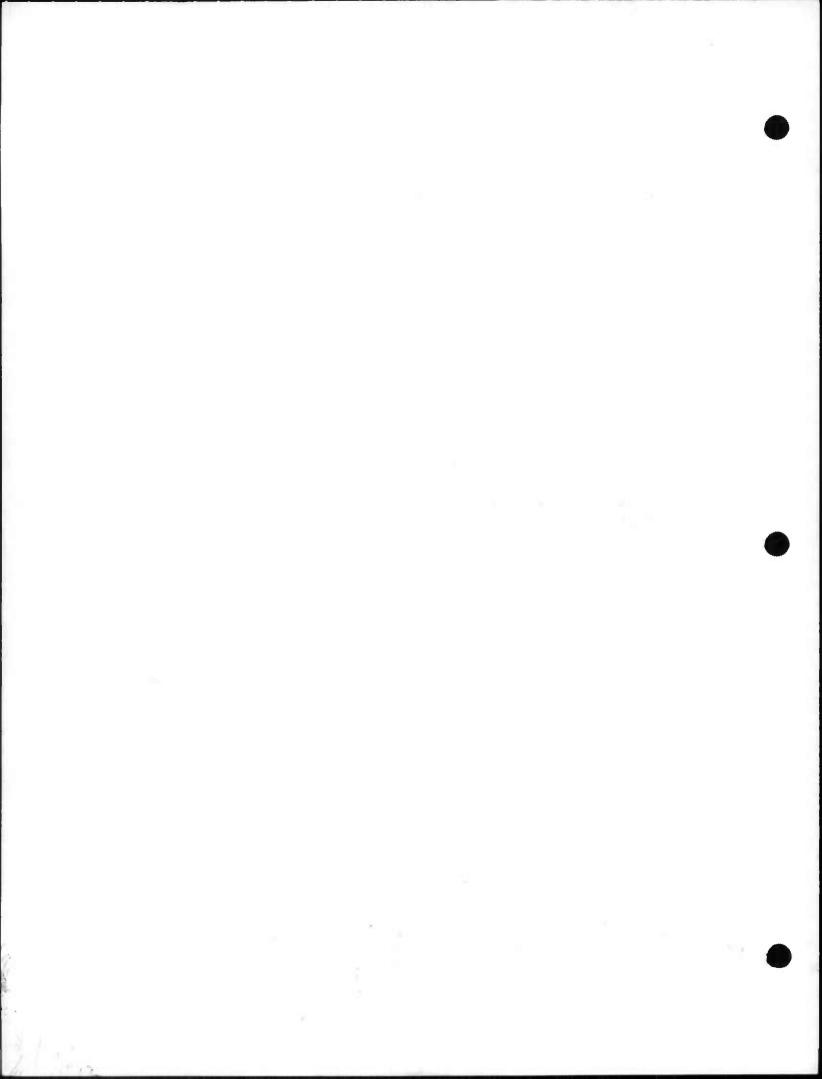
1 -

1. DECEDENT'S NAME (First, Middle, Las	17)					2. DATE OF DE			3. TIME OF DEATN
Peacac	k agn	es Ac	nes M.	Pead	cock	MONTH	DAY	YEAR	10.35 A
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	t birthday) IF U	IDER 1 YEAR	IF UNDER 24 HRS.			8. BIRTH	IPLACE (State or Foreign
215-50-3132	1 M 2 F	25	YRS. MONT	HS DAYS	HOURS MIN.	2 5	107		ryland
9a. FACILITY NAME (If not institution, give	e street and number)		96. (	CITY, TOWN	OR LOCATION OF	DEATN	,		
Harber	Hospilal	Conh	-	13:	1 Com	City			
RESIDENCE OF DECEDENT						0101			
	NTY								10d. INSIDE CITY LIMITS?
			Ba1t	to.C:	ity,Md.				1 X YES 2 NO
	4 Webster	St.		10		0	10g. CIT	USA	
11. MARITAL STATUS	12. WAS OECEDENT FORCES? 1	EVER IN U.S. ARI	MED	13. WAS DE	CENDENT OF NISP	ANIC ORIGIN? (Spe	cify Yes or No—	14. RACE	— American Indian, c, White, etc.
CR Widowed 4 Divorced	IF YES, GIVE WAI	R OR DATES		1 🗌 YE	S XIXNO Spe		,		w White
15. DECEDENT'S ET	DUCATION de completed	16a. DEG	CEDENT'S USUAL	L OCCUPAT	ION	16b. KIND	OF BUSINESS/INC	USTRY	-
Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use retire	ne dunng m id.)	ost or working				
11thGrade			Homema	aker		Own	n Home		
17. FATHER'S NAME (First, Middle, Last)	***				18. MOTHER'S P	AME (First, Middle,	Maiden Surname)		
John	Andrew	Hesse			Flore	nce El	izabeth	n Wi	lson
19a. INFORMANT'S NAME (Type/Print)		19b	MAILING ADDR	ESS (Street	and Number or Run	l Route Number, City	or Town, State, Zip	Code)	
	er		101	N.Cl	narter	Rd.Gle	n Burni	le,M	d.21061
NDBuriel 2 Cremetion 3 Re	moval from State	cemetery, crer	natory or other ola	cel					
		Glen	Haven	Mem.			Glen Bu	ırni	e,Md.
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	0		22. NAME A	NO ADDRESS OF	Bacility Ba	alto.Mo	1. 2	1230
Spines	4. 10m	Man	(K	Mc	Cully F	uneral	Home,	.30	E.Fort A
23. PART Enter the diseases, o	r complications that o	caused the dea	ath. Do not en	ter the m	ode of dying, su	ch es cardiac o	respiratory an	est,	Approximata
IMMEDIATE CAUSE (Finel				0	P	7			Interval Betwee
disease or condition	. A	Cute	myoc	sadi	st into	rchi			142 50000 000 00000
,	DUE TO (O	R AS A CONSEQ	UENCE OF):		+ 0 00				
Sequentially list conditions	b(	Conges	live	herr	/ Jak	we ,			
If any, leading to immediate	OUE TO (O	R AS A CÓNSEO	UENCE OF):						
CAUSE (Diseese or Injury	C	2 40 4 000000							
that initiated events resulting in death) LAST	0) 01 300	H AS A CONSEO	UENCE OF):						
	d								
A THE RESERVE TO THE PARTY OF T									
PART II. Other algnificant condition	ons contributing to de	eath but not re	eaulting in the	underlyln	g cause given i	Part I. 24a. Y	WAS AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
PART II. Other significant condition	ons contributing to de	eath but not re	esuiting in the	underlyln	g cause given i	F	ERFORMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
PART II. Other significant condition	ons contributing to de	eath but not re	euiting in the	underlyln	g cause given i	F		24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant condition	ons contributing to de	eath but not re	esuiting in the	underlyln	g cause given i	F	ERFORMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
25. WAS CASE REFERRED TO MEDICAL		eath but not re	esuiting in the		g cause given i	1	ERFORMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	HOSPITAL:		ОТН	28. P	LACE OF OBATH (C	1 [	YES 2 NO	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 M HO 27. MANNER OF DEATH	HOSPITAL: 1 Signification 2 Ga. DATE OF IN	R/Outpatient 3	DOA OTH	28. P IER: Nursing Hon 28c. IN.	LACE OF OEATH (Come 5 - Residence	heck only one)	YES 2 NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL: 1 Sinpatient 2 Ea. DATE OF IN (Month, Day.	R/Outpatient 3	□ DOA OTH	28. P IER: Nursing Hon 28c. IN. W	LACE OF OEATH (C	heck only one)	YES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not b.	HOSPITAL:  1 Sinpstient 2 = 26a. DATE OF IN (Month, Day.)  28e. PLACE OF I	ER/Outpatient 3 JURY /var/	DOA 4 1 1 28b. TIME OF INJURY	28. PIER: Nursing Hon 28c. IN. W	LACE OF OEATH (Come 5 - Residence Juny AT Juny AT Juny 2 - NO	heck only one)  6 Other (Special Describe)  281. LOCATION	YES 2 NO  NOW INJURY OCC	CUREO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	HOSPITAL:  1 Elimpetion 2 E E E E E E E E E E E E E E E E E E	ER/Outpatient 3 JURY /var/	DOA 4 1 1 28b. TIME OF INJURY	28. PIER: Nursing Hon 28c. IN. W	LACE OF OEATH (Come 5 - Residence Juny AT Juny AT Juny 2 - NO	heck only one)  6 Other (Special DESCRIBE	YES 2 NO  NOW INJURY OCC	CUREO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)	HOSPITAL:  1 ©Mopetient 2 □ E  26a. DATE OF IN (Month, Day.  28e. PLACE OF I building, atc	R/Outpatient 3 JURY Year)  NJURY — At hon  c. (Specify)	DOA 4 1 28b. TIME OF INJURY M	28. PIER: Nursing Hon 28c. IN. W1 1  Interpretation	LACE OF OEATH (Come 5  Residence JURY AT DRK? YES 2  NO	heck only one)  6 Other (Special Describe)  281. LOCATION City or Yown	YES 2 NO  NOW INJURY OCC  Street and Number , State)	CUREO or Rural A	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1 Sinpstient 2 = 26a. DATE OF IN (Month, Day.)  28e. PLACE OF I	R/Outpatient 3 JURY year)  NJURY — At hone. (Specify)  y knowledge, dea	DOA 4   1 28b. TIME OF INJURY M	28. PDER: Nursing Hon 28c. IN. 1	LACE OF GEATH (Come 5  Residence JURY AT DRK? YES 2  NO	heck only one)  6 Other (Special Describe 28d. Describe 28f. Location City or Town a to the cause(a) a	YES 2 NO  NOW INJURY OCC  Street and Number, State)	or Rural A	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1 Eliminpetient 2	R/Outpatient 3 JURY year)  NJURY — At hone. (Specify)  y knowledge, dea	DOA 4 1 28b. TIME OF INJURY M	28. PDER: Nursing Hon 28c. IN. WW 1	LACE OF GEATH (Come 5  Residence JURY AT JURY AT JURY YES 2  NO re	heck only one)  6 Other (Special Describe City or Town a to the cause(a) as time, date and pi	YES 2 NO  NOW INJURY OCC  Street and Number, State)  nd manner as state aca, and dua to the	or Rural A	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIE	HOSPITAL:  1 Eliminpetient 2	IR/Outpatient 3 JURY Year)  NJURY — At hon  C. (Specify)  y knowledge, deamination and/or in	DOA 4 1 28b. TIME OF INJURY M	28. PDER: Nursing Hon 28c. IN. WW 1	LACE OF GEATH (Come 5  Residence JURY AT JURY AT JURY YES 2  NO re	heck only one)  6 Other (Special Describe City or Town a to the cause(a) as time, date and pi	YES 2 NO  NOW INJURY OCC  Street and Number, State)  nd manner as state aca, and dua to the	or Rural A	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIE	HOSPITAL:  1 Elimpatient 2 = Ea. DATE OF IN (Month, Day.  28e. PLACE OF I building, atc.  SICIAN: To the best of my NER: On the basis of axer	INJURY — At hon  c. (Specify)  y knowledge, dea  mination and/or in	DOA 4 1 28b. TIME OF INJURY M	28. PDER: Nursing Hon 28c. IN. WW 1	LACE OF GEATH (Come 5  Residence JURY AT JURY AT JURY YES 2  NO re	heck only one)  6 Other (Special Describe City or Town a to the cause(a) as time, date and pi	YES 2 NO  NOW INJURY OCC  Street and Number, State)  nd manner as state aca, and dua to the	or Rural A	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  17. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only 009) 2 MEDICAL EXAMIN	HOSPITAL:  1 Ellinpetient 2 = E  26a. DATE OF IN (Month, Dey.)  26c. PLACE OF I building, atc.  SICIAN: To the best of my NER: On the basis of axan  ER  I PJ S  THO COMPLETED CAUSE	INJURY — At hon  c. (Specify)  y knowledge, dea  mination and/or in	DOA 4 1 28b. TIME OF INJURY M	28. PDER: Nursing Hon 28c. IN. WW 1	LACE OF GEATH (Come 5  Residence JURY AT JURY AT JURY YES 2  NO re	heck only one)  6 Other (Special Describe City or Town a to the cause(a) as time, date and pi	YES 2 NO  NOW INJURY OCC  Street and Number, State)  nd manner as state aca, and dua to the	or Rural A	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1 Eminpetient 2 = E  26a. DATE OF IN (Month, Dey.  28e. PLACE OF I building, atc  SICIAN: To the best of my NER: On the basis of axer  ER  I T J S  THO COMPLETED CAUSE	INJURY — At hon  c. (Specify)  y knowledge, dea  mination and/or in	DOA 4 1 28b. TIME OF INJURY M	28. PDER: Nursing Hon 28c. IN. WW 1	LACE OF GEATH (Come 5  Residence JURY AT JURY AT JURY YES 2  NO re	heck only one)  6 Other (Special Describe City or Town at the cause(a) as a time, date and pi	YES 2 NO  NOW INJURY OCC  Street and Number, State)  nd manner as state aca, and dua to the	or Rural A	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	9a. FACILITY NAME (If not institution, given the property of t	9a. FACILITY NAME (If not institution, give street and number)  PRESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Maryland  10c. STREET AND NUMBER  1604 Webster  11. MARITAL STATUS 1 Never Married 2 Married  12. WAS OCCEDENT 16 FORCES? 1 FYES, GIVE WAS  17. FATHER'S NAME (First, Middle, Last)  17. FATHER'S NAME (First, Middle, Last)  18. DECEDENT'S EDUCATION (Specify only highest grade completed)  18. TATHER'S NAME (First, Middle, Last)  19a. INFORMANT'S NAME (First, Middle, Last)  19a. INFORMANT'S NAME (First, Middle, Last)  20a. METHOD OF DISPOSITION  A. Marian Miller  20a. METHOD OF DISPOSITION  A. Marial SERVICE LICENSEE  23. PART Enter the diseases, or complications that completed in death)  24. Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  23. PART Enter the diseases, or complications that complete complete in death)  DUE TO (C)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	9a. FACILITY NAME (If not institution, give street and number)  PRESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Maryland  10c. STREET AND NUMBER  1604 Webster St.  11. MARITAL STATUS 1 Never Married 2 Married  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S NAME (First, Middle, Last)  17. FATHER'S NAME (First, Middle, Last)  18a. DECEDENT'S EDUCATION (Specify only highest grade completed)  18a. DECEDENT'S EDUCATION (Specify only highest grade completed)  19a. INFORMANT'S NAME (First, Middle, Last)  19a. INFORMANT'S NAME (First, Middle, Last)  19a. INFORMANT'S NAME (First, Middle, Last)  19a. INFORMANT'S NAME (First, Middle, Last)  20a. METHOD OF DISPOSITION X.P. Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. PLACEA Cemelery, cremellor, cremelery	9a. FACILITY NAME (If not institution, give street and number)  9a. FACILITY NAME (If not institution, give street and number)  PRESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Maryland  10c. STREET AND NUMBER  1604 Webster St.  11. MARITAL STATUS  1 Never Married 2 Married  12. WAS OCCEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  17. FATHER'S NAME (First, Middle, Last)  18a. DECEDENT'S USUA (Give kind of work of kins. Do NOT use retire 1)  17. FATHER'S NAME (First, Middle, Last)  18a. DECEDENT'S USUA (Give kind of work of kins. Do NOT use retire 1)  18b. MAILING ADDR 1  19c. INFORMANT'S NAME (Type/Print)  A. Marian Miller  10a. METHOD OF DISPOSITION  19a. INFORMANT'S NAME (Type/Print)  A. Marian Miller  20a. METHOD OF DISPOSITION 10  19b. MAILING ADDR 1  10b. MAILING ADDR 1  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  23. PART Entire the diseases, or complications that caused the death. Do not entire the complete of	9a. FACILITY NAME (II not institution, give street and number)  9a. FACILITY NAME (II not institution, give street and number)  9a. FACILITY NAME (II not institution, give street and number)  10a. STATE  10b. COUNTY  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCK  11. MARITAL STATUS  1   Never Married   Divorced  1   VES   ZEMO   II   VES   ZEMO   II   VES	9a. FACILITY NAME (If not institution, give street and number)  9a. FACILITY NAME (If not institution, give street and number)  10b. CITY, TOWN OR LOCATION OF STATE  10c. CITY, TOWN OR LOCATION OF STATE  10c. CITY, TOWN OR LOCATION OF STATE  10c. CITY, TOWN OR LOCATION OF STATE  10c. CITY, TOWN OR LOCATION OF STATE  10c. CITY, TOWN OR LOCATION Balto. City, Md.  10c. CITY, TOWN OR LOCATION Balto. City, Md.  10c. CITY, TOWN OR LOCATION STATE	9a. FACILITY NAME (II not institution, give sireet and number)  9a. FACILITY NAME (II not institution, give sireet and number)  9a. FACILITY NAME (II not institution, give sireet and number)  9b. CITY, TOWN OR LOCATION  Maryland  10c. CITY, TOWN OR LOCATION  Balto. City, Md.  10c. CITY, TOWN OR LOCATION  Balto. City, Md.  10c. STREET AND NUMBER  10f. ZIP CODE  21 23 0  11. MARITAL STATUS  11. MARITAL STATUS  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECENDENT OF NISPANIC ORIGINY (Specific Version)  14. Yes, 21 200  15. DECEDENT'S EDUCATION  (Specify outbain, Maritan, Pourfor Ricen, 1)  15. DECEDENT'S EDUCATION  (Specify outbain, Maritan, Pourfor Ricen, 1)  16. DECEDENT'S USUAL OCCUPATION  (Give sind of work done during most of working)  16. DECEDENT'S NAME (First, Micdia, Last)  17. FATHER'S NAME (First, Micdia, Last)  18. MOTHER'S NAME (First, Micdia, Last)  19a. INFORMANT'S NAME (First, Micdia, Last)  19a. INFORMANT'S NAME (First, Micdia, Last)  19b. MALLING ADDRESS (Sireet and number or Rural Pourfor Round)  19b. MALLING ADDRESS (Sireet and number or Rural Pourfor Number, City  A. Marian Miller  101 N. Charter Rd. Gle  102. NAME AND ADDRESS OF FACILITY  19b. MALLING ADDRESS (Sireet and number or Rural Pourfor Number, City  A. Donation of Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  12. NAME AND ADDRESS OF FACILITY  12. NAME COLUMN FUNDER (Specify)  12. NAME AND ADDRESS OF FACILITY  12. NAME AND ADDRESS OF FACILITY  12. NAME AND ADDRESS OF FACILITY  12. NAME AND ADDRESS OF FACILITY  13. WAS DECEDENT'S USUAL OCCUPATION  (Give sind of work done during most of working)  15b. D. D. D. D. D. D. D. D. D. D. D. D. D.	9a. FACILITY NAME (If not institution, give sized and number)  9a. FACILITY NAME (If not institution, give sized and number)  9b. CITY, TOWN OR LOCATION  Balto. City, Md.  10c. STREET AND NUMBER  10b. COUNTY  Maryland  10c. STREET AND NUMBER  10c	9. FACILITY NAME (If not institution, give street and number)  9. FACILITY NAME (If not institution, give street and number)  10. STATE  10. COUNTY  10. STATE  10. COUNTY  10. STATE  10. COUNTY  11. MARITAL STATUS  1   Never Married  2   Married  10   FYES, GIVE WARN OR DATE  11. MARITAL STATUS  1   Never Married  2   Married  1   YES 2000  1   YES 2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

93

19367



NG PHYSICIAN: The law requires that the death certificate be executed within a four after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should	in the state bept, or reading and wental hygiene prior to burnat. Crematorn, or removal.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comp	B is marke

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO. FOR STATE REGISTRAR 1.

- 3										
	1. DECEDENT'S NAME (First, Middle, Last)			-3.7			2. DATE OF DEATH			3. TIME OF DEATH
	M23 aa	-						MY 1	YEAR	10 05 58
1	Mildred  4. SOCIAL SECURITY NUMBER	5, SEX	6. AGE (In yrs. lest birthday	IF UNDER 1		R 24 HRS.	7. DATE OF BIRTH	13 1		12:25 PN
	John Geografi Homben				DAYS HOURS	MIN.	(Month, Day, Year)		8. BIRTH	
- 1	218-80-5299	1 M 2 F	34 YRS.			-	10/26/5	В	Ra 1	to. Md
- 3	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY,	TOWN OR LOCAT	ION OF DE	ATH	9c. COL	INTY OF D	
Œ	26 C Evete	· C+		-						
DIRECTOR	26 S. Exete:	Street	C	l Ba	ltimor	e Ci	Lty			
8	10a. STATE 10b. COUNT			ITY, TOWN OF	R LOCATION					10d. INSIDE CITY
<u>E</u>										LIMITS?
	MD			BALT	IMORE					1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER				10f. ZIP COL	DE		10g. CIT	IZEN OF V	VHAT COUNTRY?
E	1010 7 35	-1 01				1000				
Ž	1018 Lyndhur		IT EVER IN U.S. ARMED	1		1229			USA	
5	1 Never Married 2 Married		YES 2 NO	13. W	yes, specify Cub	en. Mexica	HC ORIGIN? (Specify Year, Puerto Rican, etc.)	a or No-	14. RACE Black	— American Indian, t, White, atc.
ВУ	3 Widowed 4 Divorced		MAR OR DATES		YES 2   NO				Speci	fy:
	3 Wildows 4 Divorced									Black
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	UCATION	16a. DECEDENT			-	16b. KIND OF BU	SINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	His Do NOT	ir work done di use retired.)	uring most of work	ing				
٦	Elementally/Secondary (0-12)	College (1-4 or 5	*)				H 20			
Ē									-	
3	17. FATNER'S NAME (First, Middle, Last)				18. MO	THER'S NA	ME (First, Middle, Maider	Sumeme)		
BE	John Perrear	Jr			T I	ess	iah			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS			Route Number, City or To	vn, State. Zi	ip Codel	
임	John Danner	<b>T</b>								
	John Perrear,	Jr.				t_St	. Balto.			
	20s_METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Ren	noval from State	20b, PLACE AND DATE cemetery, crematory or					OCATION -	-	
	4 Donation 5- Other (Specify)		Westery	other piecel	r Come	ter	7/8-			
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	1/	22. N	AME AND ADDR	ESS OF FA	CILITY	esvi	11e	. Marylan
	7. (	1 / 1 . <	4	L	erov (	). D	yett & S	on F	une	cal Home
- 2	TODAU.	1. Kless	//	4	600 Li	ber	ty Reigh	ts A	ve I	Balto Md.
	23. PART I. Enter the disesses, or	complications the	caused the death Do	not enter t	the made of d	ulan aua	h an conding or man	Instanta		Acological
	shock, of heart fallure.	List only one can	use on each line.	1 7.7.30		,,			1000,	Interval Between
	IMMEDIATE CAUSE VEInel									Onset and Death
	disease or condition	. ACUTE N	NARCOTIC INT	OXICA	TION					
	resulting in death)		(OR AS A CONSEQUENCE							
- 1										
5	Sequentially list conditions.	b								
O	Sequentially list conditions, if sny, lesding to immediate	b	(OR AS A CONSEQUENCE	OF):						
CALION	if sny, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEQUENCE	OF):						
FICALION	if sny, lesding to immediate	c	O (OR AS A CONSEQUENCE							
MILITARION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c								
PENTIFICALION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c								
	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO	OR AS A CONSEQUENCE	OF):	deriving ceuse	given in	Part I. 24s. WAS A	Y AUTOPSY	24b	WERE AUTOPSY FINDINGS
	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO	OR AS A CONSEQUENCE	OF):	derlying ceuse	given in		N AUTOPSY	24b	AVAILABLE PRIOR TO
	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO	OR AS A CONSEQUENCE	OF):	derlying ceuse	given in		RMED?	24b.	
EDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO	O (OR AS A CONSEQUENCE	OF):	derlying ceuse	given in	PERFO	RMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO	O (OR AS A CONSEQUENCE	OF):	derlying ceuse	given in	PERFO	RMED?	24b.	COMPLETION OF CAUSE
AN: MEDICAL CERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	c. DUE TO	O (OR AS A CONSEQUENCE	OF):			PERFO 1 YES	RMED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	c. DUE TO	O (OR AS A CONSEQUENCE	OF):	26. PLACE OF		PERFO 1 YES	RMED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions to the condition of the condition of the cause of	c. DUE TO d	O (OR AS A CONSEQUENCE	OF):	26. PLACE OF	DEATH (Ch	PERFO 1 YES	RMED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d	death but not resulting	OF):  OTHER 4 \( \text{Nursilime OF} \)	26. PLACE OF : Ing Home 5   28c. INJURY AT	DEATH (Ch	PERFO 1 YES	RMED? 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
PHTSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH  1  Natural	d	death but not resulting  ER/Outpetient 3 DOA  FINJURY 28b, Till  10 DOA, Year)	OF):  OTHER: 4   Nursi	26. PLACE OF:	DEATH (Ch	PERFO 1 XYES  eck only one) 6 Other (Specify) 28d. DESCRIBE HOW	RMED? 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
PHISICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Yes 2   NO  27. MANNER OF DEATH	DUE TO d.  MOSPITAL: 1   Inpetion: 2 28s. DATE Of (Month, L. FOUND:	D (OR AS A CONSEQUENCE  D death but not resulting  ER/Outpetiant 3 DOA  FINJURY 28b. T.  17 - 3 - 9 3 F 0 U	OF):  OTHER:  OTHER:  OTHER:  NOTHER:  OTHER:	26. PLACE OF: ing Home 5 \subseteq 5 28c. INJURY AT WORK? 1 \subseteq YES 2	DEATH (Ch	eck only one)  6 Other (Specify)  28d. DESCRIBE HOW	RMED? 2 NO NO INJURY OC	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
D DI LII SICIAIN. MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	MOSPITAL: 1   Inpatient 2   20a. DATE Of (Month, L	death but not resulting  ER/Outpetient 3 DOA  FINJURY 28b, Till  10 DOA, Year)	OF):  OTHER:  OTHER:  OTHER:  NOTHER:  OTHER:	26. PLACE OF: ing Home 5 \subseteq 5 28c. INJURY AT WORK? 1 \subseteq YES 2	DEATH (Ch	eck only one)  6 Other (Specify)  28d. DESCRIBE HOW  UNKNOWN	RMED? 2 NO INJURY OC	OCURED or or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  SET 10 NO  YES 2 NO  Route Number,
	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural Timestigation  1 Natural Timestigation	HOSPITAL: 1   Inpetient 2   28a. DATE OF (Month, L. FOUND) 29a. PLACE Obuilding,	Dept. (OR AS A CONSEQUENCE of death but not resulting the consequence of the consequence	OF):  OTHER:  OTHER:  OTHER:  NOTHER:  OTHER:	26. PLACE OF: ing Home 5 \subseteq 5 28c. INJURY AT WORK? 1 \subseteq YES 2	DEATH (Ch	eck only one)  6 Other (Specify)  28d. DESCRIBE HOW  UNKNOWN  29f. LOCATION (Street City or Town, State	RMED? 2 NO INJURY OC and Number 2 6 S	ocured or or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  STATE OF THE TOTAL COMPLETION OF CAUSE OF DEATH?  Acute Number, ETER STREET
TO DE LITTO DE LA COLOR DE LA	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 1	HOSPITAL: 1 Dispettent 2  28a. PLACE C building, A P A	Definjury — At home, farm, stc. (Specify)	OF):  OTHER: 4   Nursi IME OF NURY   N   M   A   I, street, fecto	28. PLACE OF: ing Home 5 to 10	DEATH (Ch	PERFO 1 YES  ack only one)  6 Other (Specify)  28d. DESCRIBE HOW  UNKNOWN  281. LOCATION (Street City or Town, State  8 ALTIMORE	INJURY OC	OCURED  OF OF Rural P	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  STATE OF THE TOTAL COMPLETION OF CAUSE OF DEATH?  Acute Number, ETER STREET
TO DE LITTO DE LA COLOR DE LA	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 1	HOSPITAL:  1 Dispettent 2  28a. PLACE Cobullding, APA	Definjury — At home, farm, stc. (Specify)  A T M E N T  finy knowledge, death occur	OF):  OTHER: 4   Nursi IMBOF NURY N   MA I, etreet, fecto	28. PLACE OF: Ing Home 5 to 10 28c. INJURY AT WORK? 1 YES 2 rry, office	DEATH (Ch	PERFO 1 YES  ack only one)  6 Other (Specify)  26d. DESCRIBE HOW  UNKNOWN  28f. LOCATION (Street City or Town, State BALTIMORE	INJURY OC	OCURED  OF OF Rural F  E X  Y L A N  sted.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  SE YES 2 NO  Route Number, ETER STREET
ED BI PRISICIAIN. MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 1	HOSPITAL:  1 Dispettent 2  28a. PLACE Cobullding, APA	Definjury — At home, farm, stc. (Specify)	OF):  OTHER: 4   Nursi IMBOF NURY N   MA I, etreet, fecto	28. PLACE OF: Ing Home 5 to 10 28c. INJURY AT WORK? 1 YES 2 rry, office	DEATH (Ch	PERFO 1 YES  ack only one)  6 Other (Specify)  26d. DESCRIBE HOW  UNKNOWN  28f. LOCATION (Street City or Town, State BALTIMORE	INJURY OC	OCURED  OF OF Rural F  E X  Y L A N  sted.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  SE YES 2 NO  Route Number, ETER STREET
COMPLETED BY PHISICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST  PART II. Other significant condition  2s. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural Trending Treestigation  3 Suicide A Could not be determined  29a. CERTIFIER (Check only one)  27. MEDICAL EXAMIN	DUE TO d.  HOSPITAL: 1   Inpetient 2 28a. DATE Of (Month, L. FOUND: 28a. PLACE Cobuilding, A P A SICIAN: To the best of a	Definjury — At home, farm, stc. (Specify)  A T M E N T  finy knowledge, death occur	OF):  OTHER: 4   Nursi IMBOF NURY N   MA I, etreet, fecto	26. PLACE OF: ing Home 5 \$\instruct\{\frac{1}{2}}\) ing Home 5 \$\instruct\{\frac{1}{2}}\] 28c. INJURY AT WORK? 1 \$\instruct\{\frac{1}{2}}\] YES 2 arry, offica me, data and place planton, death occition, death occitions.	DEATH (Ch. Residence NO. NO. No. a., and due ured at the	eck only one)  6 Other (Specify)  28d. DESCRIBE HOW  UNKNOWN. Street City or Town, Street BALTIMORE	INJURY OC  and Number 2 6 S  MAR  Anner as stand due to t	CCURED  or or Rural R  E X  Y L A N  sted,	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  VEYES 2 NO  Route Number, ETER STREET  D  and manner as stated.
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a composition to an	uld be detached for use	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ad at once
	rector, page 5 sho		must be notifi
	in by the funeral di	removal.	MPORTANT: If item 28 is marked, or item 23 shows any leiunx, or other traumatic event, the medical examiner must be notified at once
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	TO THE FI	be filed w.	<b>IMPORTA</b>

93 19369 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First Midne Last 2. DATE OF DEATN 3. TIME OF DEATH YEAR 93 07 Beverly Joan Pollock 8. AGE (In yrs. lest birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 1 M 2 K F 217 54 7588 Maryland July 16, 1947 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 5 Selfridge Ro Selfridge Road Middle River Baltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Maryland Middle River 1 VES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Selfridge Road 21220 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 22 NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married if yes, specify Cuban, Mexican, Puerto Ri 1 TES 20 NO Specify: BY IF YES, GIVE WAR OR DATES Specify: White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 11 Musician Entertainment 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname). Delbert L. Conley June Bailev BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6 Selfridge Road Middle River Maryland 21220 Robert Pollock. Jr. (Husband) 20a. METHOD OF DISPOSITION

1 Burlel 2 Cremation 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE camerou crematory of after Memorial Gardens 7/6/93 Balto. Co., Maryland 4 Donetion 5 Other (Specify) TURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA 1407 Eastern Ave Baltimore Maryland 21. IART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feliure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final disease or condition Inf lammatory resulting in death) DUE TO (OR AS A CONSEQUENCE OF) MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TYES 2 NO 4 Nurs ng Nome 5 Residence 6 - Other (Specify) 28a. OATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 6 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Nomicide 29e. CERTIFIER

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1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) end manner as stated. 2 \_\_ MEDICAL EXAMINER: On the basic of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner se stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 93 042708 AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



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attending physician and completely filled in by the

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
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_	HOSPITAL

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MERTON TERRY PRITCHETT, SR. 93 10:40A 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX B. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year HOURS 214-12-8445 1 X M 2 - F 71 YRS 05-19-1922 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 90 COUNTY OF OFATH PERRY POINT VETERANS HOSPITAL PERRY POINT DIRECTOR CECIL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
LIMITS?
1 YES AND NO MARYLAND ANNE ARUNDEL HANOVER FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1 LEEDS ROAD U.S.A. 21076 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
15 was anactiv Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1X YES 2 NO 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Pu 1 ☐ YES 2 ☑ NO Specify: 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES BY Specify: WHITE 3 Widowed 4 Divorced WW II COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY /Sm College (1-4 or 5+) STATE OF MARYLAND 8 NONE MAINTENANCE 17. FATHER'S NAME (First, Middle, Last)
WARNIE PRITCHETT 16. MOTHER'S NAME (First, Middle, Maiden Surname)
MABLE PHOEBUS notified at BE 1995. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
1 LEEDS ROAD, HANOVER, MARYLAND 21076 19a. INFORMANT'S NAME (Type/Print) 2 ROSARIA M. PRITCHETT pe 20s. METHOD OF DISPOSITION
1XX Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata must CEMETERY CEMETERY CROWNSVILLE, MD. 1993 21. SAGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME SECOND AVE., S.W., GLEN BURNIE, MD. 21061 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final disease or condition espiratori resulting in death) ONSEQUENCE OF): severa houlmon 200 MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): or other that initiated events resulting in death) LAST shows any injury, PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL: OTHER: ent 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 10 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED marked, 1 Natural Accident 5 Pending Investigation 1 YES 2 NO BY 28a. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28 is COMPLETED 6 Could not be 4 Homicide TO THE FUNERAL DIRECT
De filed within 72 hours at
IMPORTANT: If item 2 29a. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. (Check only one) MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(a) end manner as stated. 29d. DATE SIGNED (Month, Day, Year) BE

ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



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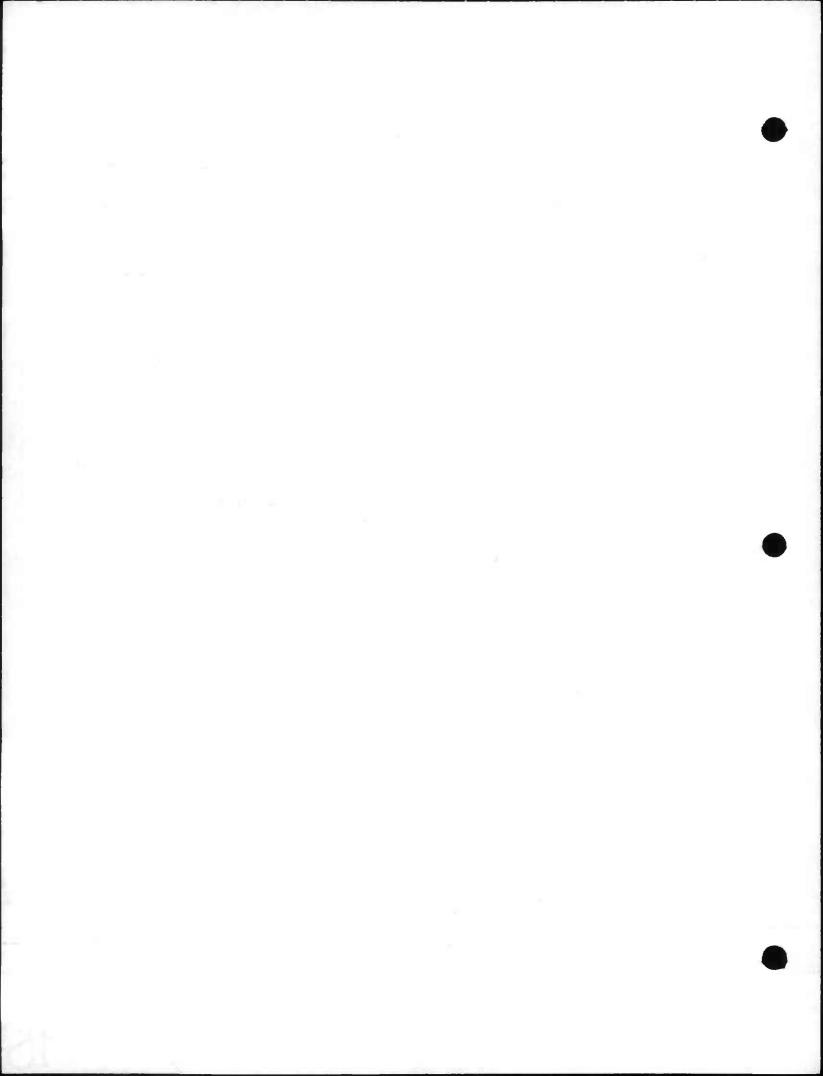
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page 5 should be detached director, funeral the f filled in by ŏ cremation, completely requires that the death certificate be executed within i signed by the attending physician and con Health and Mental Hygiene prior to burial, certificate has been in the State Dept. of I HOSPITAL OR ATTENDING PHYSICIAN: The law

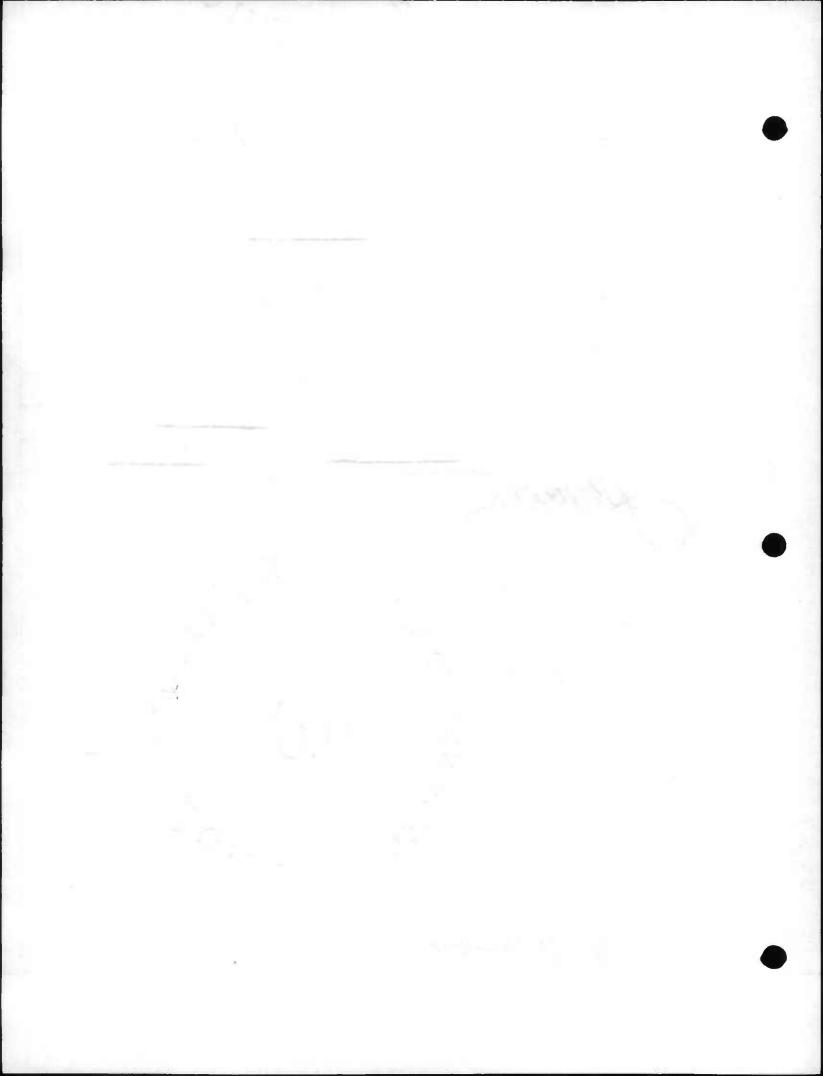
WISION OF VITAL RECORDS, P.O. BOX 68760,

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1 - FOR STATE REGISTRAR	4	STATE OF I	MARYLAND / DI CER	EPAR RTIFI	TMEN'	OF I	DEA	AND	MENTAL HYGIEN REG. NO			
1. DECEDENT'S NAME (	First, Middle, Last)	= PE	ELE						2. DATE OF DEATH	7	93	3. TIME OF DEATH
4. SOCIAL SECURITY N		5. SEX	6. AGE (In yrs. jest bir	- "	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF BIRTN (Month, Day, Year) 7-16-1924		Count	NPLACE (State or Foreigny) TMORE, MD.
90. FACILITY NAME (II II SINAI RESIDENCE OF I	HOS	street end number) PTTAL					OR LOCAT		EATH	9c. COU	NTY OF I	DEATH
ND.	10b. COUNT	TY .	1	loc. CITY	, TOWN		TION EHOR	E CI'	Glen Fu	rnie	Э	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
282 THOMPS		NUE				10	f. ZIP COD	2106	0	1.20	ISA.	WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2  3 Wildowed 4		FORCES?	NT EVER IN U.S. ARMEI 1 X YES 2 NO WAR OR DATES	D		If yes, sp		an, Mexico	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) fy:	or No-	Spec	E — American Indian, k, White, stc. //y:

rican Indian, 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) FORT HOWARD HOSPITAL STATIONERY ENGINEER 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JAMES PEELE SR. BRAXTON ELEANOR 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Zip Code) 282 THOMPSON AVENUE, BALTIMORE, 100 Code) 20s. METHOD OF DISPOSITION

1 © Burlel 2 Cremation 3 Removal from State
4 Dengtion 5 Other Country 20b. PLACE AND DATE OF DISPOSITION (Name of 20c LOCATION - City or Town, State GARRISON FOREST CEMETERY OWINGS MILLS, MD JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST. BALTO. MD. 21223; P.O. DOX 4433 23. PART I. Enter the diseases, or complications that caused the desth. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate ock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death or condition\_ resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequantially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY 1 - YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27.MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined 4 Homicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) end manner as stated.

E FUNERAL DIRECTOR: A within 72 hours after di COMPLETED IMPORTANT: IF 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day 표 2 2 3 2 30. NAME AND ADDRESS OF EATH (ITEM 27) (Type, Print) MM 6 31. DATE FILED (Month, Day, Year) 1993



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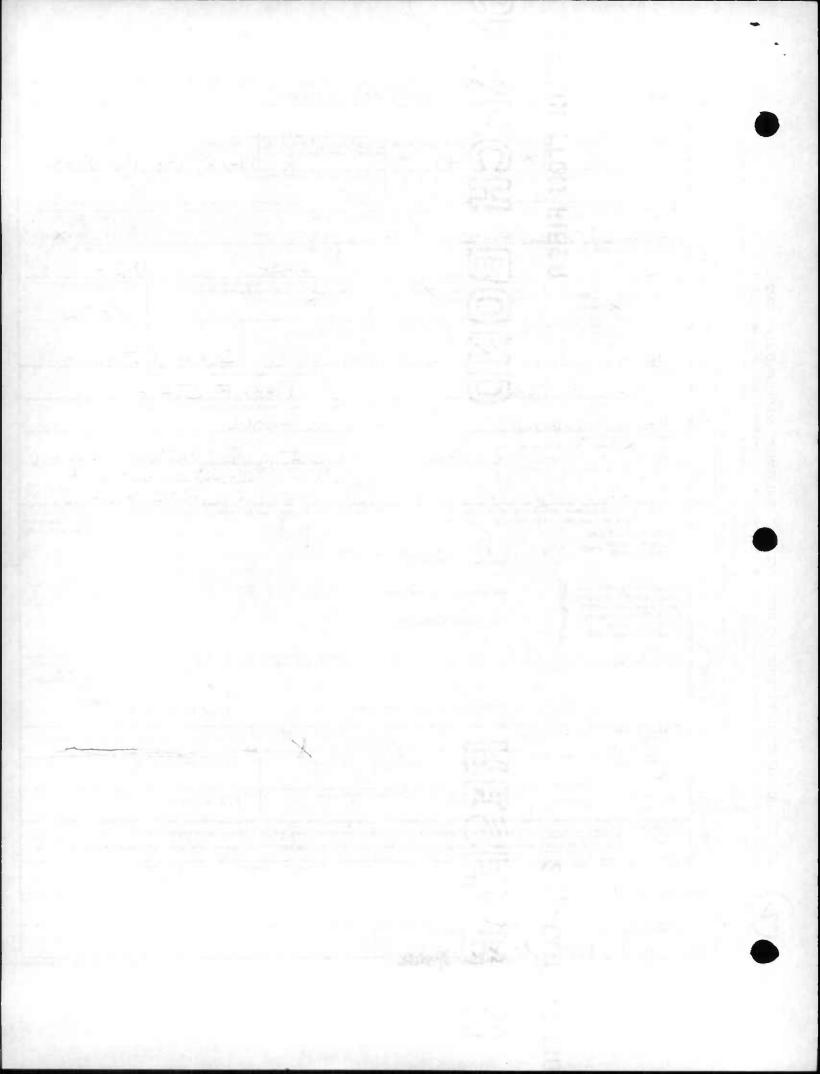
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First, Middle, Last	)					2. DATE	OF DEATH	DAY	YEAR 3.	TIME OF DEATH
	Lawrence		R.		Per	ry, SR.	0		28 19	93	4:15
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. In		MONTHS DA		7. DATE	OF BIRTH		8. BIRTHPL. Country)	ACE (State or Fore
	9e. FACILITY NAME (If not institution, give		49	YRS.			1118	127, I	144	NEW	YORK
PO	9240 Centery		ad			TON	DEATH			albo	
DIRECTOR	10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN OR L	OCATION				10	d. INSIDE CITY
	MARYLAND QU	SEA ARC	22/	(.	OLOS	SORO				1	LIMITS?
MA	10a. STREET AND NUMBER					101. ZIP CODE			10g. CITI	ZEN OF WHA	T COUNTRY?
FUNERAL						2163	6		1	U-S-1	₹.
BY FU	Never Married 2	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 27	rmed Ino	If ye	DECENDENT OF HIS s, specify Cuban, Mer YES 2 NO Sp			ne or No	14. RACE — Black, V Specify:	American Indian
	15. DECEDENT'S ED	UCATION	16a. D	ECEDENT'S	USUAL OCCU	PATION	168	. KIND OF BU	JSINESS/IND	USTRY	(112
E.	(Specify only highest grade Elementary/Secondary (0-12)	de completed)  College (1-4 or 5 +		Give kind of fe. Do NOT u	work done durin	g most of working		15			
MPL	10 YRS.		S	-المع	SMP.		2	SCRA	P M	DITA.	L Co.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	0				16. MOTHER'S	NAME (First,	Middle, Maide	n Sumeme)		
BE	PAUL F-	MIRRY					ARY 1	= 5	TAC	H	T.E. I
5	19e. INFORMANT'S NAME (Type/Print)		1	96. MAILING	ADDRESS (St	eet and Number or Ru		ber, City or To	wn, State, Zip	Code)	
	200. METHOD OF DISPOSITION	OROS	I.	2	46/2		SONS		1		2000
	1 ☐ Burlel 2 ◯ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	moval from State	cemetery, c	rematory or o			OAT		DCATION -	City or Town	State
	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE	- GRI	2011	22. NAM	E AND ADDRESS OF		3 1 6	Hriju	OREI	BRYLA
		5 /			EVY	ANS FUNS		z9AH	7-B	THIE	L.P.A.
	23. PART i. Enter the diseases, or	None, 1				SWPORT	DRI	2,1-	1650c	HUL	-MO.
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C	(OR AS A CONSI							/	
CER	resulting in death) LAST	d									
MEDICAL	PART ii. Other aignificent condition	ona contributing to	deeth but not	resulting	in the under	lying cause given	In Part i.	24a. WAS A	N AUTOPSY ORMED?	AV	ERE AUTOPSY FINI
ă							_	1 X YES	2   NO	OI	OMPLETION OF CA DEATH?
								Are:	TIAL	- 1	YES 2   N
AN	25. WAS CASE REFERRED TO MEDICAL	1			-	6. PLACE OF DEATH	(Chack not)				
O	EXAMINER?	HOSPITAL:	FR/Outnotland	3 🗆 004	OTHER:	1/			n		0.6
77		28e. DATE OF	INJURY	28b. TIN	4 Nursing	INJURY AT	28d. DE	CRIBE HOW		CUREO	
HYSI	27. MANNER OF DEATH		my Wanyl	IN.	JURY	WORK?					
	1 Netural 5 Pending	(Month, De	ay, roun,			L FES 2 NO					
à	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	(Month, De	F INJURY — At h	noma, tarm,						or Rural Rout	e Number,
B	1 Netural 5 Pending 2 Accident Investigation	(Month, De	F INJURY — At h	noma, tarm,				ATION (Street or Town, State		or Rural Rout	e Number,
à	1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only 1	(Month, Di 28e, PLACE Of building,	F INJURY — At hatc. (Specify)	deeth occurr	street, factory,	office	City	or Town, State	nner ee stat	ed.	
COMPLETED BY	1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only 1	28e. PLACE Of building,  SICIAN: To the best of NER: On the best of av	F INJURY — At hatc. (Specify)	deeth occurr	street, factory,	office  date end place, and on, death occured at	City due to the ca the time, data	or Town, State	enner ee stat	ied. ne ceuse(e) er	nd manner aa sta
BE COMPLETED BY	1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 24 MEDICAL EXAMIN	28e. PLACE Of building,  SICIAN: To the best of NER: On the best of av	F INJURY — At hatc. (Specify)	deeth occurr	street, factory,	date and place, and on, death occured at	City due to the ca	or Town, State	enner ee stat	led. ne ceuse(e) el E SIGNED (M	nd manner se ste
COMPLETED	1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 24 MEDICAL EXAMIN	28e. PLACE Of building,  SICIAN: To the best of NER: On the beste of ax	F INJURY — At hetc. (Specify)  my knowledge, commented end/or	leath occurr	atreet, factory, ed at the time, on, in my opinio	date and place, and on, death occured at	City due to the ca the time, data	or Town, State	enner ee stat	led. ne ceuse(e) el E SIGNED (M	nd manner aa sta

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

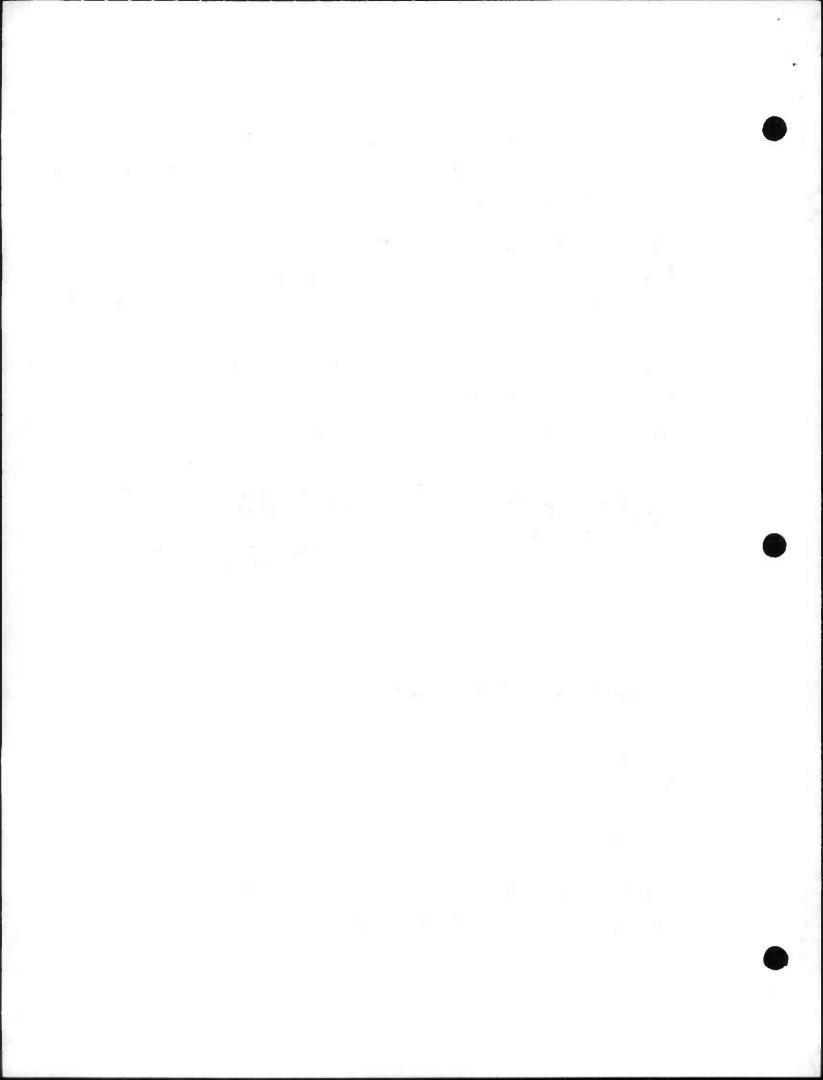


BALTIMORE, MARYLAND 21215-0020	4: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be fled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VI	THE HOSPITAL OR ATTENDING PHYSICIAN:	THE FUNERAL DIRECTOR: After this certifical filed within 72 hours after death with the Sta	PORTANT: If Item 28 is marked, or It

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

	1 - STATE REGISTRAR	(		CATE OF		REG.	NO	
	1. DECEDENT'S NAME (First, Middle, Last)	25				2. DATE OF DEAT	Н	3. TIME OF DEATH
	JOSEPH F. 1	RESTIVO				MONTH	28,19	93 2 pm
	4. SOCIAL SECURITY NUMBER 5. S	SEX 6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign
	017-03-8335 II	M2 [ F 9]	YRS.	MONTHS DAYS	HOURS MIN.	July 4	1901	RAITO MD
	9a. FACILITY NAME (If not institution, give street a	nd number)		9b. CITY, TOWN C	R LOCATION OF		9c. COUN	ITY OF DEATH
DIRECTOR	MANOR CARE	RUXTON		TOWS	on		BA	TIMORE CO.
<u> </u>	10e. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY
ā	MARYLAND BAIT	more co	. 1	AFKVIL	16			LIMITS?
A.	10e. STREET AND NUMBER	1	-1.	101	. ZIP CODE		10g. CITIZ	ZEN OF WHAT COUNTRY?
FUNERAL	19023 STILE F	057 LA.			2123	34	4	· S.A.
5		WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2		13. WAS DEC	ENDENT OF HISP	ANIC ORIGIN? (Specif	Yea or No-	14. RACE — American multin, —Black, White, etc.
ВУ		IF YES, GIVE WAR OR DATES	Buo	1 TYES	2 D NO Spe	can, Puerto Rican, atc. offy:	'	Specify:
ED E	15. DECEDENT'S EDUCATION						1	WHILE
ETE	(Specify only highest grade complete	leted)	(Give kind of willie. Do NOT use	JSUAL OCCUPATION  ork done during mo	st of working		BUSINESS/INDI	
12	Elementary/Secondary (0-12) Col	liege (1-4 or 5+)	SIF	oma,	455)	RALT.	n.m	TOR COACH
COMPL	17. FATHER'S NAME (First, Middle, Last)				18 MOTHER'S	IAME (First, Middle, Me		
	MARIANA R.	ESTIVO			PASI	P150	TIVE	3
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Run	I Route Number, City or	Town, State, Zio	Code)
2	FAMILY RECO	0015	SAM	75	45	ABOVE		
	20a. METHOD OF DISPOSITION	20b. PLAC	E AND DATEO	F DISPOSITION (Na	meol		LOCATION — C	City or Town, State
	1 D Burial 2 Cremation 3 Removal fi 4 Donation 5 Other (Specify)	rom State cornetory	matery or of	1774ED	RAL	7-3 2	BALTO	am 4512.
1 8	21. SIGNATURE OF FUNERAL SERVICE LICENIU	10 110	+1	22. NAME AN	D ADDRESS OF	ACILITY	04	201
1 8	1 let hem t.	Jain mo	0100	EVI	13 17	NEGH	5-4B	Tre-
	23. PART I. Enter the diseases, or comp	cetions that ceused the	daath. Do ni	ot entar the mo	da of dving, si	ich as cerdiec or n	espiratory am	est, Approximate
	shock, or heart fellure. List of	only one ceuse on each If	lne.				- and	intervel Batween
	iMMEDIATE CAUSE (Final disease or condition	CARA.	AMAI	QX	ART	FRY	D15.	Onset and Death
	resulting in death) a	DUE TO (OR AS A CONS	SEQUENCE OF	/	7 / \ /			7/3
z								İ
은	Sequantially list conditiona, if any, leading to immediate	DUE TO (OR AS A CONS	SEQUENCE OF	):				
2	cause. Enter UNDERLYING CAUSE (Disease or injury							
E	that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEQUENCE OF	):				
CERTIFICATION	d.							
	PART II. Other significent conditions con	ntributing to death but no	t resulting in	the underlying	cause given		AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
DICAL	RENAL	EAILU	RE				FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED							S 2 NO	OF DEATH?
								T TES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (	Check only one)		
Sic		SPITAL: Inpetient 2 - ER/Outpetient	3 DOA	OTHER:	e 5 🗆 Residenc	8 Other (Specify)		
ξ	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME	OF 28c. INJ	URY AT	26d. DESCRIBE H	OW INJURY OCC	URED
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		RK? (ES 2 NO			
	3 Suicide 8 Could not be	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, st	reet, factory, offic	•	28f. LOCATION (St	reet end Number	or Rural Route Number,
I W	4 Homicide determined	and (openly)				City or Town, S	(Will)	
COMPLET	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN:	To the best of my knowledge,	death occurre	d at the time, date	end place, end d	re to the cause(s) end	manner as state	ed.
MO								ceuse(e) and menner ee stated.
U C	29b. SIGNATURE AND TITLE OF CHIEFER				29c., LICENSE N			SIGNEO (Month, Day, Year)
m	MICAM	Olm			D-12	349	<b>&gt;</b> 7	7-1-93
2	30. NAME AND AGORESS OF PERSON WHO COL	MPLETEO CAUSE OF OEATH (I	TEM 27) (Тура,	Print)	20 1	01116		, )
	DK. GHILAL	11 760	10 0	95LE,	K DK	EIVE		
0	31. DATE FILED (Month, Day, 1641)	82 REGISTRAR'S SIGNATURE	d. D					



3. TIME OF DEATH

10d. INSIDE CITY

1 TYES 2 NO

White

Approximate intarvai Between

AMILABLE PRIOR TO COMPLETION OF CAUSE

1 - YES 2 NO

193

Onset and Death

DO AM

REG. NO

2. DATE OF DEATH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

IRENE JULY C. RAMSEL (Irene C. Ramsel) 193 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (Sta Country) 24-4529 1 - M 2 A F 10/26/1 Baltimore MD page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and no 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR Good Samaritan Hospital Baltimore 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD. Baltimore FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6116 BElair Road 21206 U.S.A. 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Maxican, Puerto Rican, etc.) BALTIMORE, MARYLAND 21215-0020 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 1 Never Married 2 Married 1 TYES 2 1 NO Specify. BY Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) Coffege (1-4 or 5+) 6th GRade Home Maker notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) FRederick Bleinberger BE Elizabeth 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 William C. Ramse1 702 205 Joppa Rd. Towson, Md. -21204 be 20e. METHOD OF DISPOSITION
1 ID Burlel 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata OATE must director, Meadowridge Memorial Park 7-8 Elkridge, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY completely filled in by the funeral rial, cremation, or removal. 6415 Belair Road albleer John C. Miller, Inc. Baltimore, Md. -21206 medicai 23. PART i. Enter the diseases, or complications that crused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heert fellure. List only one cause on each light. IMMEDIATE CAUSE (Final the A & 2° Respiratory failure Hyperteur disease or condition\_ meumonia HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within resulting in death) traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, i signed by the attending physician and con Health and Mental Hygiene prior to burial, PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OF AS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING pution head DE TO (OR AS A CONSEQUENCE OF) CAUSE (Diseese or injury or other that initiated events resulting in desth) LAST been signed by the atten pt. of Health and Mental F 3 shows any Injury, o PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS 1 - YES 2 NO has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) this certificate h Hem SPITAL OTHER: 1 TES 2 NO Inpetient 2 ER/Outpetient 3 DOA 10 ng Home 5 🗆 Residence 8 🗆 Other (Specify) 4 🗌 Nurs 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 26c. INJURY AT WORK? marked. 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 🖟 Natural After the death 1 YES 2 NO ВУ 2 Accident 28a. PLACE OF INJURY — At home, tarm, street, factory, offica building, etc. (Specify) 3 Suicide ETED 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) L DIRECTOR: A .00 6 Could not be determined item 28 4 Homicide 29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL FUNERAL I IMPORTANT: It 2 MECICAL EXAMINER: On the beals of axisminstion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29h, SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) THE THE FIRST Sabriel U. Mazareno - Resident 1641 30. NAME AND ADDRESS OF PERSON WID COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 6 23 2 SAMARITAN GOOD HOSPITAL, 5601 L. RAVEN 31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

7

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

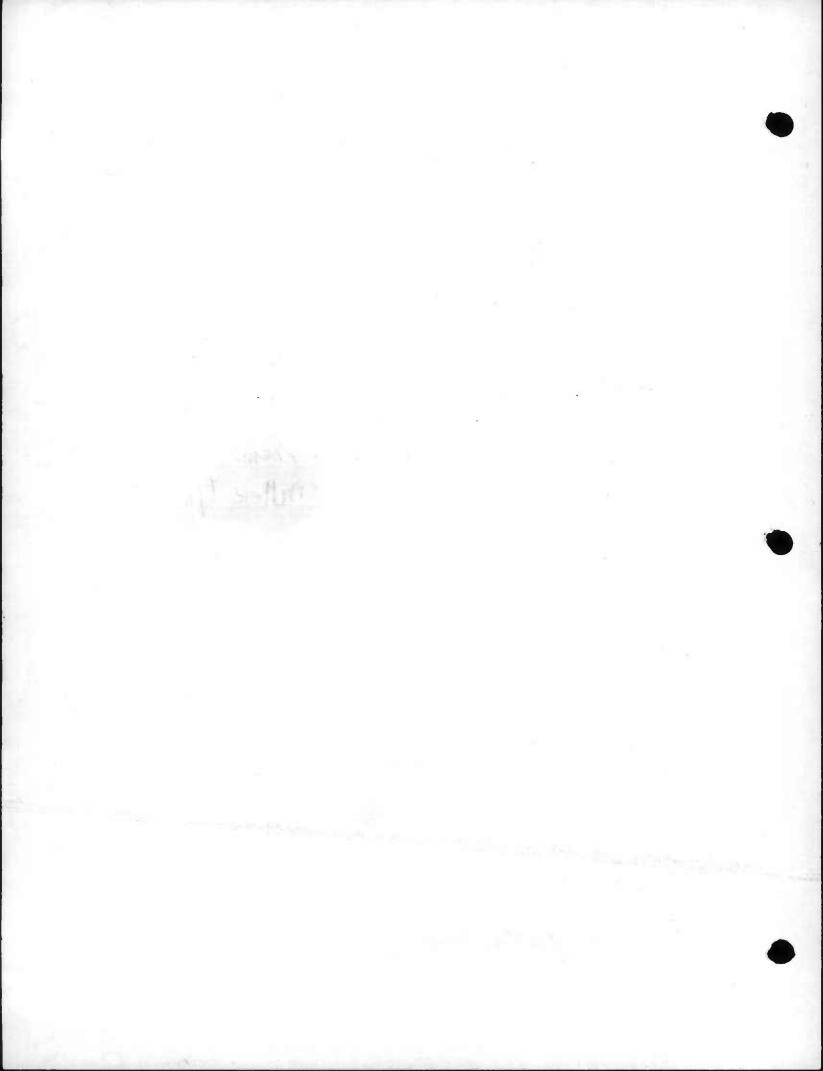
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within . Julys after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit p	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Yen, 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE	TO THE	be filed	IMPO

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

srmit. Pages 1, 2, 3 should

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTME CERTIFICA	NT OF HEALTH AND	MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	DAY NEA	3. TIME OF DEATH
	ALEXANDER	ROBIN	402		DAY YEA	04 55 a m
	4. SOCIAL SECURITY NUMBER 213-18-3318	5. SEX 6. AGE (In yrs. last birthday) F UN S YRS. MONTH	HOER 1 YEAR IF UNDER 24 HRS HS DAYS HOURS MIN	Milanth Car Mani	C	PRTHPLACE (State or Foreign puntry)
	90. FACILITY NAME (If not Institution, give s	treet end pumber) 9b. (	CITY, TOWN OR LOCATION OF		9c. COUNTY C	OF DEATH
TOR	ST HONES	Hosp.	Balto		1	
DIRECTOR	10e. STATE 10b. COUNTY	Balfo. 10c. CITY, TOW	YN DR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 ND
FUNERAL	100. STREET AND NUMBER	ANP.	10f. ZIP CODE	29	10g. CITIZEN	OF WHAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Mer		fee or No — 14. F	RACE — American Indian, Black, White, etc.
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR DR DATES	1 TYES 2 THO Sp			pochBlack
PLETED	15. DECEDENT'S EDU (Specify only highest grade		one during most of working	18b. KIND OF B	VSQ 00	40.00
COMPL	17. PATHER STREET (First, Midgle, Last)	01	16. MOTHER'S	NAME (First, Middle, Maide	en Surneme)	
BE	190. INFORMANT'S NAME (Type/Print)	Kobinson SK	RES\$ (Street and Nymber or Ru	UNE H	LLC h	1017
10	Mary L. R	obinson 14 s	hipley	Ave	21	228
	20e. METHOD OF DISPOSITION  1 Burlel 2 Cremellon 3 Rem  4 Donellon 8 Other (Specify)	oval from State 20b. PLACE OF DISPOSITION other place)	(Name of pemetery, crematory	hem. 20c.1	Ballo	or Town, State
	21. SIGNATURE OF FUNEFIAL SERVICE LIC	ENSEE 110	22. NAME AND ADDRESS OF	FACILITY	1 162	N.
	12/A	Thelen	Self M	lex T	H BK	Loadway
	23. PART i. Enter the diseases, or a shock, or heart failure.	complications that caused the death. Do not er	nter tha mode of dying,	such as cardiac or res	spiratory arrest,	Approximate/ Interval Between
	iMMEDIATE CAUSE (Final disease or condition reaulting in death)	CERE BROVASCHL	AR ACC	LDENT.		Onset and Death
		DUE TO (DR AS A CONSEQUENCE OF):				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR AS A CONSEQUENCE OF):				
FIC.	CAUSE (Disease or Injury that initiated events	CDUE TO (OR AS A CONSEDUENCE OF):				
ERTI	resulting in death) LAST	d			21	
AL C	PART ii. Other significant condition	ns contributing to death but not resulting in the	underlying cause given		AN AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
DIC				1 _ YES		COMPLETION OF CAUSE OF DEATH?
MEDIC						1 TES 2 1 NO
AN	25. WAS CASE REFERRED TO MEDICAL					
CI	EXAMINER?		26. PLACE OF DEATH			
ΗXS	27. MANNER OF DEATH	1. Inpatient 2 ER/Outpatient 3 DOA 4 D	Nursing Home 5 Residen	28d. DESCRIBE HOW	N IN ILIEN OCCUPE	0
BY PHYSICIAN:	Natural 6 Pending Investigation	(Month, Day, Year) INJURY	WORK?  1 YES 2 NO		W MOON! COCONE	
ED B	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, street, building, etc. (Specify)	factory, office	28f. LOCATION (Stre- City or Town, Sta		ural Route Number,
Ш	200. CERTIFIER					
COMPLETED	one) —	ICIAN: To the best of my knowledge, death occurred at I ER: On the basic of examination and/or investigation, in				use(e) end manner sa stated.
EC	29b. SIGNATURE AND TITLE DF CERTIFIE	Я	29c, LICENSE		29d. DATE SIG	NED (Month, Day, Year)
00	RAdus M!	<b>D</b>	RESIZ	en	D 6	28/93.
T0		O COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  SARIC ODEE -ADOD	, ST ACA	res Hose	BALT	WS 21229.
	31. DATE FILED (Month, Day Mar)	Grine Devices - Asnatale				



BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or announce physical	rifled in by the funeral director, page 5 should be detached for use as the burial	tion, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or annuating physical process.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funeral	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bundl, cremation, or removal.

$\overline{}$	REGISTRAR		CI	ERTIFIC	CATE	OF D	EATH		REG. NO	9	7-17	1/6
	1. DECEDENT'S NAME (First, Middle, Last ROOSEVELT ROBINS	10						MONT			YEAR	E OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1	YEAR IF	UNDER 24 HRS	JUN 7. DATE	OF BIRTH	1993	BIRTHPLACE	:20 p
- 9	230-12-2922	XX M 2 □ F	72	YRS.	ONTHS	DAYS HO	URS MIN.	OCTO	BER 3	,1921	VIRGI	NIA
_	9a. FACILITY NAME (If not institution, give			9	9b. CITY, 1	TOWN OR LO	CATION OF	DEATH		9c. COUNT	Y OF OEATH	
RECTOR	VA MEDICAL CENTE			]	FORT	HOWA	RD			BALT	IMORE	
REC	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION											NSIDE CITY
0		IMORE		BALT	IMOR	E						YES 2 N
FUNERAL	10s. STREET AND NUMBER					101. ZIP					N OF WHAT O	OUNTRY?
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	MOSES ROBINSON							JOHN	Middle, Maiden SON	Surname)		
) BE	19a. INFORMANT'S NAME (Type/Print)	Villien 1.	/ 196	b. MAILING A	DORESS (				ber, City or Tox	rn, State, Zio C	ode)	210
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	& Jumber	e of G	ed)		1	all.	Cub	en	60	1:07	2/1	10
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NC	IMMEDIATE CAUSE (Finei disease or condition resulting in death)	CANCER C	SE ON BACH IINS	ROSTAT	TE W							Interval Be Onset and
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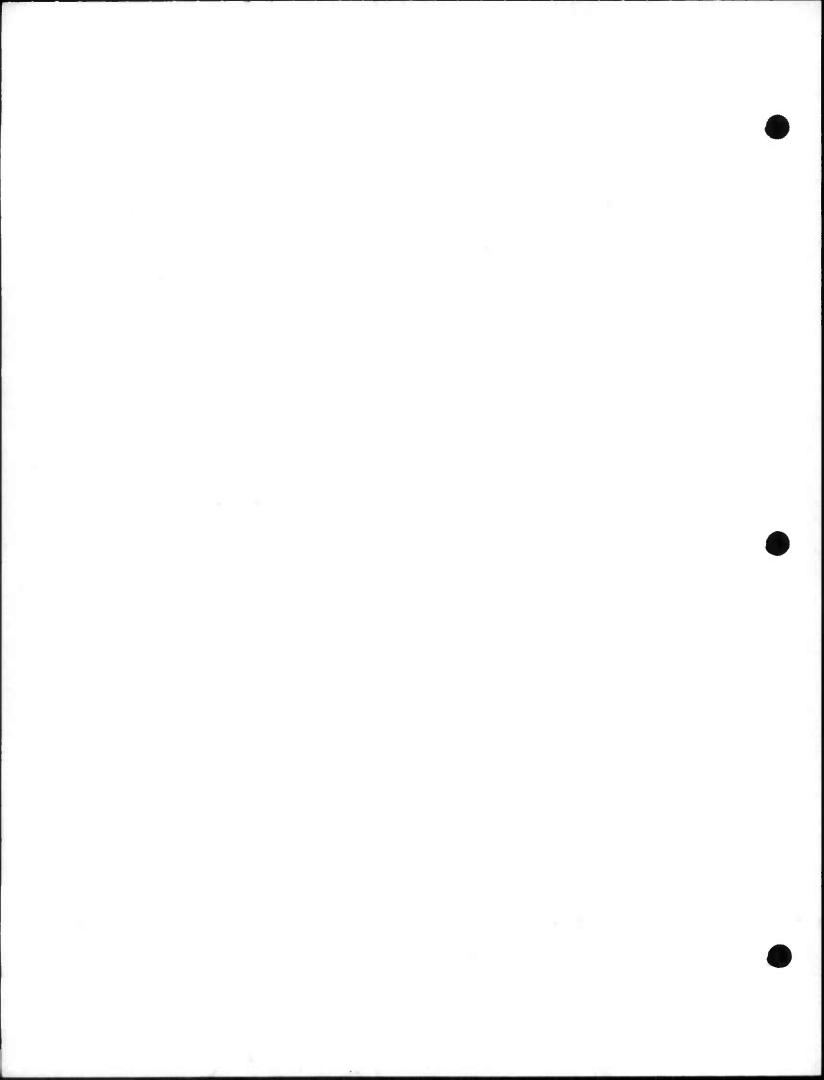
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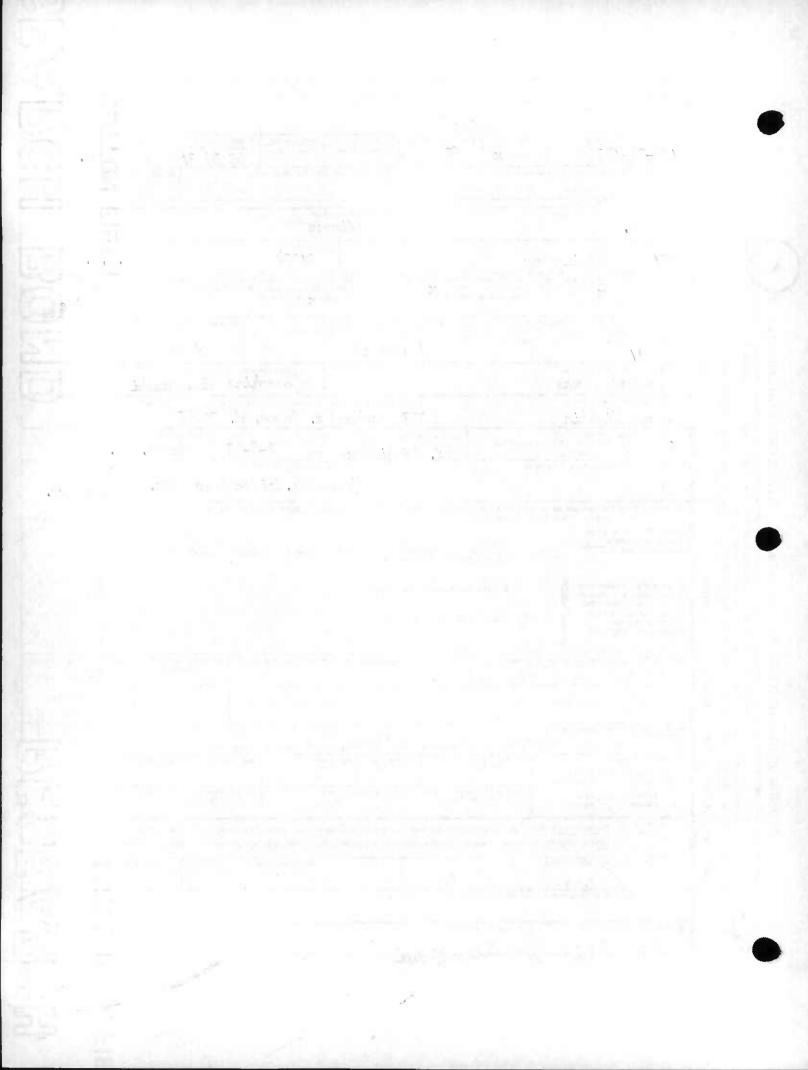
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IAN: The law requires that the death certificate be exitificate has been signed by the attending physician a	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: It item 28 is marked or item 23 shows any injury or other transmalls event the marked event to any injury or other and item 28 is marked or item 28 is marked or item.
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1. DECEDENT'S NAME (First, Middle, L	nst)		CATE OF I		REG. NO 2. DATE OF DEATH		3. TIME OF DEATH
-EDNA	MAXINE		ROE		07 O		6:00 PM
4. SOCIAL SECURITY NUMBER 212-32-8604	1 🗆 M 2 😾 F			IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 05-17-1		BIRTHPLACE (State or Foreign Country) VIRGINIA
99. FACILITY NAME (If not institution, g  NORTH ARUNDEL  RESIDENCE OF DECEDENT	HOSPITAL ASSO		96. CITY, TOWN OR GLEN F			9c. COUNTY	
10e. STREET AND NUMBER	NE ARUNDEL		EN BURN			10g. CITIZEN	10d. INSIDE CITY LIMITS? 1 YES 2 NO OF WHAT COUNTRY?
311 KING GEOR	RGE DRIVE			21061		U.S.	Α.
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 XNO	If yes, spec	NDENT OF HISPAN offy Cuban, Mexica NO Specify	IIC ORIGIN? (Specify Yen, Puarlo Rican, etc.)	NOTE AND TO SERVICE AND THE PERSON NAMED IN COLUMN 1	RACE — American Indian, Black, White, atc. Specify: WHITE
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)  1.2	EDUCATION rade completed)  College (1-4 or 5+)  NONE	16a. DECEDENT'S U: (Give kind of wo life. Do NOT use	rk done during most retired.)	of working		RDS CI	HEMICAL
17. FATHER'S NAME (First, Middle, Last) JAMES EDWARD				18. MOTHER'S NA EUNICE	ME (First, Middle, Maiden	ANT Sumame) WATER	
19a. INFORMANT'S NAME (Type/Print) KATHY KIKOLA					ROUTE Number, City or Tow		NIE, MD.21
20a. METHOD OF DISPOSITION  1	lamoval from State	Db. PLACE AND DATE OF or other GLEN HA	DISPOSITION (Name	e of	9ATE 93	CATION — City	or Town, State BURNIE, MD
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	OBBN IIA			SINGLE		UNERAL HOM
23. PART I. Enter the diseases, shock, or heart failu	or complications that cause re. List only one cause on	ed the deeth. Do no	1 SECC	OND AVE	., S.W.,	GLEN	BURNIE, MD.
23. PART I. Enter the diseases, shock, or heart failu IMMEDIAC CAUSE (Final disease Dr condition resulting in death)  Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Canaba T  DUE TO (OR AS  DUE TO (OR AS  C. OTHER	eech line.  Oulmong A consequence of:	and or did in	OND AVE	s., S.W.,	GLEN	BURNIE, MD.  21061 Approximets Interval Between
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1	1. DECEDENT'S NAME (First, Middle, Let	st)	CERT					OF DEATH		3. TIME OF DEATH	
	FLORENCE	Janine	2	RII	LEY		0.7		1993	2:46	
	4. SOCIAL SECURITY NUMBER 170–24–1732		E (In yrs. last birth	rRS. IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH		IRTHPLACE (State or Formatty) Md.	
Œ	9s. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH										
010	FRANCIS SCOTT					MORE					
DIRECTOR	10e. STATE 10b. COU	NTY	100	10c. CITY, TOWN OR LOCATION Baltimore					10d. INSIDE CITY LIMITS? 1 YES 2 1		
FUNERAL	100. STREET AND NUMBER 6216 Plantvieu				101. ZIP CODE 21224				10g. CITIZEN OF		
BY FUN	11. MARITAL STATUS Separate 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13.	If yes, sp	ecity Cuben, Mexic 2 NO Speci	an, Puerto			RACE — American India Black, White, atc. Specify: White	
TED	15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)	(Give kir	ENT'S USUAL Cond of work done	during mo	ON est of working	166	. KIND OF BUS	BINESS/INDUSTR		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		sework				At H	ome		
	17. FATHER'S NAME (First, Middle, Last) Edward Myers				Adi	16. MOTHER'S N.	AME (First,	Middle, Melden : Anus	sumamo) zewski		
TO BE	193. INFORMANT'S NAME (Type/Print) Angela Hickin			AILING ADDRES		and Number or Rural	Floute Num	nber, City or Town	n, State, Zip Code	9)	
	20e. METHOD OF DISPOSITION  1 © Burlel 2 Cremation 3 R		Ob. PLACE AND D	DATE OF DISPO	SITION /Ne		DAT	7E 20c. LOC	CATION - City of		
	4 Donation 5 Other (Specify)	CI	emetery, cremetor	tanista	us (	em 7	8-93	3 3	alto.,	Md.	
	24 RICHATURE OF EUNERAL CERVICE	LICENSEE									
	23. PART I. Enter the diseases, anock, or heart failure immediate CAUSE (Final disease or condition	D. Zeller	ed the deeth.	Do not ente	harl r the mo	de of dying, au	iler ch as car	diec or respir	ratory arrest,	Approxima interval Ba	
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ZDIVISION OF VITAL RECORDS, P.O. BOX 68760,

death.	FILE DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of
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	THE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pa

	2. 3 should		
	permit. Pages 1.		
ng physician.	the burial-transit		
hospital or attend	iched for use as		8
retained by the	5 should be deta		notified at onc
h. Page 6 may be	eral director, page		miner must be
4 hours after deat	illed in by the fun	n, or removal.	e medicai exar
executed within 2	and completely f	to burial, crematio	matic event, th
eath certificate be	affending physiciar	ntal Hygiene prior	iry, or other trau
requires that the d	en signed by the	of Health and Me	vs any inju
SICIAN: The law I	certificate has be	h the State Dept.	d, or item 23 shov
A ATTENDING PHY	RECTUR: After this	urs after death wit	em 28 is marke
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	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HEA		MENTAL HYGIEN						
0.00	1. DECEDENT'S NAME (First, Middle, Last)  STEPHET	J M- 50	ANKOV	id		2. DATE OF DEATH MONTH 6-30-		EAR 3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER	5. SEX  6. AGE (In yrs. last birthday)  F UNDER 1 YEAR  F UNDER 24 HHS.  7. DATE OF BHRTH  (Morth, Day, Year)  7. DATE OF BHRTH  (Morth, Day, Year)  7. Last G Color Col										
FOR	98. FACILITY NAME (II not institution, give street and number)  90. COUNTY OF DEATH  11 JUSEPH HOSPITAL 1620 YORKED TOWSON MD 2/204  BALT											
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  10b. COUNTY					10d. INSIDE CITY LIMITS?						
	100. STREET AND NUMBER	timore	_ M	RKVILLE 101, ZIP	CODE		10a, CITIZEN	1 TYES 2 NO				
FUNERAL		SVA TOS			11234		(	J.S.A.				
	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT EVER IN L FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	13. WAS DECEND If yes, specify 1 YES 25	Cuben, Mexice	IIC ORIGIN? (Specify Yes n, Puerto Rican, atc.)	or No 14.	RACE — American Indian, Black, White, atc.				
D BY	3 Widowed 4 Divorced  15. DECEDENT'S EDUCA	II.W.W	6a. DECEDENT'S US		g NO Specin			Specify: WHITE				
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)			done during most of	worlding	16b. KIND OF BUS	SINESS/INDUS	TRY				
OMP	12 Y RS.		Police	OFFIC		BALT	MORE	County				
BE C		JANKOVIC		16.	0.	ME (First, Middle, Maiden	Sumeme)					
0	19e. INFORMANT'S NAME (Type/Print)		196. MAILINO AD	DRESS (Street and N	umber or Rural F	Route Number, City or Town	n, State, Zip Co	de)				
	20a, METHOD OF DISPOSITION	20b.P	LACE AND DATE OF D	DISPOSITION (Name o		OATE 20c. LO	CATION — Chy	or Town, State				
	1) Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	J GF	ery, crematory or other	F FATH		193 Ro	2LA 0.52	(2)				
	21. SIGNATURE OF FUNERAL SERVICE LICE	UR CO		22. NAME AND AI SVANJ ( 8800 H	LIGAH	-041 geno	Park	3 11 5				
	23. PART I. Enter the diseasea, or co	omplications that caused t	he deeth. Do not	enter the mode of	of dying, auci	h as cardiec or respir	ratory errest	Approximete intervel Between				
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	ACUTE	MYOCAL	2DIAL 3	INFA	RCTION		Onset and Death				
_		OUE TO (OR AS A C	ONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	ONSEQUENCE OF):									
IFIC	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):									
CER	resulting In death) LAST											
CAL	PART II. Other significent conditions	contributing to deeth but	not resulting in t	he underlying ce	use given in	Part I. 24s. WAS AN A PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO				
MEDIC					·	1 🗆 YES 2	NO	OF DEATH?				
N.												
PHYSICIAN:		HOSPITAL:		THER:	OF DEATH (Che							
F	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJURY WORK?		8 U Other (Specify) 28d. OESCRIBE HOW IN	JURY OCCUR	ED				
BY	1 Netural 5 Pending 2 Accident Investigation		173.5.5	M 1 TYES	2 NO							
ETED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	)	it, factory, office		28f. LOCATION (Street & City or Town, State)	nd Number or F	iural Route Number,				
COMPLETE		IAN: To the best of my knowled										
E CO	296. SIGNATURE AND TITLE OF CERTIFIER	On the basis of examination a	nd/or investigation, in		LICENSE NUM			GNED (Month, Day, Year)				
TO BE	Johnson	LOhoo	STAFF	mp 1	7 302	63	► OE	5-30-93				
	30. NAME AND ADDRESS OF PERSON WHO FRANCIS T- KH	COMPLETED CAUSE OF DEATH	H (ITEM 27) (Type, Pri	T- JUSE	PH H	105PITA						
Ye.	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATI				<u> </u>	-					
12	JUL 0 7 1993	Julia Davidon A	andelle									

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funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 filled in by the fullon, or removal.

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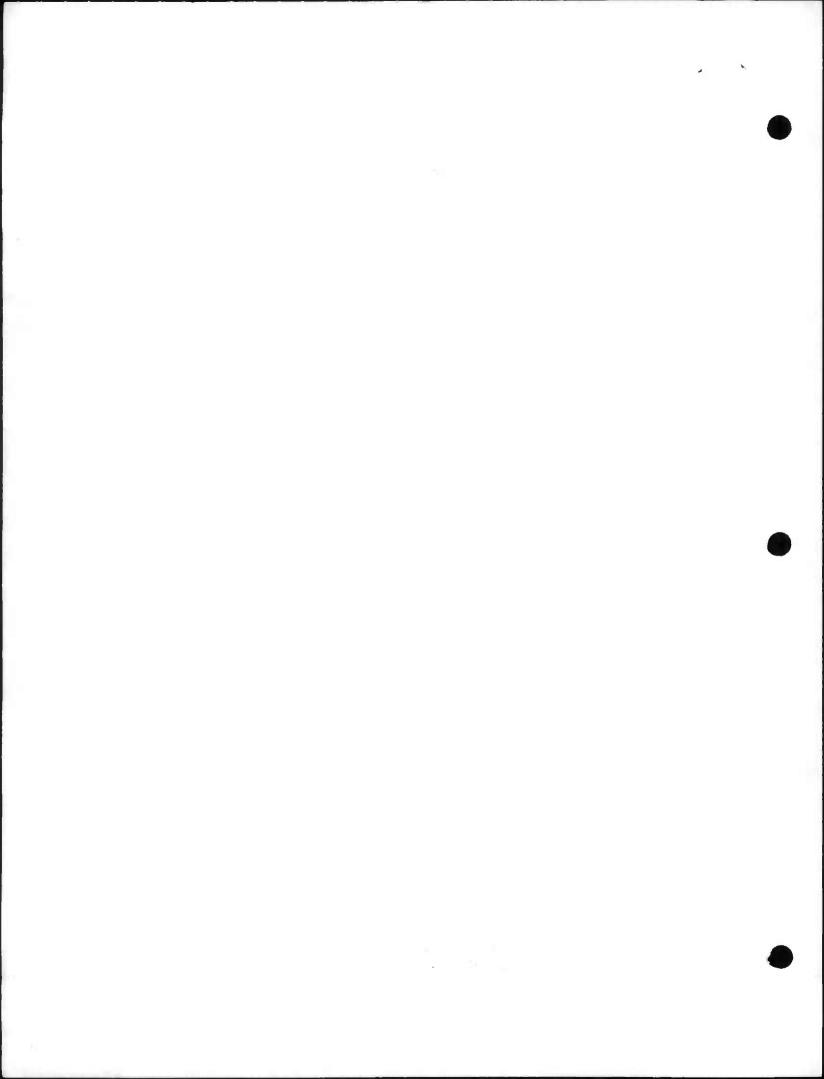
with 1

After 1 death

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: AND be filed within 72 hours after de IMPORTANT: If Item 28 is

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH BEG NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH YEAR James W. Shipley 06 1993 4:37 P. 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 219 78 6917 1 XM 2 | F 25 May 2, 1968 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR University Hospital E.R. Baltimore City RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland baltimore 1 X YES 2 NO FUNERAL 10a STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1201 w. Lombard street U.S.A. 21223 12. WAS OECEDENT EYER IN U.S. ARMED FORCES? 1 TYES 2 THO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yee, specify Cuban, Mexicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried B 1 TYES 2 NO Specify: 3 Widowed 4 CDivorced white COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 9 construction unemployeed 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) charles W. shipley shirley Leonard BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 shipley shirley 1201 w. Lombard st. baltimore, Md 21223 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 208. METHOD OF DISPOSITION

1 Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) MT. ZION cemeTERY 7/3 Baltimore, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman funeral Home 5695 Main st. Elkridge, Md. 23. PART 1. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, **Approximate** shock, or heart fellure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Finel** Onset and Death disease or condition NARCOTIC INTOXICATION resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentieily list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: V 1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b, TIME OF 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending FOUND: 6-25-93 UNKNOWN M BY 1 YES ZXX NO UNKNOWN 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide determined UNKNOWN 29e. CERTIFIER (Check only one) one) The Certifier of the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) end manner ee stated. 25 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner ee stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) & Wright MD O.C.M.E. 06/26/1993 2 ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) G WRIGHT DONALD MD 111 Penn Street, Baltimore, Maryland 31. DATE FILED (Month) 21201 32. REGISTRAR'S SIGNATURE



1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

30. NAME AND ADDRESS OF PERSON IN

31. DATE FINED (Month, Day, Hour)

YEAR

9c. COUNTY OF DEATH

USA

Md.

10g, CITIZEN OF WHAT COUNTRY?

Specify:

1993

3. TIME OF DEATH

7:55

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

1 X YES 2 | NO

Black

21218

Approximate

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE

1 TES 2 NO

29d. DATE SIGNEO (Month, Day, Year)

111 Penn Street, Baltimore, Maryland

07/04/1993

Interval Between

**Onset and Death** 

Md.

8. BIRTHPLACE (State or Foreign

2. DATE OF DEATH

George Starkes 07 4. SOCIAL SECURITY NUMBER 7. DATE OF BIFTTH (Month, Dey, Year) 3-11-28 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 220-24-5399 1 M 2 F 65 Pages 1, 2, 3 should 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Union Memorial Hospital Baltimore City 10a. STATE 10c. CITY, TOWN OR LOCATION Md. Balto. permit. 10e. STREET AND NUMBER FUNERAL 10f ZIP COOF 1704 E. 30th St. 21218 use as the burial-transit rurs after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2/THOO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, atc.) BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 X Married BY 1 TES 2 NO Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Por Elementary/Secondary (0-12) College (1-4 or 5+) Self Employed detached once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George Starkes, Sr. 2 notified at Hannah funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Leather Starkes 1704 E. 30th Street, Balto., Md. Pe 20s. METHOD OF DISPOSITION

1 Denoted 2 Cremetton 3 Removal from State
4 Donatton 5 Other (Specify) 20b. PLACEAND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must King Mem. Randallstown, the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H East 1101 E. North Ave the attending physician and completely filled in by the I Mental Hygiene prior to burial, cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory strest, shock, or heert fellure. List only one ceuse on each line IMMEDIATE CAUSE (Finel disease or condition s. Arteriosclerotic Cardiovascular Disease
DUE TO (OR AS A CONSEQUENCE OF): event. resulting in desth) P.O. BOX 68760, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse Dr Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST injury. DIVISION OF VITAL RECORDS, PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the Diabetes Mellitus shows any 1 TYES 2 NO has been s Dept. of H Inquiry PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate his with the State Cirked, or item item EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 Nursing Home 5 Rasidence 8 Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF marked, 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending investigation TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death wi IMPORTANT: If Item 28 is marke 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicid 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER BE Us no O.C.M.E. 2

O COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

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1	-	FOR STATE REGISTE	R.A.
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1		WILL	J

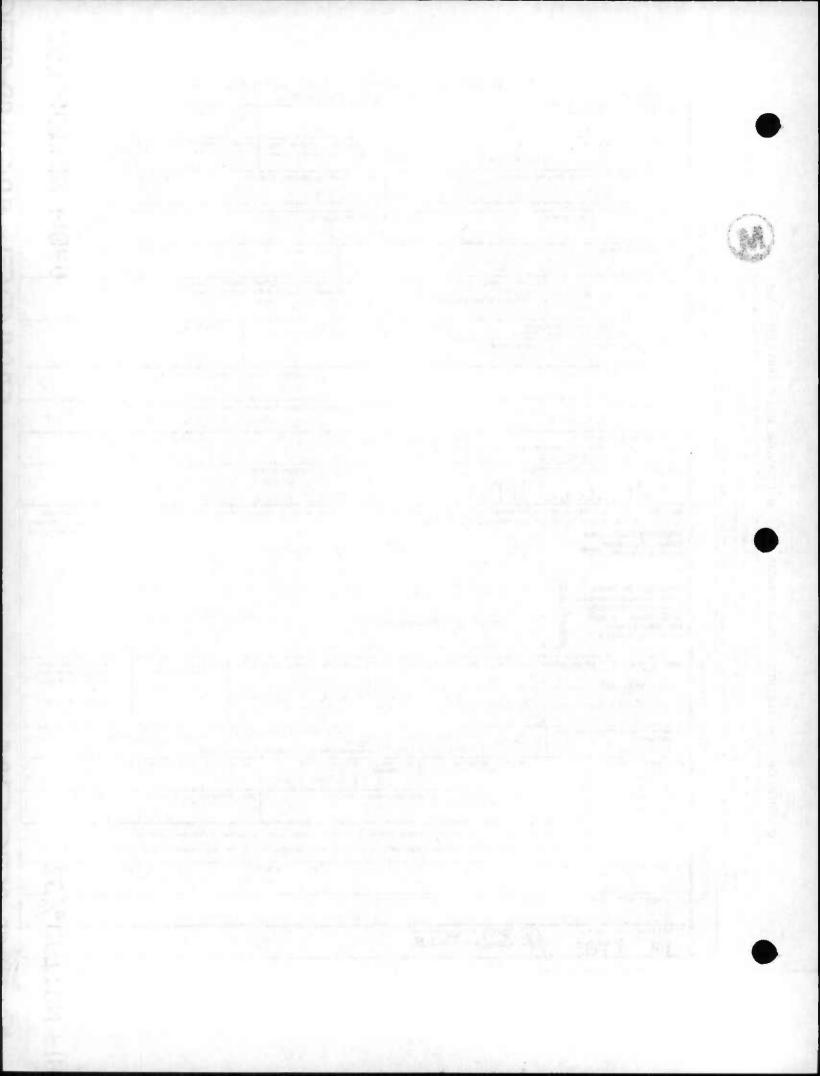
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF	DEATH	R	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last, WILLIAM J. STO					2. DATE OF MONTH	DEATH DAY	YEAR 93	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 218-18-8176	5. SEX 8. /		F UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I (Month, Da OCT . 1	BIRTH by, Year) 4,1906	8. BIRTI Count	HPLACE (State or Foreign ny) NSYLVANIA
9a. FACILITY NAME (If not institution, give CATON MANOR NU		9		OR LOCATION OF D			UNTY OF C	
RESIDENCE OF DECEDENT  10a. STATE  10b. COUN	TY	10c. CITY, 1	TOWN OR LOCA	TION				10d. INSIDE CITY
MARYLAND	BALTIMO	ORE BA	ALTIMOR	E				1 TYES 2 XNO
100. STREET AND NUMBER 2007 KENNICOTT RO	OAD			1. ZIP CODE			TIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	YES 2 NO	If yes, sp	CENDENT OF HISPA Healty Cuben, Mexico 3 2 X NO Specia	in, Puerto Rica	pecify Yes or No— n, etc.)	14. RAC Blac Spec	E — American Indian, k, Whita, etc.
15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	16a. DECEDENT'S US (Give kind of wor	UAL OCCUPATI	ON ost of working	16b, KJA	D OF BUSINESS/IN	NDUSTRY	
Elementary/Secondary (0-12) 3rd GRADE	College (1-4 or 5+)	BOX-MA	etired.)	at of Horning		MANUFACT	TURIN	G
17. FATHER'S NAME (First, Middle, Last)						le, Maiden Surname)		
FREDERICK STOFFEI		400	DDDDD (2)		WALTER			
ROGER W. STOFFEI				COTT ROA				1244
20a. METHOD OF DISPOSITION  1 X Burlet 2 Cremation 3 Re- 4 Donation 8 Other (Specify)		20b. PLACE AND DATE OF COMPETER VOY Of the LOUDON PARI	DISPOSITION (N	ame of	7/9	20c. LOCATION - BALTIM	- City or To	
21. SIGNATURE OF FUNERAL BERNICE L	ICEMSEE IMA	)	HUBBA	ND ADDRESS OF FA RD FUNER WILKENS	AL HOM	E, INC.		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):						
PART II. Other algnificent condition	ons contributing to dea	RIGHT FO	or U	g cause given in LEK KF DB71	. 10	B. WAS AN AUTOPS: PERFORMED? YES 2 NO	7 241	a. WERE AUTOPSY FINDING MARLABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C)	heck only one)			
1 TES 2 NO	1   Inpatient 2   ER	Outpatient 3 DOA 4	THER:	ne 8 🗆 Residence	8 Other (Sc	pecify)		
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJU	JRY 28b. TIME ( INJUR	Y W	JURY AT DRK? YES 2 NO	28d. DEŞCRI	BE HOW INJURY O	CCURED	
3 Suicide 6 Could not be detarmined	28a. PLACE OF IN. building, etc.	JURY — At home, term, stre (Specify)	et, factory, offic	ca .		N (Street and Numb wn, State)	er or Rural	Route Number,
anal .		knowledge, death occurred nation and/or investigation,						a) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFI	Kulun I	EM)		29c. LICENSE NU				Month, Day, Year)
DR. ALDIN KUHN 31. DATE FILED (Month, Day, Year)	- 716 MAID	EN CHOICE L		SUITE 205	BALT	IMORE. N	<b>⊕.</b> 2	1228

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,



for death. Page 6 may be retained by the hospital or attending previous the time target. Pages 1, 2, the funeral director, page 5 should be detached for use as the turnal functions. It Pages 1, 2, not.	TO BE COMPLETED BY FUNERAL DIRECTOR	10e. STATE  MARYT_AND 10e. STREET AND NU  74 N  11. MARITAL STATUS 1 Never Married 3 Widowed 4 (Special Status) 12. STATHER'S NAME (F  CHARLES 19e. INFORMANT'S N/  RUTTH S 20a. METHOD OF DIS 1 July Burlet 2 Cre 4 Donation 5
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use he field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT IN INC. 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter shock, iMMEDIATE CAUS: disease or conditive resulting in death)  Sequentially list of if any, leading to it cause. Enter UNDI CAUSE (Disease or that initiated even resulting in death)  PART II. Other alg.  25. WAS CASE REFERIEXAMINER? 1 YES 2 NATIONAL PROPERTY OF THE

	I, Middle, Last)			3-7111	. JAIL		DEATH		2. DATE	REG. NO			3. TIME OF DEATH	
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212-07-8551 1 N 2 0 F 77					YRS. MONTHS DAYS HOURS					h, Day, Year)		Country)		
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(Specify on Elementary/Secondary (	ly highest grade	completed) College (1-4 or 5		(Give kind o	f work done d	uring mo	st of working		160	. KIND OF BU	omess/INO	USTRY		
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CHARLES	CC	TI								1.00				
INFORMANT'S NAME (	Type/Print)	HEIGHER		19b. MAILIN	G ADDRESS	(Street a	nd Number or			HUBBAT		Corte)		
RUTH SCH	TETCHE	TR					T AVE			,		,		
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DHMH-16 Rev 1/89

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			ERNON K.	SCHULTHEIS	2. DA	TE OF DEATH THE THE THE THE THE THE THE THE THE THE	2/93 YE	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER  219-32-2428  99. FACILITY NAME (If not institution, give	1 <del>2</del> M 2 □ F 57	YRS. MON	UNDER 1 YEAR IF UNDER THIS DAYS HOURS CITY, TOWN OR LOCATION	MIN. (Mo	E OF BIRTH onth, Day, Year) RIL 19,1	L936 °	BIRTHPLACE (State or Foreign Country) MARYLAND		
TOR	5414 ADDITIGION ROAD  SESIDENCE OF DECEMENT  SECOUNTY OF DEATH  WEST FIMONDALE  BALTITA									
DIRECTOR		ALTIMORE		WH OR LOCATION  ST EDMONDAL	Œ			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 5414 ADDINGTON			10f. ZIP CODE 212				OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? YOU YES 2 IF YES, GIVE WAR OR DATES	S. ARMED	13. WAS DECENDENT O  If yes, specify Cuber  1 ☐ YES 2XXNO	n, Mexicen, Puert			RACE — American Indian, Black, White, etc. Specify: WHITE		
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	Ille. Do NOT use ret	done during most of working	g 1	6b. KIND OF BUSI				
COMPL	17. FATHER'S NAME (First, Middle, Last)		OOFER			CONSTR , Middle, Maiden S		N		
TO BE	WALTER D. SCHUL	THEIS	19b. MAILING ADD	RESS (Street and Number		MLY mber, City or Town,	GRAY State, Zip Code	io)		
۲	ROSALIE SCHULTH		5414 ADI	DINGTON ROA	D BALTI	MORE, M	D. 21	1229		
	20a. METHOD OF DISPOSITION  1 Commattee 2 Commattee 3 Page 4 Donastee 5 Other (Specify)	noval from State  MARY	LAND VETT	RANS CEME	EREST.		ATION — CHY : WINGS	or Town, State MILLS, MD.		
	21. SIGNATURE OF FUNDRAL SERVICE U	CENSEE		LEROY M. 8	L C. WI	TZKE E	FUNERAL HOMES			
7	23. PART I. Enter the diseasea, or ahock, or heert fallure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. FND - STA & B	E CHRON				PISEA	Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COL								
MEDICAL (	PART II. Other significent condition	ns contributing to deeth but n	not rasuiting in th	e underlying ceuse g	iven in Part I.	24a. WAS AN AI PERFORM 1 YES 2	ED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DE	ATH (Check only	one)				
HYSI	1 ☐ YES 2 Ø NO  27. MANNER OF OFATH	HOSPITAL: 1   Inpatient 2   ER/Outpatier	nt 3 🗆 DOA   4 🗆	HER: Nursing Home 5 Res						
ву Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2		ESCRIBE HOW INJ	IURY OCCURE	0		
ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, atc. (Specify)	it home, farm, street	factory, office	281. LO	CATION (Street and y or Town, State)	d Number or Ru	ral Route Number,		
COMPLI		ICIAN: To the best of my knowledge ER: On the basis of examination end						see(e) end manner ee stated.		
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	ing MEDICAL		-	NSE NUMBER			NED (Month, Day, Year) Z -13		
	30. NAME AND ADDRESS OF PERSON WH	4.		ISTITAL BA	La off I Land	e man				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR		20	LIINVE	-1 /2.6				

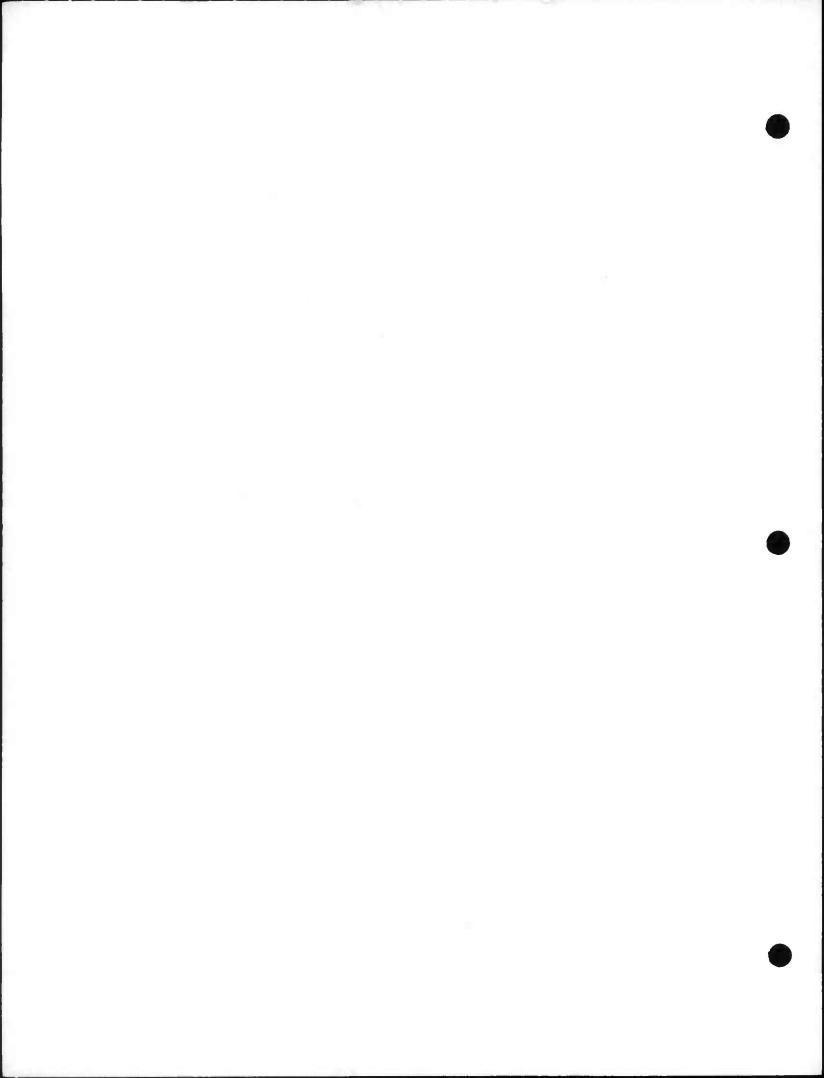
ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burda-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. FOR STATE REGISTRAR

	1. OECEDENT'S NAME (First	Middle, Last)								2. DATE OF	DEATH	_		3. TIME OF OEATH
	Lola V. Smith									07-04	-199	3	YEAR	м
	4. SOCIAL SECURITY NUME	The state of the s			st birthday)		R 1 YEAR	IF UNDER		7. DATE OF			6. BIRTI	IPLACE (State or Foreign
	220-03-2492		1 □ M 2 🔀 F 84			MONTHS	DAYS	HOURS	MIN.			Mar	vland	
	9e. FACILITY NAME (If not institution, give street and number)						9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
6	Belair Convalesarium					Baltimore City N/A								
DIRECTOR	RESIDENCE OF DEC	10b. COUNT	Y		10c. CI	TY, TOWN	OR LOCA	TION						10d. INSIDE CITY
8	Maryland	N/A				ltimo								LIMITS?
	10a. STREET AND NUMBER				1 200			f. ZIP COD	E			10a CI	TIZEN OF V	1 N YES 2 NO
8	6116 Belair	Road						212					S.A.	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDER	NT EVER IN U.S. AF	RMEO	13.	WAS DEC	CENDENT (	OF HISPAN	NIC ORIGIN? (S	specify Yes		_	E — American Indian, k, White, etc.
BY F	1 Never Married 2 3 Widowed 4 Divo			YES 2X	NO		If yes, sp	ecity Cubi	in, Mexica	in, Puerto Rica	n, etc.)		Speci	
													Whi	
COMPLETED	(Specify only	EDENT'S EDU	CATION completed)	16a. DE	ECEDENT'S Sive kind of D. Do NOT U	work done	CCUPATI during me	ON ost of working	ng	16b, Kil	ND OF BUS	INESS/IN	DUSTRY	
7	6th Grade	-12)	College (1-4 or 5	+)	ome M						T			
M	17, FATHER'S NAME (First, M	iddle Lest)			AILE IV.	aker		40 1407	UFD 10 ALA		lome			
Ö	John Little	ools, Cast,							arga	ME (First, Midd	lle, Maiden	Sumame)		
BE	19s. INFORMANT'S NAME (7	/pe/Print)		19	b. MAILING	ADDRES	S (Street )			Route Number,	City or Town	Ctate 7	in Code)	
2	Phyllis Eva													d 21206
1	20s. METHOD OF DISPOSIT	ON		20h BLACE	ANDDATE	OF DISBOS	PITION /A/	ama of		0.475	200 1 0	CATION	O4 T-	
ı	132 Buriet 2 Crematic 4 Donation 5 Other	n 3 ⊔ Remi (Specify)	oval from State	- Garde	ns of	ther plecel	th o	Cemet	erv	7/7	Balt	timo	re. N	Maryland
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	1	1.	22.	NAME A	ND ADDHE	SS OF FA	CILITY				
	*Kall	1	m he	1.	1	Joh	in C	. Mil	ler	Inc.	-144-		Man	yland 21206
	23. PART 1. Enter the di	seases, or o	complications the	t ceuded the de	Do	not enter	the mo	de of dv	ing. suc	h as cardiec	or resoi	ratory er	rest	Approximate
	immediate dause (Fin	art fallura.	List only one cal	use on each ilion	0									interval Between Onset and Death
	disease or condition	<b>→</b>	Co	JOAN AS A CONSE	1 14	630		an.	Da	ef				Onset and Death
	resulting in death)		DUE TO	OR AS A CONSE	QUENCE O	IF):	- 0	cei	Quy					
z			a 15	pray.	100	- a1	nec	100	wis	~				
CERTIFICATION	Sequentially list conditi if any, leading to immed	diata	DUE TO	(OR AS A CONSE	OUENCE O	F):								
길	CAUSE (Disease or inju		C											
Ē	that initiated events resulting in death) LAS		DUE 10	(OR AS A CONSE	OUENCE O	F):								
8			d											
	PART il. Other eignifica	nt condition	s contributing to	daath but not	rasulting	in the ur	derlyln	g ceuse g	given in	Part i. 24	. WAS AN		24b.	WERE AUTOPSY FINDINGS
MEDICAL	450	0					_			1	YES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
WE														1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE		ACE OF D	EATH (Ch	eck only one)				
ΥS	1   YES 2   5NO		1 inpatient 2		□ DOA			ie 5 🗆 Re	sidence	8 Other (Sp	pecify)			
	27. MANNER OF OEATH  1 Natural 5	Pending	26a. DATE OF (Month, D		28b. TIN	URY		PK?		28d. DEŞCRI	BE HOW IF	JURY OC	CURED	
B	2 Accident	nvestigation	28a BLACE C	NE IAI HIPPY As be-				YES 2	NO					
		Could not be letermined	building,	OF INJURY — At he etc. (Specify)	ime, term,	street, fact	lory, offic	•		26f. LOCATIO	N (Street a own, State)	nd Numbe	r or Rural F	Route Number,
9	29a. CERTIFIER													
COMPLETED	(Check only		CIAN: To the best of											
8				ixamination and/or	investigatio	on, In my o	opinion, d	leath occur	ed at the	time, date and	place, and	d due to ti	he cause(s	) and manner se stated.
BE	296. SIGNATURE AND TITLE	OF CERTIFIER	1.	_ /	0.			29c. LICE	NSE NUN	MBER		29d. DAT	TE SIGNED	(Month, Day, Year)
2	30. NAME AND AUDRESS OF	PERSON WAY	COMPLETED CALL	SE DE DEATH (TO	<u> </u>	Delect		1-	226	104			7/6	193
	Joseph D'An						50.	ן ידי	TATCOY	Mary	zl and	1 211	204	′
ŀ	31. DATE FILED (Moral), Day	(sach	/ goz. necdsmu	HAR SIGNATURE	, ,	JULLE	- 20.	-, 10	W SUI	r, nar	утанк	4 414	204	-
	JUL 0 / 18	193	John news	env-Moulos										ł



DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH STEWART 7. DATE OF BIRTH (Month, Day, Weet Gladys 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. leat birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 148-18-4721 1 M 2 X F 74 YRS. 01-06-1919 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Franklin Square Hospital Baltimore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Baltimore County Maryland Baltimore FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 7435 Kenlea Avenue use as the burial-transit 21236 24 hours after death, Page 6 may be retained by the hospital or attending physician, 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Mexican, Puerto Rican, atc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY detached for Elementary/Secondary (0-12) College (1-4 or 5+) 8th Grade Assembly Line Electronic Modual 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) funeral director, page 5 should be F Albert Thorne Mattie Lampkin BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Phyllis A. Suter 44028 Pandora Court, Ashburn, Virginia 22011 pe 20a, METHOD OF DISPOSITION
1X Burial 2 ☐ Cramation 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must 4 Donation 5 Other (Specify) Roseland Cemetery 7/8 Reedville, Virginia examiner 21. SIGNATURE OF INNERAL SERVICE LICENSIA 22. NAME AND ADDRESS OF FACILITY John C. Miller, Inc. 6415 Belair Road, Baltimore, Maryland 21206 the or removal. other traumatic event, the medical filled in by t 23. PART I: Enter the disesses, or complications the caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final cremation, disease or condition resulting in death) completely Peritontis executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to burfal, Gastrostomy and Sequantisity list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING physician HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be Cerebral Infarct CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in dasth) LAST 0 Mental item 23 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the 1 X YES 2 - NO certificate has been in the State Dept, of I PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one, HOSPITAL:
1 N Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) this c 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending investigation 1 YES 2 🗌 NO BY After ti 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) E FUNERAL DIRECTOR; At d within 72 hours after de RTANT; If Item 28 Is I 3 Suicide 50 COMPLETED 8 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 \_ CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. TO THE FUNERAL D
be filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 를로 포 를로 Jugas) MD. 0 COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Seijas 9000 Franklin Square Drive Baltimore HD 21237

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR STATE REGISTRAR

1

93 19386

3. TIME OF DEATH

6. BIRTHPLACE (State or Foreign Country)

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

1 - YES 2 X NO

interval Between

**Onset and Death** 

24b. WERE AUTOPSY FINDINGS

1 TES 2 NO

29d. DATE SIGNED (Month, Day, Year)

AMAILABLE PRIOR TO COMPLETION OF CAUSE

Virginia

10g, CITIZEN OF WHAT COUNTRY?

White

Baltimore County

9c. COUNTY OF DEATH

U.S.A.

use as the burial-transit permit. Pages

uneral director, page 5 should be detached for

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completely filled rial, cremation,

and com

attending physician a

been signed by the atte

certificate has been the State Dept. of

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AL OR ATTENDING PHYSICIAN
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S HAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR ISAAC 07 SNYDER 06:30 AM 93 A. SOCIAL SECURITY HUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH S. BIRTHPLACE (State or Foreign 216-01-7331 1 X M 2 - F 6/1/1912 Maryland 9e. FACILITY HAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN\_BURNIE COUNTY A.A. 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Baltimore (Solley 1 YES 2XXHO 10e. STREET AND HUMBER 101. ZIP CODE 10g. CITIZEH OF WHAT COUNTRY? 21225 206 Sycamore Street, USA 12. WAS DECEDENT EVER IH U.S. ARMED FORCES? 1 YES 2XX10 11. MARITAL STATUS 13. WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Hever Merried 2 Me IF YES, GIVE WAR OR DATES BY 3 🕅 Widowed 4 🗌 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade 8th Grade College (1-4 or 5+) Machinist Roper's Co. (retired) 17. FATHER'S HAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surname) Issac Snyder Margaret Nagel Snyder 76 BE notified 19a. INFORMANT'S HAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. Ivan G. Snyder 506 Devonshire Lane, Severna Park, Md. 8 20a, METHOD OF DISPOSITION
1 (2) Burlel 2 Cremation 3 Rem
Donation 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATIOH - City or Town, State DATE must GTen Haven Memorial Park 7/7/93 Glen Burnie, Maryland examiner NATURE OF FUNERAL SERVICE LICENSEE E. Ecker 22. NAME AND ADDRESS OF FACILITY McCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Balto., Md. 21225 medical 23. PARY I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate interval Between shock, or heert failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel Onset and Death the disease or condition\_ resulting in death) event. DUE TO (OR AS A CONSEQUE traumatic CERTIFICATION Sequentielly list conditions, DUE TO OR AS A CONSEQUENCE OF if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 6 injury, PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a, WAS AN AUTOPSY any 1 TYES 2 THO Shows 1 YES 2 100 anctio 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL: OTHER: 1 YES 2 3 NO 1 Impatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 10 27. MAHNER OF DEATH 28e. DATE OF IHJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Natural 5 Pending Investiga 1 YES 2 NO BY 2 Accident 28e. PLACE OF IHJURY — At home, ferm, streel, factory, office building, etc. (Specify) 3 Suicide L DIRECTOR: A hours after d 89 6 6 Could not be determined 261. LOCATION (Street and Number or Rural Route Number City or Town, State) 4 Homictde E COMPLI 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(s) end manner ee stated. TO THE HOSPITAL O
TO THE FUNERAL D
be filed within 72 ho
IMPORTANT: If IN 2/ MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end menner as stated. 296. SIGNAFURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 2 ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HAROLD G. HEBARD, M.D./1600 CRAIN HIGHWAY, SW/GLEN BURNIE, MD 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

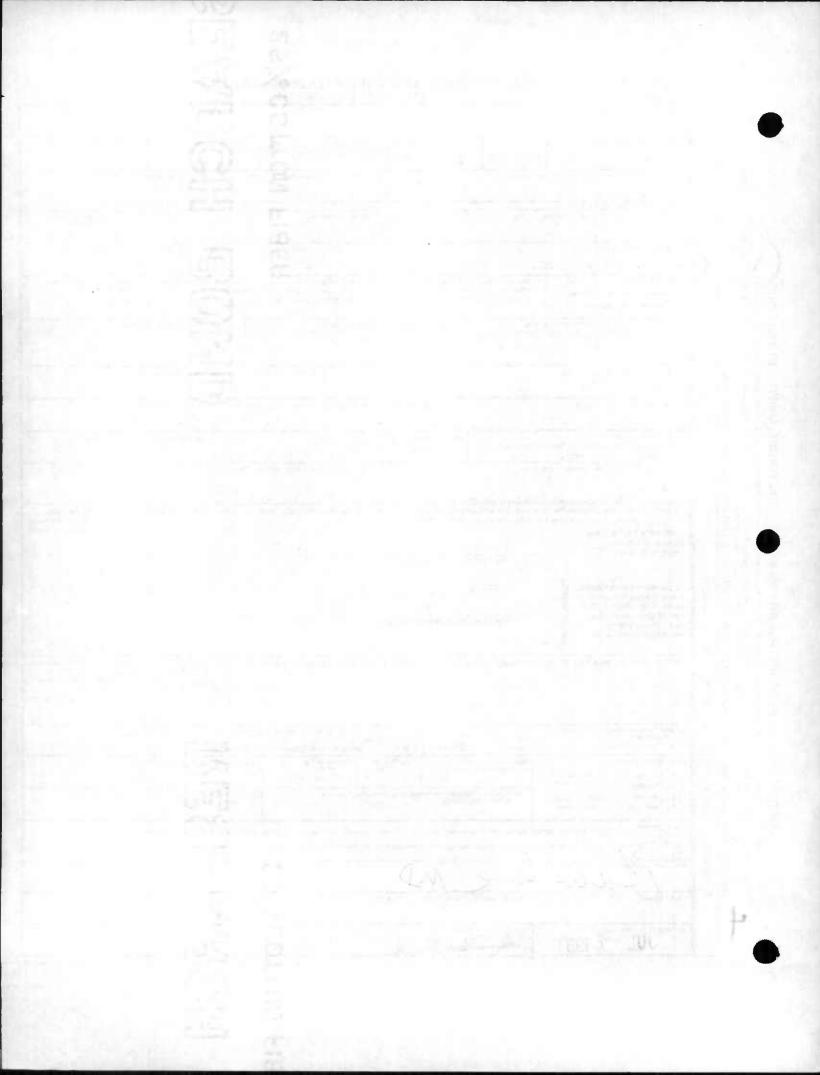
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BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or immedian shaddlen.	led in by the funeral director, page 5 should be detached for use as the burn, trumin permit Pages 1, 2, 3 s , or removal.	medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within whours after death. Page 6 may be retained by the hospital or ammenting physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burner trumpt permit Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

- 44	1. DECEDENT'S HAME (First, Middle, Last)						14	2. DATE	OF DEATH	NY.	YEAR	3. TIME OF DEATH
H	MARY  4. SOCIAL SECURITY HUMBER	MARY A. SCOTT 06							06 30 9			4:08
1	218-28-9524								7.11/31		6. BIRTH	Va.
-	Sa. FACILITY HAME (If not institution, give	street and number)			9b. CITY, TOW	OR LOCATI	ON OF DE	ATN		9c. COUN		
	913 BENTALOU	STREET			BAL'	TIMOH	RE C	ITY				
-	Md 10a. STATE 10b. COUHT	Υ		Bal	Y, TOWN OR LO	CATION						10d. IHSIDE CITY LIMITS? 1 VES 2 HO
	913 N. Bentalou	St.				2121				10g. CITIZ		WHAT COUNTRY?
1	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X		If yes,	ECEHDENT ( specify Cube ES 2 X HO	n, Mexica	n, Puerto	t? (Specify Yas Rican, etc.)	or Ho—		- American Indian, t, White, atc.
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12th  17. FATHER'S HAME (First, Middle, Last)  Luk o Smith b  18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  18b. KIHD OF BUSINESS/INDUSTRY  18b. KIHD OF BUSINESS/INDUSTRY  18b. KIHD OF BUSINESS/INDUSTRY								-				
	17. FATHER'S HAME (First, Middle, Last) Luke Smith					18. MOT		ME (First, I	Middle, Maiden	Sumame)		
	190. INFORMANT'S HAME (Type/Print) Rathaniel Sc	ott		96. MAILIHG 913 N	ADDRESS (Street	talou	St.	Balt	ber City or Tow to, Md	n, State, Zip • 212	Code) 16	
ш	20a. METHOD OF DISPOSITION 1X Burtal 2 Cremation 3 Ran 4 Donation 5 Other (Specify)	noval from State	20b. PLACE	ematory Me	Proposition	Name of Pari	(	7/7/	20c. LO 198 Rai	ndall	Stov	wn, Stata In , Md
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE W Qu				ch F/			300 Wal	bash	Ave	
	23. PART I. Enter the diseases or shock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Arter	ise on each lin	eroti	ot anter the r	node of dy	ing, auci	h aa cen	diec or reapi	ratory arre	est,	Approximate Interval Betwo
	Sequentially list conditions, if any, leading to immediate ceuse, Enter UNDERLYING	b. DUE TO	(OR AS A COHS	EOUENCE OF	F):							
CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DIADETE S MEILITUS  DUE TO (OR AS A CONSEQUENCE OF):  DIADETE S MEILITUS  DUE TO (OR AS A CONSEQUENCE OF):  1												
								WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?				
								-	INQ	UIRY		1 YES 2 HO

1	(Month, Day, Year)  28a. PLACE OF INJURY — At building, etc. (Specify)	INJURY M	WORK?  1 YES 2 HO  tory, offica	281. LOCATIOH (Street and Number or Rural Route Number, City or Town, State)			
and a	H: To the best of my knowledge, On the basis of examination and					d manner as stated.	
296. SIGNATURE AND TITLE OF CENTIFIER	lorle A	M	29c, LICENSE N	M.E.	29d. DATE SIGNED (Month, Day, Year) 7-1-1993		
30. NAME AND AODRESS OF PERSON WHO	OMPLETED CAUSE OF DEATH (	ITEM 27) (Type, Print)		A DATE			
J. LARON LOCKE M	4D. 111	Penn St	reet, Balt	imore, M	aryland	21201	
31. DATE FILEO (Month, Day, Year) 7 1993	Julia Dividson-A	andere.		371			

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	age 5 should be detached for use as the burial-transit permit. Pag		
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ALLENDING LICEDIAN. INC	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	h with the State	s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at nice
2	iis cer	A TA	ed.
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2	THE FUNERAL DIRECTOR:	OUIS 3	em 2
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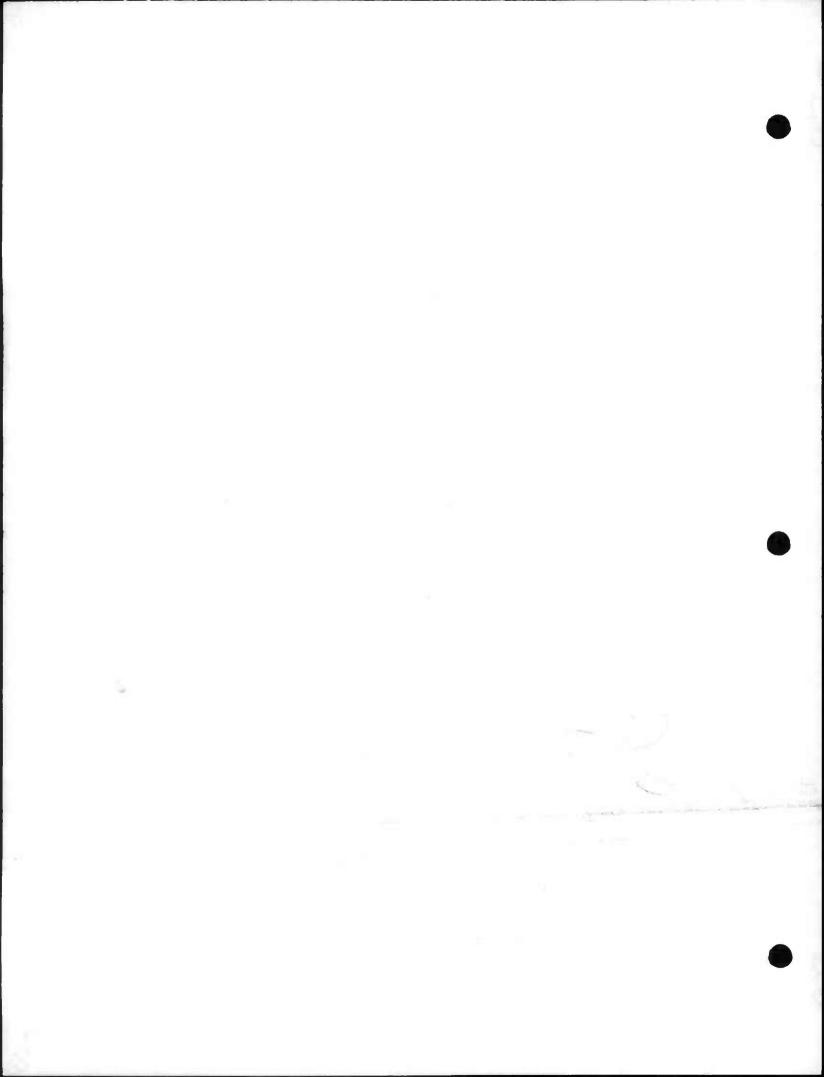
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32 MEGISTAND SEQUENCE CONTROL

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH SEWARD MAXINE 2210 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BUILTH 6. BIRTHPLACE (State or Foreign Country) (Month, Day, Year) 217-03-2779 M2XF YRS. Unk. 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH EVERGREEN DIRECTOR INNS OF Bal RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md 1 YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? Bel ere 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE - American Indian, 1 Never Married 2 Merried If yes, specify Caban, Mexican, Pt 1 Tes 2 NO Specify: IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) UNK. BE UNK 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lizzie Liton 861 Park Ave. Baktimore, Md. 21201 20s\_METNOD OF DISPOSITION
1 Burlat 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 26c. LOCATION — City or Town, State OATE Calvary Cem 7-7+93 Ann Arundel Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, among the cause of Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition RRSIS resulting in death) DUE TO (OR AS A CONSEQUENCE OF): C.V. An tirla CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 THO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | TOOA OTHER: 1 YES 2 NO 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investige 1 YES 2 🗌 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide 6 Could not be determined 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29e. CERTIFIER

(Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 9085 les on MO 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

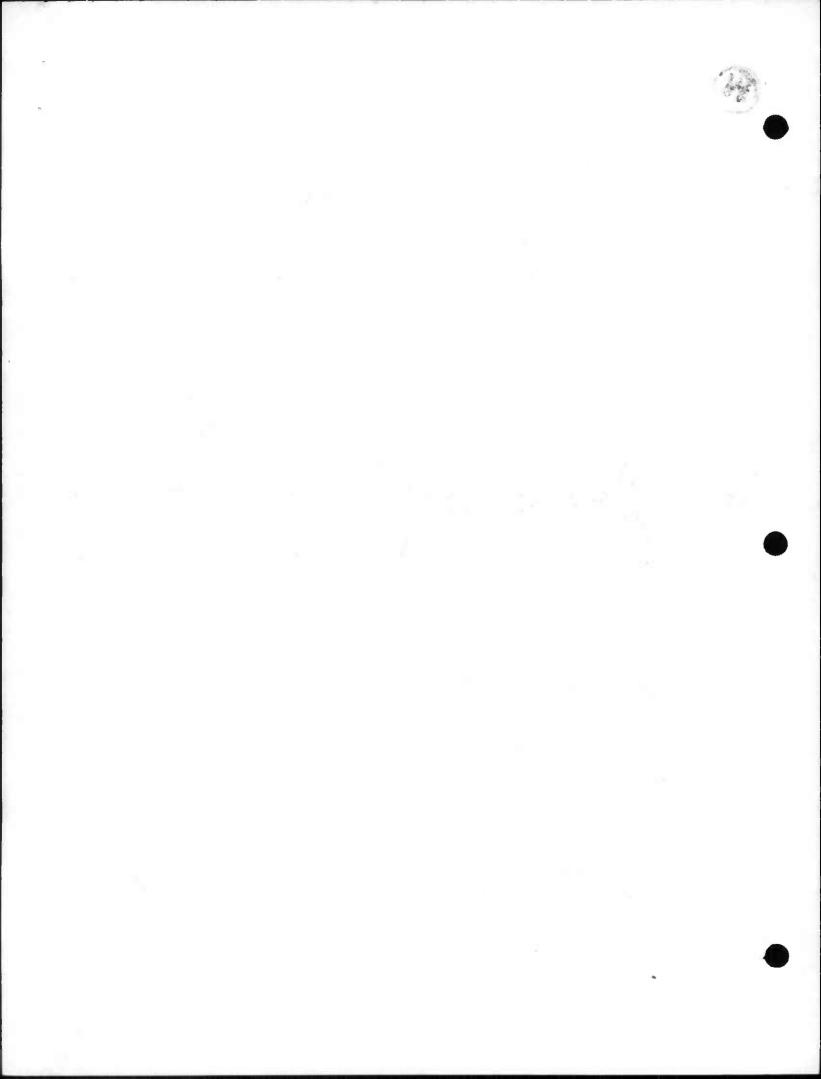
	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL	HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE C	F DEATH		3. TIME OF DEATN
	STEPHANIE	DRU		SHORT	LIDGE	0 6	29		9:20 A.M
	4. SOCIAL SECURITY NUMBER		n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE O	F BIRTN Day, Year)		RTNPLACE (State or Foreign untry)
	212-08-8357	1 □ M 2 💢 F 2.5	5 YRS.	WONTHS DAYS	HOURS MIN.				istol Pa.
~	Sa. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TOWN (	R LOCATION OF	DEATN		9c. COUNTY O	F DEATH
D.	6125 ENCOUNTER	ROW		COLUM	BIA			HOWA	RD COUNTY
DIRECTOR	10a. STATE 10b. COUNT		10d. INSIDE CITY LIMITS?						
	10e, STREET AND NUMBER			Columbi	ZIP CODE			40- CITITEN O	1 YES 2 NO
RA	6125 Encounte	r Row		10	21045		le H		JSA
BY FUNERAL	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.)  13. Wildowed 4 Divorced  15. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.)  1 YES 2 NO Specify:								ACE — American Indian, leck, White, etc. white
	15. DECEDENT'S EDU	CATION	16a, DECEDENT'S	USUAL OCCUPATION	ON .	16b.	CIND OF BUS	I SINESS/INDUSTRY	
E	(Specify only highest grade	College (1-4 or 5+)	(Give kind of w life. Do NOT use	ork done during ma	st of working	100.		JINESS/INDOSTR	
됩	High School		Stud	ent					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTNER'S N				
BE (		ortlidge			Joa	nne M	· Hufi	6	
2	19a. INFORMANT'S NAME (Type/Print)	•		ADDRESS (Street a					
	Peter M. Shortli		_	Encounte				Md. 210	
	20a. METNOD OF DISPOSITION 1 ☐ Burlel 2 ☑ Cremation 3 ☐ Rem	oval from State 20b.	PLACE AND DATE Of the control of the	F DISPOSITION (Na her placa)	me of	DATE	20c. LO	CATION City or	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIF		Carroll		D ADDRESS OF F			mpstead	
	PR	P 00			Funeral				erstown Road
- //	23. PART I. Enter the diseases, or	~ I diel	45-4-45-8-						n, Md. 21136
NO	IMMEDIATE CAUSE (Final disease or condition resulting in desth)	b	C INTOXICA	):					Interval Between Onset and Death
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	С	CONSEQUENCE OF						
	PART II. Other aignificent condition	as contributing to death by	it not regulting is	n the underlying	cause alvan l	n Bart I	24s, WAS AN	ALITTORON L	24b. WERF AUTOPSY FINDINGS
PHYSICIAN: MEDICAL			at the following in	Tule underlying	, couse given		PERFOR	MED?	AAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL	M. H. P. L. H. F.		26. PI	ACE OF DEATH (C	Check only one	)		
Sic	EXAMINER? 1 ☑ YES 2 ☐ NO	HOSPITAL: 1   Inpetient 2   ER/Output	Itlent 3 DOA	OTHER: 4   Nursing Norm	e 5 🔀 Residence	6 Other	(Specify)		
	27. MANNER OF DEATN 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. INJ		28d. DE\$0	RIBE NOW I	NJURY OCCURED	
ED BY	2 Accident  3 Sulcide 6 KX Could not be determined determined  4 Homicide 26 KX Could not be determined determined								al Route Number,
ᄪ	29a. CERTIFIER	UNKNOWN					INKNOWN		
COMPLETED	(Check only	ICIAN: To the best of my knowle							ue(a) and manner as stated.
BE	29b. SCHATURE AND TITLE OF CENTILE	illo A.			O.C.N				160 (Month, Day, Year) 30 – 1993
2	MARIO F. GOKL	E, JK MD	111 Per		eet, Ba	altim	ore,	Maryla	and 21201
	31. DATE FILED (Month), Day, Year)	32. REGISTRAR'S SIGNA							
	JUL 7 1993	Julia Neinday	See						



FOR STATE

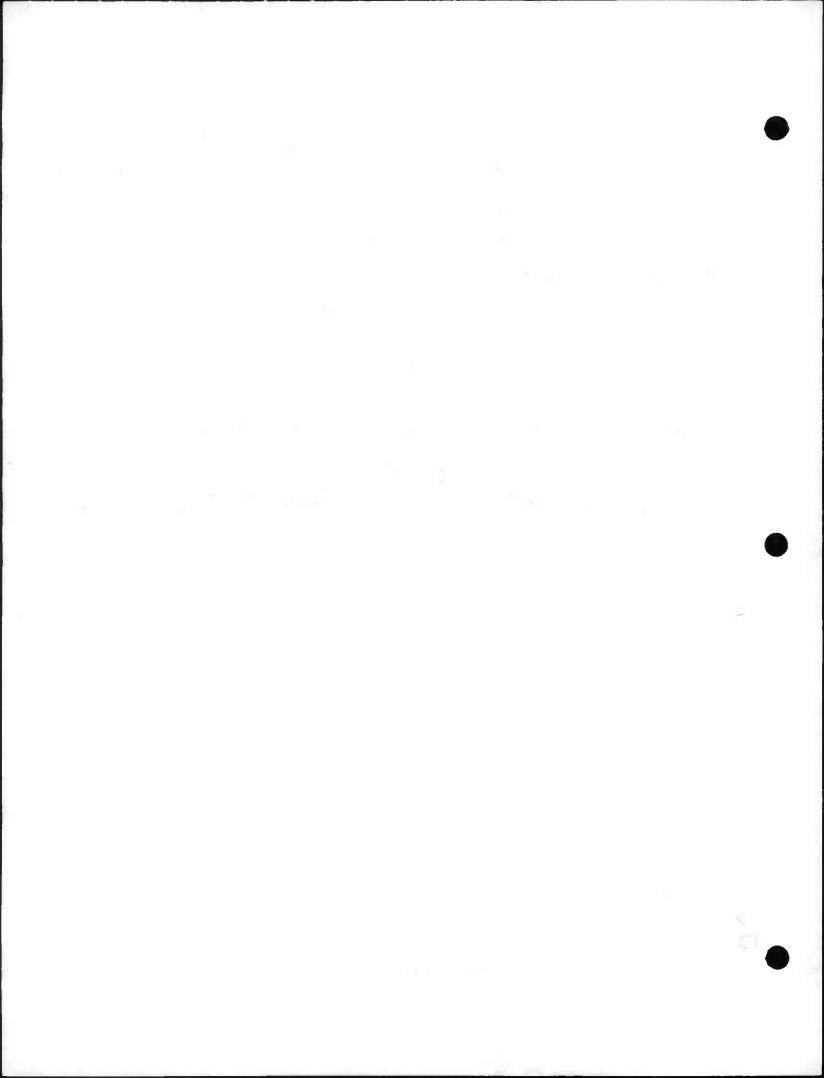
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	).		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. 1	TIME OF OEATH
	Hilda Shi	oley				WONTH Y	2 1	003	145 PM
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AC	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	DATE OF BIRTH		8. BIRTHPLA	CE (State or Foreign
- 9	216-07-2539	1 ☐ M 2 反 F	89 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 12/17/0	4	Country)	ryland
71	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF DE			TY OF DEATH	
٣ ا	Union Memorial	Hospital		Balt:	more Cit	.V			
5	RESIDENCE OF DECEDENT							-	
DIRECTOR	10a. STATE 10b. COUNT	y Baltimore		y, town on Loca Lochearn	TON			10d	. INSIDE CITY LIMITS?
	-		1 [	YES 2 NO					
FUNERAL	10e. STREET AND NUMBER			10	. ZIP CODE	-	10g. CITIZ	EN OF WHAT	COUNTRY?
<b>5</b>	6811 Campfield	Road			21207	,	Un	ited S	tates
5	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 YE	R IN U.S. ARMEO	13. WAS DEC	ENCENT OF HISPAN	IC ORIGIN? (Specify Ye	s or No—	14. RACE - A	American Indian,
BY	1 Never Married 2 Married 3 Never Married 4 Divorced	IF YES, GIVE WAR OF	DATES		2 NO Specify	n, Puerto Rican, atc.)		Black, Wh	
	•••							W	hite
	15. OECEDENT'S EDU (Specify only highest grade	JCATION completed)	(Give kind of	WORK done during mo	ON st of working	16b. KIND OF BU	ISINESS/INDI	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u						l l
COMPLET	9th grade		Sales	sperson		Ва	kery		
8	17. FATHER'S NAME (First, Middle, Last) William Wehrle					WE (First, Middle, Maide	,		
H						ta Olmann			
2	19a. INFORMANT'S NAME (Type/Print)	11				Noute Number, City or To			
	Augsburg Luthera				ield Roa				.207
	1- Burial 2 Cremation 3 Rem	noval from State	cometery, cremetory or control Participation	OF OISPOSITION (Na ther place)	me of			City or Town, S	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF UNERAL SERVICE LI		Loudon Pa				altim	ore, M	Ш
		1/ //			O ADORESS OF FAC	Funeral D	irect	ore T	nc
	Jamos	00	TOUL_	8728	Liberty	Road Ran	dalls	town.	
	23. PART I. Enter the diseases, or shock, or haert fallure.	List only one cause of	ed the death. Do	not anter the mo	da of dying, auch	ss cardiac or resp	iratory arre	est,	Approximata
- 1	IMMEDIATE CAUSE (Final	A Cause of	11.		-	/			Interval Between Onset and Death
	disease or condition resulting (n/dasth)	· Res	mate	TV	Fari	red		İ	45
1		OUE TO (OR A	A CONSEQUENCE O	P: /					12
3	Sequentially list conditions,	b							
CERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING	OUE TO (OR A	S A CONSEQUENCE O	F):					
3	CAUSE (Disease or Injury	C	A CONSEQUENCE O						
₿	that initiated events resulting in death) LAST	DOE 10 (ON A	A CONSEQUENCE O	r):				i	
3		d							
- 44	PART II. Other aignificent condition	na contributing to death	but not resulting	in the underlying	cause given in i				E AUTOPSY FINDINGS
DICAL TOTAL	Jeaya	101101				1 TYES	RMEO?	COM	LABLE PRIOR TO IPLETION OF CAUSE
									YES 2 NO
<u> </u>						_		'-	
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. Pt	ACE OF OEATH (Che	ck only one)			
PHYSICIAN: ME	1 YES 2 NO	HOSPITAL:	utpatient 3 🗆 DOA	OTHER:	5 Residence	8 Other (Specify)			
Ē	27. MANNER OF CEATH	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIN	E OF 28c. INJ		28d. OEŞCRIBE HOW	INJURY OCC	UREO	
ā	1 Natural 5 Pending 2 Accident Investigation	(11011111111111111111111111111111111111	´   ""	M 1 🗆					
	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, tarm, street, factory, office 2st. LOCATION (Street and Number or Rural Route Number, building, stc. /Specify)								
E C	4 Homicide determined		1000			Only or nown, orace	,		
MPLE	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my kn	owledge, death occurr	ed at the time, data	and place, and due t	to the cause(a) and ma	nner aa state	d,	
		R: On the beats of axamins							manner as stated.
3	296. SIGNATURE AND TITLE OF CENTERIE		5		29c. LICENSE NUM			11	
i i	5/	- /	10		024	145	294) 007	GRIED (Mon	1 Sher Year)
2 ∥	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF	DEATH (ITEM 27) (Type	Print)		( ( )		12/	/
<i>f</i>	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE						
- 10	7 1000 4	. K. 1 / 1 . 3.							



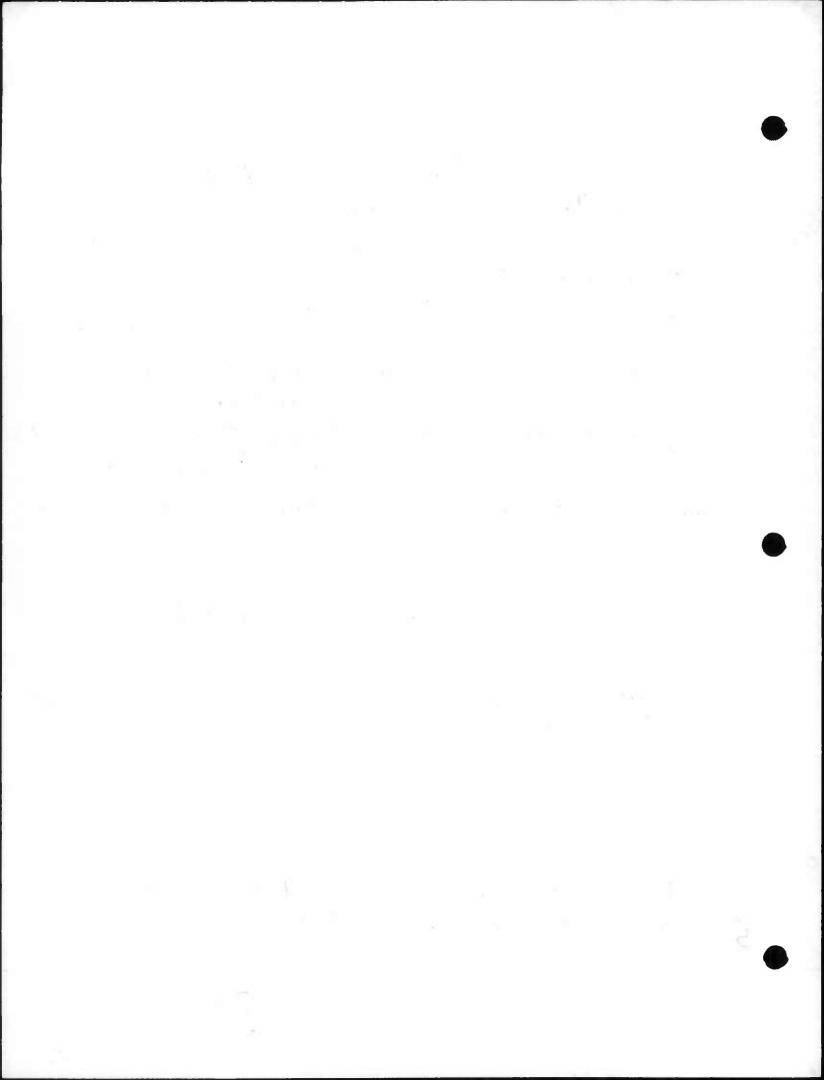
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or arranding physician and completely filled in by the funeral director, page 5 should be detached for use as the human be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR				ERTIFI	CATE	: OF	DEATH		REG. NO			
	1. DECEDENT'S NAME (First,	Middle, Last)	c S	CHAE	FET	2			2. DAT	E OF DEATH	w 04	YEAR 93	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. I	last birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATI	E OF BIRTH	70	n Diggs	PLACE (State or Foreign
	9a. FACILITY NAME (If not ins					9b. CITY.	TOWN (	OR LOCATION OF D	FATH	-1111	0		
HOL	UNION ME	MURI		PITAL		Bb. CITY, TOWN OR LOCATION OF DEATH  SALTIMOTE  9c. COUNTY OF DEATH						PEAIN	
FUNERAL DIRECTOR	Maryland 106. COUNTY 106. CO						R LOCAT				10d. INSIDE CITY LIMITS?  1XXYES 2   1		
A	10s. STREET AND NUMBER 10s. ZIP CODE									10g. CITI	ZEN OF	WHAT COUNTRY?	
	4238 Parkside Drive 21206									U.	S.	Α.	
B	11. MARITAL STATUS  1 Never Married 2 1  3 Wildowed 4 Divor		12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	EVER IN U.S. YES 24	NO STATE	1 11	yes, sp	ecity Cuben, Mexic 2 NO Speci	en, Puerto	N? (Specify Yea Rican, etc.)	or No—		E — American Indian, k, White, etc. my: White
	15. DECE (Specify only	DENT'S EDUC	ATION completed)	16a, t	DECEDENT'S	JSUAL OC	CUPATIO	ON	16	b. KIND OF BUS	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-NA	T	College (1-4 or 5+)		(Give kind of w ite. Do NOT use Omemal		unng mo	st or working		Own	Home	е	
Į	17. FATHER'S NAME (First, Mic	,,						18. MOTHER'S NA					
BE	Conrad Mayo							Mary El					
2	John A. Sch		Jr. (Son	)	7119 E	ADDRESS Castk	(Street a	nd Number or Rurel	Balt	imore,	n, State, Zip Md.	Code) 212	24
	20a_METHOD OF DISPOSITION A Disputation 5 Content of the Content o	Specify)		20b. PLACI cametery, c Sacr	EANDDATEO	FDISPOSI ner place)	TION (NE	esus Cen	n. 7/7	TE 20c. LO	cation - Balt		e, Md.
ı	21. SIGNATURE OF FUNERAL	MINVICE LICE	INSEE					D ADDRESS OF FA					
	Mu	w5)	Timo					unek Fur Brehms I			more	, Md	. 21213
1	26. PART I. Enter the dis shock, or he	er dilure. L	omplications thet lst only one ceus	caused the de	death. Do n	ot enter	the mo	de of dying, suc	ch aa ca	diac or reapi	ratory arr	eat,	Approximate Interval Between
1	iMMEDIATE CAUSE (Indisease or condition resulting in death)		CARD)	AL A	RREST								Onset and Death
Í													(1) (1) (1)
5	Sequentially list condition	ons.	MYD CA	RDIA	- IN	FARC	TOI	N					MINUTES
4	If any, isading to immed cause. Enter UNDERLYIM		AS CVD	OFI AS A CONS	EOUENCE OF	):							YEARS
	CAUSE (Disease or Injur	y 5 °		OR AS A CONS	EQUENCE OF	):							10105
EDICAL CERTIFICATION	resulting in death) LAST	d											
2	PART II. Other significan	t conditions	contributing to d	leeth but not	resulting in	the unc	derlying	g ceuse given in	Part I.	24a, WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
5					01 3050			1000 1000	0.00	PERFOR	MED?		AWAILABLE PRIOR TO COMPLETION OF CAUSE
						-				1 TYES 2	K MO		OF DEATH?
									_				1 WES 2 NO
PHTSICIAN: M	25. WAS CASE REFERRED TO EXAMINER?		HOCDITAL					ACE OF DEATH (C)	neck only o	ne)			
	1 TYES 2 NO		HOSPITAL:	ER/Outpatient		OTHER 4 Nurs		e 5 🗆 Rasidence	6 🗆 Oth	er (Specify)			
5	27. MANNER OF DEATH	hadles	28a. DATE OF II (Month, Day		28b. TIME	OF IRY	28c. INJ WO	URY AT	26d. DE	SCRIBE HOW II	NJURY OCC	CURED	
5	2 Accident in	ivestigation				М		rES 2 NO					
9		could not be etermined	28e. PLACE OF building, e	injunt — At i ic. (Specify)	iome, farm, st	reet, facto	ery, offici	•	281. LO	CATION (Street a or Town, State)	ind Number	or Rural F	Route Number,
COMPLEIED			IAN: To the best of m										i) and manner as stated.
				THE TOTAL STATE	· investigation	, in my os	amon, a			a and place, an			
4	296. SIGNATURE AND TITLE O	•	DR. ININCA	N CH	IFE F	7		D 2 7		a.	29d. DATI	SIGNED	(Month, Day, Year)
2 ∦	30. NAME AND ADDRESS OF	40"	COMPLETED CAUSE		EM 27) (Type			V 6 1 6	15	/		1/4	173
	JOHN	W064	N,M.	D.	VNIO	NN	TEN	1081AL	H	(SPITE	11 -		
	31. DATE FILED (Month, Day, Y		32. REGISTRAR	'S SIGNATURE				,		0 1 .1.			-
		93	Schie Sevid	and the	480								
			-	1.10	700								DHMH-16 Rev 1/6



**DHMH-16 Rev 1/89** 

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAME (First, Migdle, Last) 2. DATE OF DEATH 3. TIME OF OFATN July 173 1:30 Am 7. DATE OF BIRTH (Month, Day, Year) 5. SEX 6. AGE (In yrs. last birthday) IF UNDER I YEAR IF UNDER 24 HRS. 1 M 2 M F DAYS 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR BAND 10a. STATE 10h COUNTY 10d. INSIDE CITY LIMITS? 1 YES 2 NO FUNERAL 10e. STREET AND NUM 10f. ZIP CODE WHAT COUNTRY? 10a. CITIZEN OF 21203 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-if yea. accelty Auban, Mexican, Puerto Rican, atc.) 12. WAS DECEOENT EVER IN U.S. AMMED FORCES? 1 VES 2 100 11. MARITAL STATUS BALTIMORE, MARYLAND 21215-0020 14. RACE buria HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physicians. If yes, specify Aubi 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify BY 3 Wildowed 4 Divorced attending physician and completely filled in by the funeral director, page 5 should be detached for use as the COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INCUSTRY College (1-4 or 5+) 12 - OUERNMEN notified at BE 19b. MAILING ADDRESS (Street and No 0 MD 26217 9 200 METHOD OF DISPOSITION PLACE AND DATE OF DISPOSITION (No must nation 3 🗌 3AIVa N n 5 🗆 Other (Specify) examiner RE OF FUNERAL SERVICE LICENSE 721 an Roe cremation, or removal. the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition P515 resulting in death) traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF signed by the attending physician and com Health and Mental Hygiene prior to burial, or VMN CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury this certificate has been signed by the attending phys with the State Dept. of Health and Mental Hygiene prrked, or flem 23 shows any injury, or other it that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF) PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 WES 2 NO 0 1 YES 2 NO PHYSICIAN: ancer 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 5 Residence 6 Other (Specify) DIRECTOR: After this cert hours after death with the item 28 is marked, o 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not b COMPLETED 4 Homicide TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, D41365 29d. DATE SIGNED (Month, Day, Year) 표 BE ils W 1993 2 2 3 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Pr 14 WICKS Jedras iber 31. DATE FILED (Month, Day, Year) REGISTRAR'S SIGNATURE rolia Davidson 1993



3. TIME OF DEATH

OHMH-16 Rev 1/89

REG. NO.

04-93

YEAR

2. DATE OF DEATH

BALTIMORE, MARYLAND 21215-0020

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	Cortificate
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4	The
7	PHYSICIAN-
DIVISION OF VITAL RECORDS, P.O. BOX 68/60	TAI OR ATTENDING PHYSICIAN. The law requires that the clearth cartificate he executed within 24 hours
5	OR
	TA

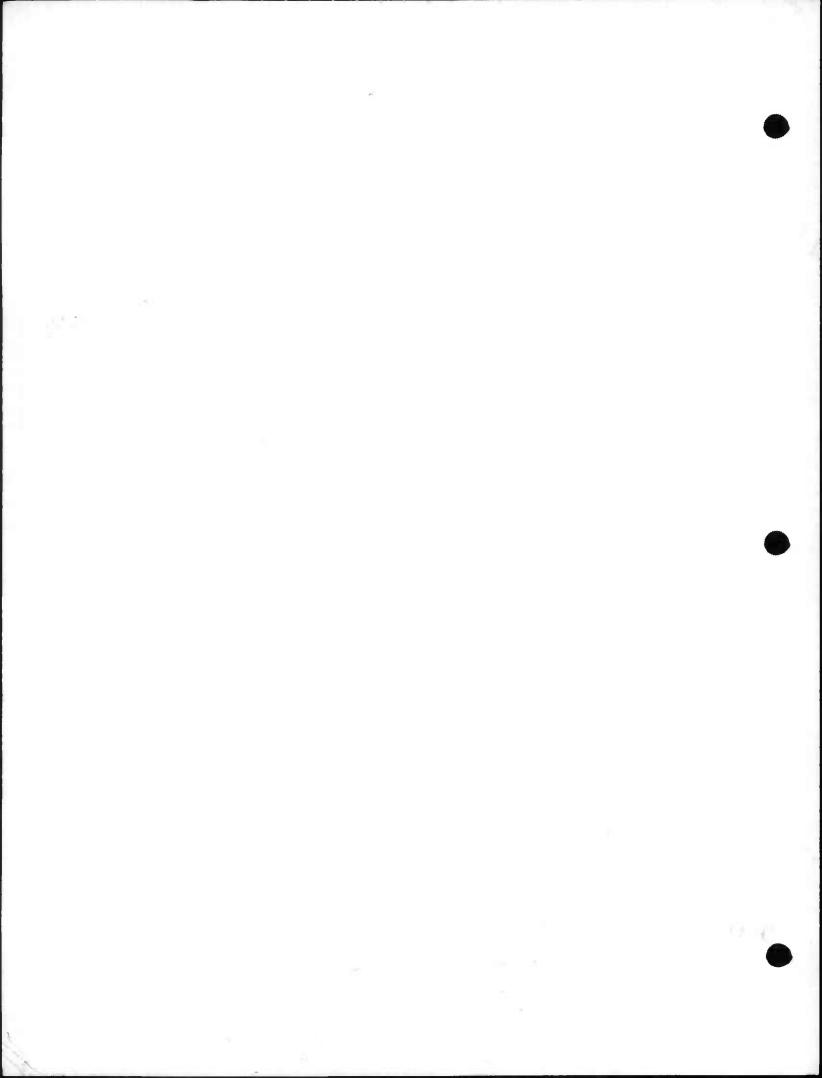
1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

CECIL LAWRENCE SANDERLIN

	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		a BIOTHOL	NCE (State or Foreign
- 1	213-07-5301	1 XM 2 F	80		ONTHS DAYS	HOURS MIN.	04-21-1	3 1	ORTH	CAROLI
- 4	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATION OF DI	EATH		TY OF DEAT	
OR	2 OLD MAPLE (	COURT			ROS	EDALE	•	BAL!	TTMOI	RE CO.
5	RESIDENCE OF DECEDENT  10e, STATE  10b, COUN	TV		40 - 01704				1 51111		
DIRECTOR		 BALTIMO	RE CO.	10c. CITY,	TOWN OR LOC				١,	I. INSIDE CITY
١.	10e. STREET AND NUMBER					EDALE		10- 01717		YES 2 NO
FUNERAL	2 OLD MAPLE					221				T COUNTRY? STATES
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. ARM 1 YES 2 NO WART OR DATES		11 yes, 1	ECENDENT OF HISPAN specify Cuban, Maxica S 2 NO Specify			Specify:	
ETED	15. DECEOENT'S ED (Specify only highest grad	UCATION			SUAL OCCUPAT		16b. KIND OF BU			AMERICA
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5	Hito I	e kind of wo Do NOT use	rk done during n retired.)	nost of working				
COMPL	12th	none		STEV	ADORE		BETHL	EMEN	STE	EL
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)		
BE	DAVID SAND	ERLIN				Nan	cy Bazemo	ore		
0	19s. INFORMANT'S NAME (Type/Print)		19b.				Route Number, City or Tow			
	VANNETTE Spi	.cer	2				altimore	Co,	Md.	21221
	20s. METHOD OF DISPOSITION  Duriel 2 □ Cremation 3 □ Res	moval from Stata	20b. PLACE AN	ND DATE OF	DISPOSITION (	Neme of 7 /12/	93 OATE 20c. LO	CATION — CI	lty or Town,	State
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L	IOENCEEA	_  GARRI	SON	FORES	T VA.CE	M: Ow:	ings	Mill	s, Md.
	21. SIGNATURE OF PUNEMAL SERVICE D	ICENSER		0		TN B. S	CRUGGS FU	INERA	T. HO	MF
	23. PART I. Enter the diseases, or	Scru		Ys.	1412	E. PRE	STON ST.	BALT	O MD	
CATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	b	O (OR AS A CONSEOL	JENCE OF):	.004	EROS1		Marie Constitution of the constitution of the		7709
CERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	d	(OR AS A CONSEOU							
MEDICAL	PART II. Other algorificant condition  Dia CE7  Cyndro	TES M	ement	sulting in	the underlying	ng dause given in	Part i. 24a. WAS AN PERFOR	MED?	AVA COI DF	RE AUTOPSY FINDING ILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
IAN:	25. WAS CASE REFERRED TO MEDICAL				28. 1	PLACE OF DEATH (Che	eck only one)			
Sign	1 YES NO	HOSPITAL:	ER/Outpatient 3		OTHER:	me K Residence	a Other (Specify)			
BY PHYSIC	27. MANNER OF DEATH  Natural 5 Pending  Natural Investigation	26a. DATE Of (Month, E		28b. TIME (	ty w	JURY AT ORK? YES 2 NO	26d, DESCRIBE HOW II	NJURY OCCU	IRED	
TED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE ( building	OF INJURY A1 hometc. (Specify)	e, larm, stre	eet, factory, offi	ca	281. LOCATION (Street a City or Town, State)	and Number of	r Rural Route	Number,
COMPLE							to the cause(a) end man			I manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	Maen	lu			296 LICENSE NUM	326	29d. DATE S	SIGNED (Moi	6/92
10	30. NAME AND ADDRESS OF PERSON WIT	HO COMPLETED CAU	SE OF OEATH (ITEM	27) (Type, Pi	rine) rue	R. CTR	- Bal	X. A	10	21221
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE		12					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



3

9c. COUNTY OF DEATE

10g. CITIZEN OF

Blac

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

Maryland

10d. INSIDE CITY

WHAT COUNTRY?

1 XYES 2 NO

21218

Approximata interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS

OF DEATH? 1 TYES 2 TNO

29d. DATE SIGNED (Month, Day, Year)

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7/6

AMAILABLE PRIOR TO COMPLETION OF CAUSE

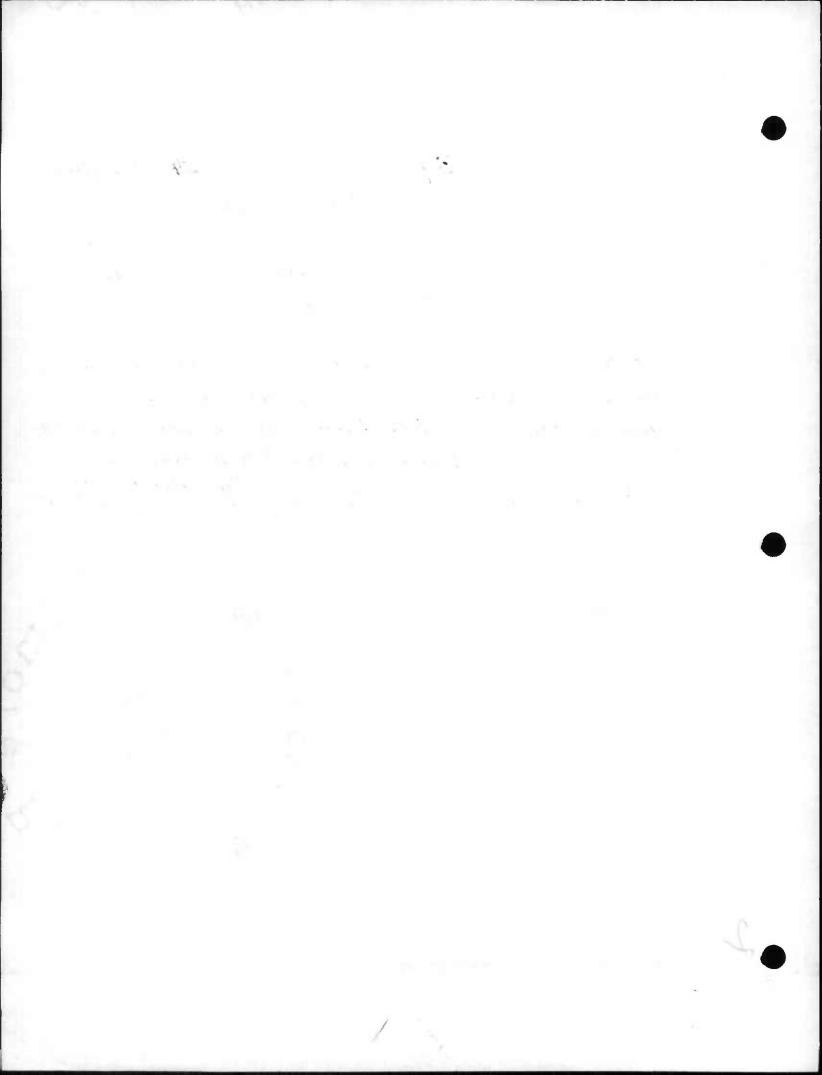
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32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 Rev 1/89

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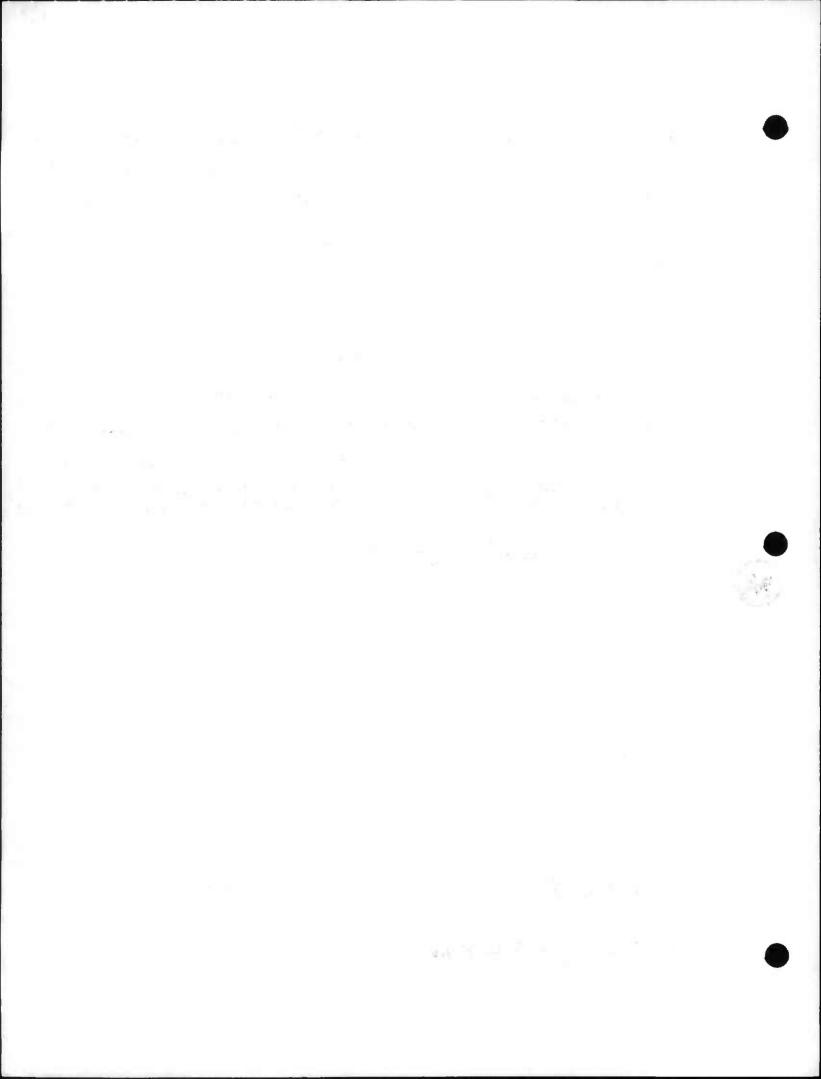
REG. NO

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DIVISION OF VITAL RECORDS, P.O. BOX 687	***
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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lage) 3. TIME OF DEATH 2. DATE OF DEATH (LYDIA SCHUSTER) 6. AGE (In we last birthday) ECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 2-4349 1 - M 2 X F 83YRS 15 VEW page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street end nu 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH STELLA MARIS HOSPICE DIRECTOR TOWSON BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND 1 XYES 2 NO BALTIMORE FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4145 CRESTHEIGHTS ROAD 21215 USA 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexicon, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO 1 Never Merried 2 Merried BΥ 1 TES 2 NO Specify 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE AT HOME 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surneme) notified at IDA ODIENCE BE ABRAHAM DUCAT 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MR SIDNEY DUCAT 11236 739 E. 80th ST. BROOKLYN, NEW YORK pe 29- METHOD OF DISPOSITION
1 Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must n by the funeral director, removal. COMPANDATE FIORE 4 Donation 5 Other (Specify) -2-93 PINELAWN, L.I. NEW YORK examiner 21. SIGNATURE OF EUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 21215 6010 REISTERSTOWN RD. BALTIMORE, medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by t Approximate cahock, or heart fallure. List only one ceuse on sech line. Interval Between 6 IMMEDIATE CAUSE (Fine) Onset and Death the disease or condition 10 STOMA DIR resulting in dasth) event. DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 Mental In uny PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY has been signed by t Dept. of Health and shows any 1 TES 2 NO OF DEATH? 1 - YES 2 1 NO PHYSICIAN: the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) Item After this certificate HOSPITAL: 1 YES 2 NO OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) marked, or 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED with 1 Natural 5 Pending BY 1 YES 2 NO death . 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide TO THE HOSPITAL OR ATTENDIN TO THE FUNERAL DIRECTOR: Af the filed within 72 hours after de 28f. LOCATION (Street and Number or Rural Route Number City or Town, State) -60 ED 8 Could not be determined 4 Homicide 28 COMPLET Item 1X CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) MPORTANT: It MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the ceuss(s) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIF BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) 7/1 2 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Devidson-Randell 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 28 hours after death. Page 6 may be retained by the hospital or attending physician.

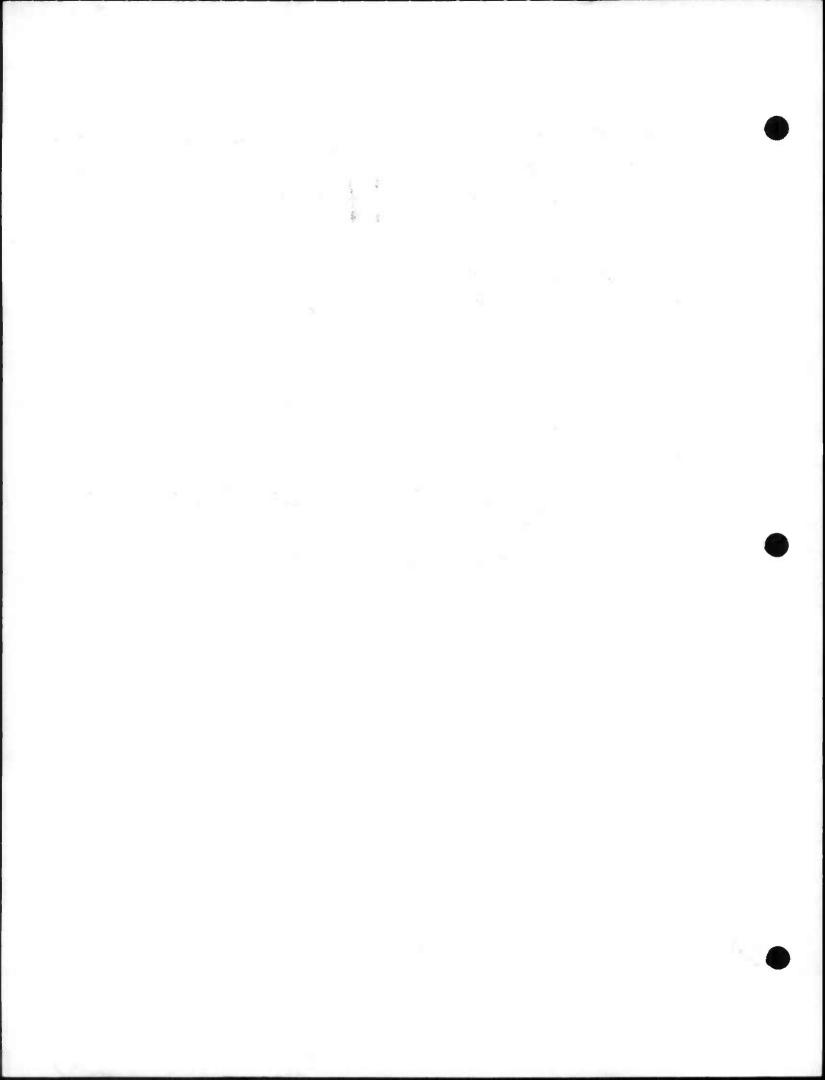
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH		HYGIENE REG. NO.
DECEDENT'S NAME (First, Middle, Last)		2. DATE OF	DEATH
7 DITCOUTT	Claria	MONTH	DAY

	1 - STATE REGISTRAR		STATE OF N	MARYLAI	VD / DEPAR						HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle A RUSSE)		Slagle	è						2. DATE OF MONTH	DEATH D	AY	YEAR 93	3. TIME OF OEATH  8 20 A M
	4. SOCIAL SECURITY NUMBER	- 1	5. SEX		yrs. lest birthday)	IF UNDER		IF UNDER		7. DATE OF	BIRTH		B. BIRT	HPLACE (State or Foreign
	132-16-5289		1 M 2   F	92	YRS.	MONTHS	DAYS	HOURS	MIN.	12-	24-1	900	Count	MD.
	9a. FACILITY NAME (If not institution			. 1				R LOCATI				9c. COU	NTY OF E	DEATH
5	Union Memo		Hospita	3.T		Ba	TCIM	ore	City					
E	RESIDENCE OF DECEDE  10a. STATE 10b. (	COUNTY			10c, CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
DIRECTOR	MD.						LTO							LIMITS?
	10e. STREET AND NUMBER							. ZIP CODE			_	10a, CIT	IZEN OF	WHAT COUNTRY?
ER	3900 NORTH	CHA	ARLES S	т.					2121	8 1			U.S	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U	S. ARMEO	13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN?	Specify Yes			E — American Indian, k, White, etc.
BY F	1 Never Married 2 Marrie 3 Wildowed 4 Divorced	d	FORCES? 1	AR OR DATE	2 UNO			2 NO	n, Maxica Specify	n, Puarto Ric /:	en, etc.)		Spec	
														WHITE
2	15. DECEDENT (Specify only highe:	st grade c	ompleted)		(Give kind of We. Do NOT us	work done	CCUPATIO during mo	ON st of workir	g	16b. K	IND OF BUS	BINESS/IN	DUSTRY	
2	Elementary/Secondary (0-12)		4yrs.	-)							C D	TOOT	T ~ 1 1	
COMPLETED	17. FATHER'S NAME (First, Middle, L	ast)	TYLS.		GENE	JULG	121		FR'S NA	ME (First, Mid		EOL	1GY	<del></del>
	CHARLES W.		LAGLE							-RUS		,		
BE	19s. INFORMANT'S NAME (Type/Prin	_			19b. MAILING	ADDRES	S (Street a	nd Number			~		n Corde)	
임	CHARLES W. S	SLAG	LE											21234
	20a. METHOD OF DISPOSITION 1 Burlat 2 Cremation 3	70		20b. PI	ACEANDDATE	OF DISPOS	ITION /Na			OATE		CATION -		
	4 Donation 6 Dother (Specif	y)		G	REENMO	ther place! UNT	CE	М.		7/7	В	ALT	O, MI	
	21. SIGNATURE OF FUNERAL SERV	ICE LICE	NSEE	\$ + m-		22.	NAME AN	D ADDRE	S OF FAC	JENK				
	1 Villian	71	Vac	a I	11									21212.
	23. PART I. Enter the disease	a, or co	mplications the	t caused ti	ne deeth. Do r	ot enter	the mo	de of dyl	ng, suci	h aa cardla	c or reapl	ratory an	reat,	Approximate
	shock, or heart to IMMEDIATE CAUSE (Final	ollure. Li	et only one ceu	se on eacl	h line.							•		Interval Between Onset and Death
	disease or condition resulting in death)		BILA	TER AL	- PLEY	RAL	CF	FUSK	M					
					ONSEQUENCE O		-							
8	Sequentially list conditions,	b.												
AT	If any, leading to immediate cause. Enter UNDERLYING	1	DUE TO	(OR AS A C	ONSEQUENCE OF	F):								
임	CAUSE (Disease or Injury that initiated events	۵.	DUE TO	OR AS A C	ONSEQUENCE OF	FI:								
CERTIFICATION	resulting in death) LAST	١		(		,.								į
		0.												
CAL	PART II. Other significent cor							cause g	jiven in	Part I. 24	la. WAS AN PERFOR		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
			LATION	1			,				YES 2	NO		COMPLETION OF CAUSE OF DEATH?
MEDI	h/o MYOCARO			02 8	SEP VO	ENDU	s Tr	crom	BOSL	5				1 - YES 2 NO
AN	RIGHT HIP 25. WAS CASE REFERRED TO MEDI		ACTURE											
S	EXAMINER?		HOSPITAL:			OTHER	₹:			eck only one)				
PHYSICIAN:	27. MANNER OF OEATH		28a. OATE OF		28b. TIM		28c. INJ		sidence	6 Other (S		HILIPY OC	CURED	
	1 🔀 Natural 5 🗌 Pendin		(Month, Da	sy; Year)	INJ	URY M	WO	RK?	ON	zeu. DESCH	INDE HOW IF	NJUNT OC	CUNED	
) BY	2 Accident Investig 3 Suicide 6 Could a		28a. PLACE OF	F INJURY -	At home, farm, s	street, fact			7	28f. LOCATI	ON (Street a	and Number	r or Rural i	Route Number,
TE	4 Homicide determi	ned	building,	etc. (Specify)						City or	lown, State)			,
COMPLETED	29a. CERTIFIER (Check only	PHYSICI	AN: To the best of	my knowled	e, death occum	ed at the s	me, dete	and place	and due	to the cauca	(a) and man	Det es et-	lad	
WC	one) 2 MEDICAL E)	(AMINER:	On the basis of ax	amination a	nd/or investigatio	n, in my c	pinion, de	eath occur	ed at the	time, data an	d place, an	d due to th	leu. 1e cause(:	i) and menner as stated,
E C	29b. SIGNATURE AND TITLE OF CE						1		NSE NUM		1			(Month, Day, Year)
00	Const	INTER	N					TO THE	. TOE HUM					(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERS			E OF OEATH	(ITEM 27) (Type,	Print)						J	UCY .	
	NIMARIKA KI	RI	DEPT. 01	MED	CINE	UNIO	or ce	Emo	RIAL	Hos	PITA	L, F	BALT	1maRE
	31. BATE FILEO (Month, Day, Year)	1	32. REGISTRA				- 11		-					
	JIII 0 7 1993	9	www.Davids	m-Han		Á								





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funeral

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J.

31. DATE FILED (Month, Day, Year)

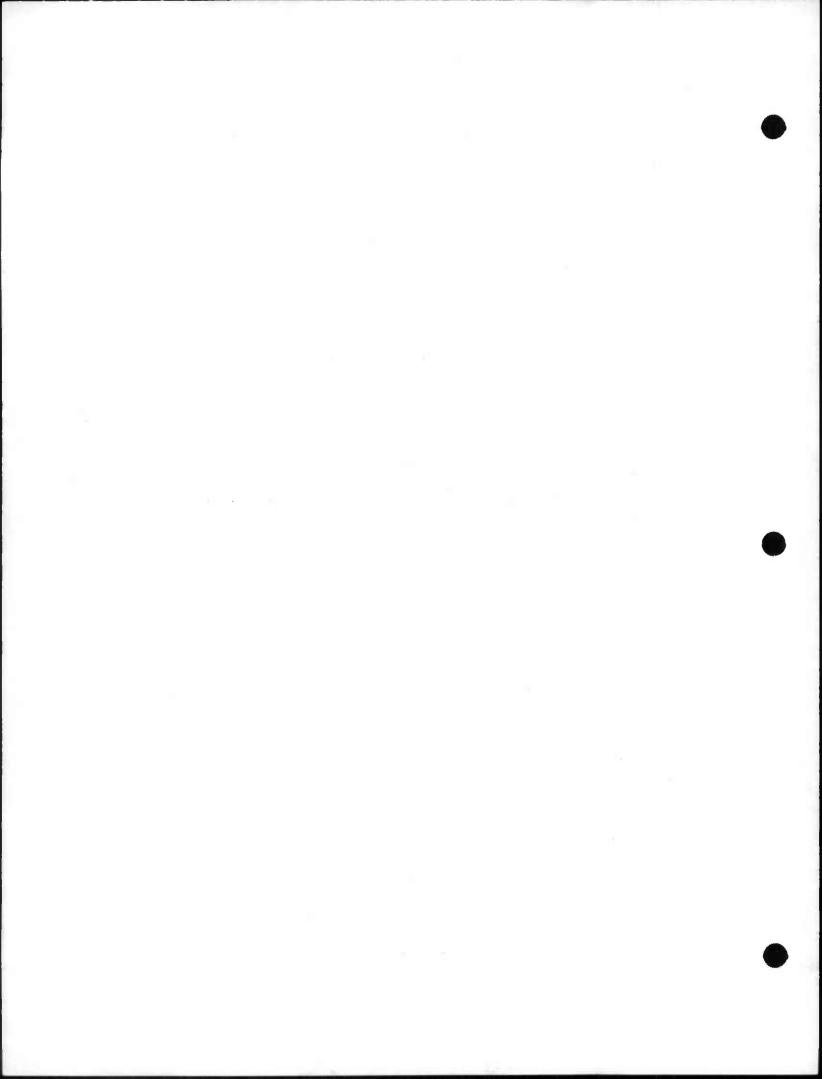
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•	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
	in 24	Ny fill	lation,	the
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20	execute	and co	o buria	matic
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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	the de	the at	d Ment	injury,
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH SEALS 05:45 A M TAYLOR 07 03 1993 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER I YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 412-48-9914 59 1 M 2 F 11 1 1933 TENN. 9a. FACILITY NAME (If not institution give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNIVERSITY OF MD. MEDICAL CENTER BALTIMORE NONE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MARYLAND ANNE ARUNDEL HANOVER 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 7402 S. FARGROVE COURT 21076 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 TES 2 XNO ΒY Specify: Specify: WHITE 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) COUNTY CONSTABLE 6 HANCOCK COUNTY, TENN. NONE 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Sumemel WALTER P. SEALS notified at BE LOUISA FISHER 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BARBARA SEALS 1314 CAMBRIA ST., BALTIMORE, MD. 21225 be 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State GLEN BURNIE, MD. must 1 X Burial 2 Cremation
4 Donation 5 Other (Specify) Burial 2 Cremation 3 Removal from State 775 1993 GLEN HAVEN MEMORIAL PARK examiner OF FUNERAL SERVICE/LICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME 1 SECOND AVE., S.W., GLEN BURNIE, MD. 21061 anne medical 23. PART I. Inter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, Approximate ahock, or heart fallure. List only one ceuse on sech line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition traumatic event, the resulting in death) OUE TO (OR AS A CONSEQUENCE OF): epsis CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Yava. Joh 15 CAUSE (Disease or Injury that Initiated events or other DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST Injury, PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 23 shows any COMPLETION OF CAUSE 1 TES 2 3-40 OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? iten E 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO 4 ☐ Nursing Nome 5 ☐ Rasidence 6 ☐ Other (Specify) marked, or 27. MANNER OF DEATH DATE OF INJURY 26b. TIME OF INJURY 26c. INJURY AT WORK7 28d. OESCRIBE HOW INJURY OCCURED Metural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — At home, term, street, factory, offica building, etc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 90 COMPLETED 6 Could not be determined 4 Homicide item 28 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, desth occurred at the time, data end place, end due to the cause(a) and menner as stated.
2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Year) 29c. LICENSE NUMBER (resident) 2 30. NAME AND AGORESS OF PERSON WNO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

Univ. of Md. Helial Center





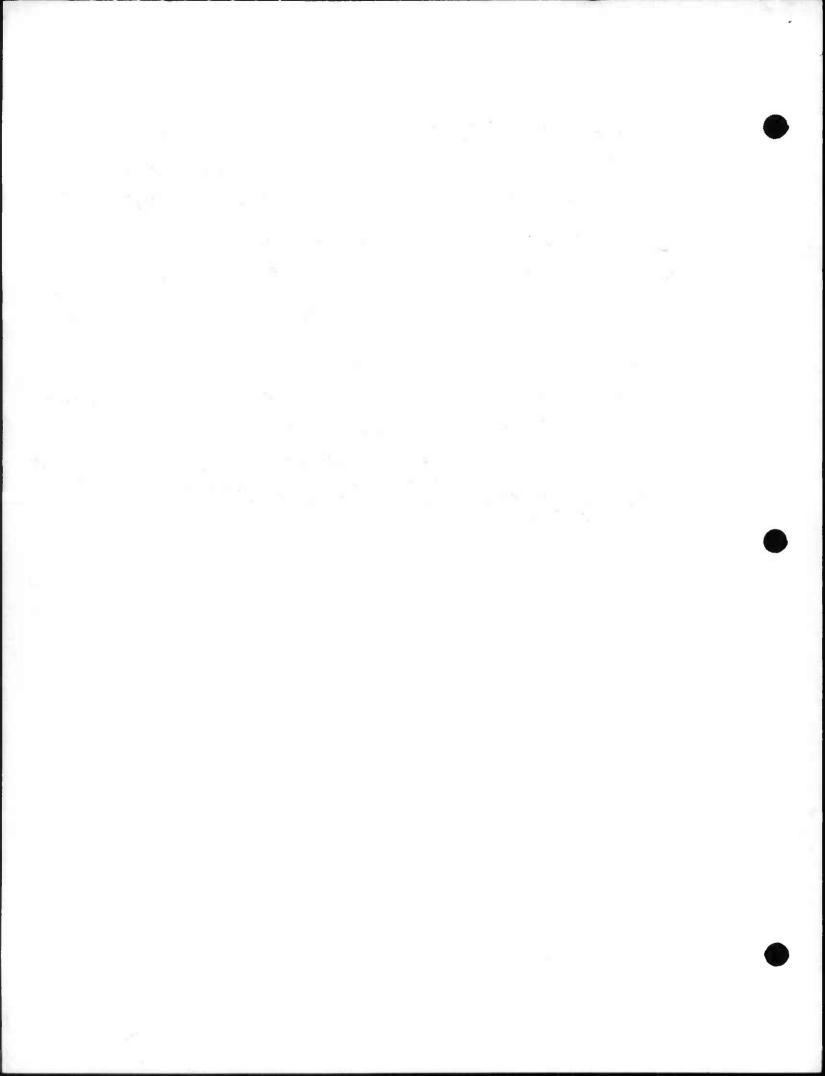
	1 - FOR STATE REGISTRAR	STATE OF MA		PEPARTME			MENTA	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)  Bessie	V	Steven	200	_		2, DAT	E OF DEATH	9 ·	AR	2.300~ M
	4. SOCIAL SECURITY NUMBER 216   25046	1 M 2 F	i. AGE (in yrs. lest t	YRS. MONTH	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		о <del>г вияти th, Day, Year)</del> 24/1925	8.6	BIRTHPLACE (	State or Foreign
TOR	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. C	Bala	LINEY	-	14 y	c. COUNTY	OF DEATH	
DIRECTOR	10a. STATE MD . 10b. COUNTY			10c. CITY, TOW	Ba I	imore			······································	Lit	SIDE CITY HITS? ES 2 NO
FÜNERAL	1510 W. MOSHER	ST			107.	21217			0g. CITIZEN	OF WHAT CO	UNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	EVER IN U.S. ARMI YES 2 THO FOR DATES X		If yes, spe	INDENT OF HISPAI city Cuban, Maxica 2. NO Specif	n, Puerto	N? (Specify Yea or Ricen, etc.)		RACE — Ame Black, Whita, Specify: BLAC		
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give	DENT'S USUAL kind of work do o NOT use netire	ne during mos d.)	N t of working	16	b. KIND OF BUSIN	ESS/INDUST		
BE COM	17. FATHER'S NAME (First, Middle, Last) WILLIAM LEE ANDE	RSON				OLLIE A	NDER				
10	JOYCE WYNN EWELL			2468 FI	RANCIS	ST.		BALTO	,MD.	21217	
0	20e. METHOD OF DISPOSITION  1		20b. PLACE AN cemetery, creme	DDATE OF DISF	ARBUT	US	7/		Balto	or Town, State	1
	· Backer A.	Bux		l	WILLIA		OWN			)6 W.	Morth Av
	23. PART I. Enter the diseases, or conock, or feer feilure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplicatione that collect only one ceuse  DUE TO (O	on each line.							in	pproximate terval Between nset and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSEQUE	ENCE OF):							
MEDICAL C	PART II. Other significant conditions	contributing to de	eath but not res	ulting in the	underlying	cause given in	Part I.	24e. WAS AN AU PERFORME 1  YES 2	03/	COMPLE OF DEAT	UTOPSY FINDINGS LE PRIOR TO TION OF CAUSE 'H?  S 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  MO	HOSPITAL:	R/Outpetlant 3 🗆	DOA 4 D	ER:	CE OF OEATH (Ch					
ву рну	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN. (Month, Day,	JURY Year)	100 TIME OF INJURY	28c. INJU WOR 1   YI	RY AT K? ES 2 NO	28d. OE	SCRIBE HOW INJU	RY OCCURE	D	
G	3 Suicide 6 Could not be determined	28a. PLACE OF II building, atd	NJURY — At home c. (Specify)	, farm, street, f	actory, offica		281. LOC City	ATION (Street and or Town, State)	Number or Ru	ural Route Nun	nber,
COMPLET		IAN: To the best of my								use(s) and ma	nner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  AND SIGNATURE AND TITLE OF CERTIFIER	))				29c. LICENSE NUM	49ER	29	DATE SIG	NED (Month, 1)	Pay, Ybar)
	30. NAME AND ADDRESS OF PERSON WHO	way, c	hurch		pulal	BAI	とア	MD:	2/23	3/	
	31. DATE FILED (Month Only, 1987)	232, REGISTRAR'S	SIGNATURE							*	

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 2. DATE OF DEATH 3. TIME OF DEATH ENATE MONTH ATTH 2 7. DATE OF B IF UNDER 1 YEAR IF INDER 24 HRS Pages 1, 2, 3 should 9b. CITY. TOWN OR LOCATION OF DEATH BACCO. 3 COCKEYSVILL DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTO OCKEMSVIL 1 YES 2 NO human director, page 5 should be detached for use as the burial-transit permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 51 nours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No 14. RACE - America BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married If yes, specify Cuban, Mexican, Pr IF YES, GIVE WAR OR DATES 1 YES 2 DAO ВУ Specify 3 Wido wed 4 Divorced TES W COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY dary (0-12) College (1-4 or 5+) FICE once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ BE notified 19b. MAILING ADDRESS (Street and Number of Rural 9 BOVE P 20a. METHOD OF DISPOSITION
1 

Burlel 2 

Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must ral from State 4 ☐ Donation 5 ☐ Other (Specify) examiner IN SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS m006 morium the attending physician and completely filed in by the 1 Mental Hygiene prior to burial, cremation, or removal. medical cetions that caused the deeth. Do not entar the mode of dying, such as cardiec or respiratory arrest, Approximeta interval Between Onset and Death IMMEDIATE CAUSE (Finsi the disease or condition Hyper cal cenna weak HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760. BUE TO (OR AS A CONSEQUENCE OF): 18 Months metastorses traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Porcon Cancor or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS een signed by the AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Nove shows any 1 - YES 2 NO 1 TES 2 NO certificate has been the State Dept. of P PHYSICIAN: Item 23 : 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER 1 Inpatient 2 ER/Outpatient 3 DOA 5 Rasidence 8 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED this c is marked, 1 Natural
2 Accident 5 Pending investigation 1 YES 2 NO BY After 28e. PLACE OF INJURY - At home, farm, street, factory, office 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED Could not be detarmined DIRECTOR: hours after 28 4 Homicide ltem met 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL ( = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. IMPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 표 BE 29d. DATE SIGNED (Month, Day, Year) 16 hm MD 16 17.6.93 D37238 223 2 SS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 600 Portiume MD Wolfest 21287 N. Sun STREET TRANS TONAS TO



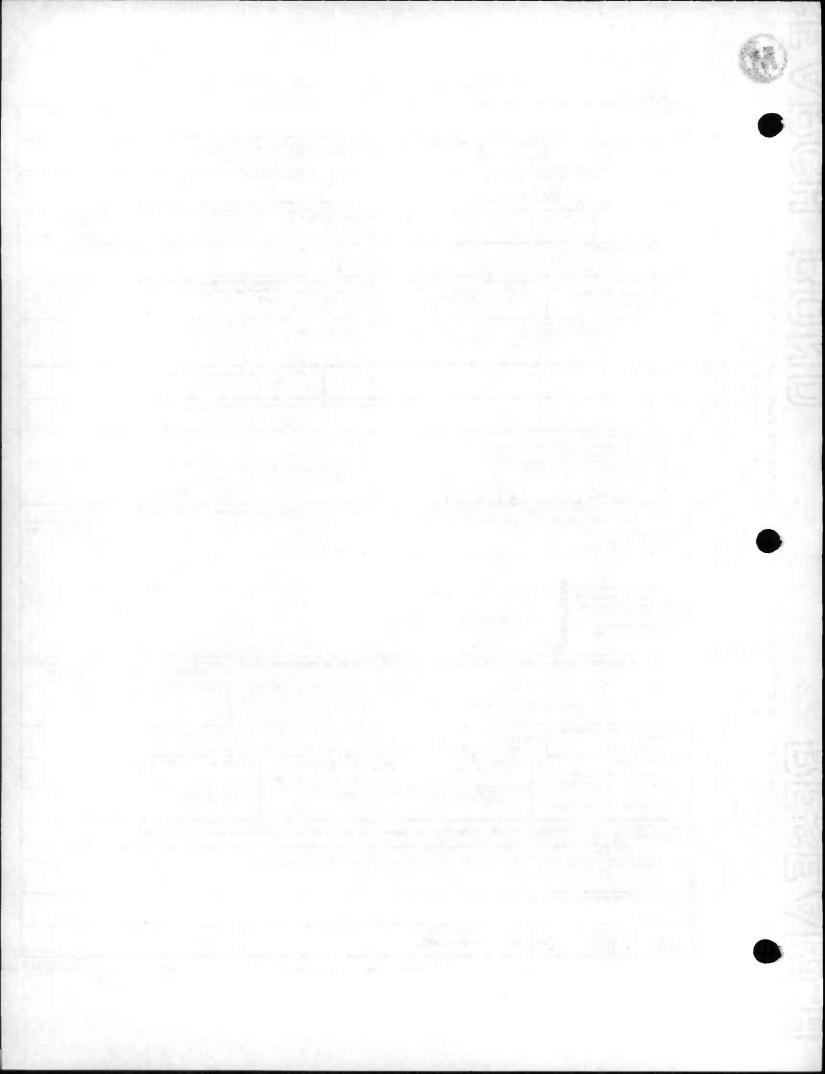
FOR

	1 - STATE REGISTRAR	OIMIL OI II	CE	RTIF	ICATE OF	DEAT	TH		REG. NO.				
- 5	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH	A.	YEAR	3. TIME OF E	EATN
-	EDYTHE THELMA  4. SOCIAL SECURITY NUMBER  5.							20T	3		993	1:10	A H
		. SEX	6. AGE (In yrs. lest	VRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS	24 HRS. MIN.	7. DATE OF (Month, D	ley, Year)		Countr		or Foreign
	9a. FACILITY NAME (If not institution, give street	71	94	Tho.	9b. CITY, TOWN	ORLOCATIO	N OF DE	8-29	-189		Per		
E	Sinai Hospital	,			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	timo				9c. COL	— —	EAIN	
DIRECTOR	RESIDENCE OF DECEDENT												
IR.	Md. 10b. COUNTY				y, town or Loca ltimore							10d. INSIDE (	
1	10e. STREET AND NUMBER			Du		1. ZIP CODE				10- 017	TZEN OF V	YES 2	
ERA	2211 West Rogers	Ave.				2120					S.A.		**
BY FUNERAL		2. WAS DECEDEN	T EVER IN U.S. ARM	ED	13. WAS DEC	CENDENT O	F NISPAN	HC ORIGIN?	Specify Yea		14. RACE	- American	Indian,
37 F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATES	,		2 X NO		n, Puerto Rica /:	en, etc.)		Speci	t, White, etc. fy:	
	15. DECEDENT'S EDUCATI	ION	I 16a DEC	EDENT'S	USUAL OCCUPATION	ON		T deb W	ND OF BUS	W.F.00 (IA)	Whi	te	
ETE	(Specify only highest grade con	npleted) College (1-4 or 5+	(Giv		work done during me		g	160, K	NU OF BUS	INESS/IN	DUSTRY		
APL	12 yrs			Home	emaker			Ow	n Ho	me			
COMPLETED	17. FATNER'S NAME (First, Middle, Last)							ME (First, Mide		Sumame)			
BE	William H. Dasch	1				Edi	ith	Arth	ur				
9	Ronald C. Thomps	on			ADDRESS (Street							0105	_
	20a. METHOD OF DISPOSITION 1 □ Burial 2X□XCremation 3 □ Removal		20b. PLACE AL	ND DATE	Northo	ame of		DATE	en A		City or To		/
	4 Donation 5 Other (Specify)		Green	n M	ount Cr	emat	orv	7-		93		to.Md	
	21. SIGNATURE OF FUNERAL SERVICE LICENS		n M. Pe	erki	TO CEZ. NAME A	ND ADDRES	S OF FA	CILITY	_				
	Edway My -	Inte	D0008:	3	2134	WI11	OW	Spri	F <b>un</b>	era.	L Ho	me In	č Z Z
	22 DART : Enter the discount											V a allu	
1	23. PART i. Enter the diseesea, or com ahock, or heart fellure. Lief	npiicatione that t only one ceu:	ceused the dee	th. Do n	ot enter the mo	de of dyle	ng, aucl	h aa cerdied	or reepi	ratory ar	reat,	Approx	dmete
	ahock, or heart fellure. Lief IMMEDIATE CAUSE (Final	t only one ceus	se on each ilne.		ot enter the mo	de of dyle	ng, aucl	h aa cerdied	or reepi	ratory ar	reat,	Approx	
	ahock, or heart fellure. Lief	t only one ceus	coused the deese on each line.		ot enter the mo	de of dyle	ng, aucl	h aa cerdied	or reepi	ratory ar	reat,	Approx	imete I Between
z	IMMEDIATE CAUSE (Final disease or condition resulting in death)	t only one ceus	se on each ilne.		ot enter the mo	de of dyle	ng, aucl	h aa cerdied	or reepl	ratory ar	reat,	Approx	imete I Between
NOIT	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate	P N OUE TO	se on each ilne.	) LENCE OF	iot enter the mo	de of dyle	ng, aucl	h aa cerdied	c or reepli	ratory ar	reat,	Approx	imete I Between
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	shock, or heart feilure. Liet IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions or	OUE TO (	OR AS A CONSECUTOR AS A CONSEC	JENCE OF	not enter the mo	S.	op:	SIS	a. WAS AN.	AUTOPSY	reat,	Approinterva Onset  WERE AUTOPS AMALABLE PR	Y FINDINGS
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BY PHYSICIAN: MEDICAL	anock, or heart feiture. Liet  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of COTONOLY  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 UND  27. MANNER OF DEATN 1 Natural 5 Pending Investigation 29. CERTIFIER (Check only) 1 CERTIFYING PNYSICIAL	OUE TO OU	COR AS A CONSECUTION AS	JENCE OF JEN	26. PI  OTHER: 4   Nursing Nom E OF URY M	g ceuee g	EATN (Che aldence	Part i. 24  1  1  1  1  1  1  1  1  1  1  1  1  1	ia. WAS AN PERFOR YES 2  Decity)  IBE NOW IN Street a bown, State)	AUTOPSY MEDO NO IJURY OC	24b.  CURED  r or Rurel R	WERE AUTOPS AVAILABLE PRI COMPLETION OF DEATH?  1 YES 2	Y FINDINGS OF CAUSE
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FOR STATE

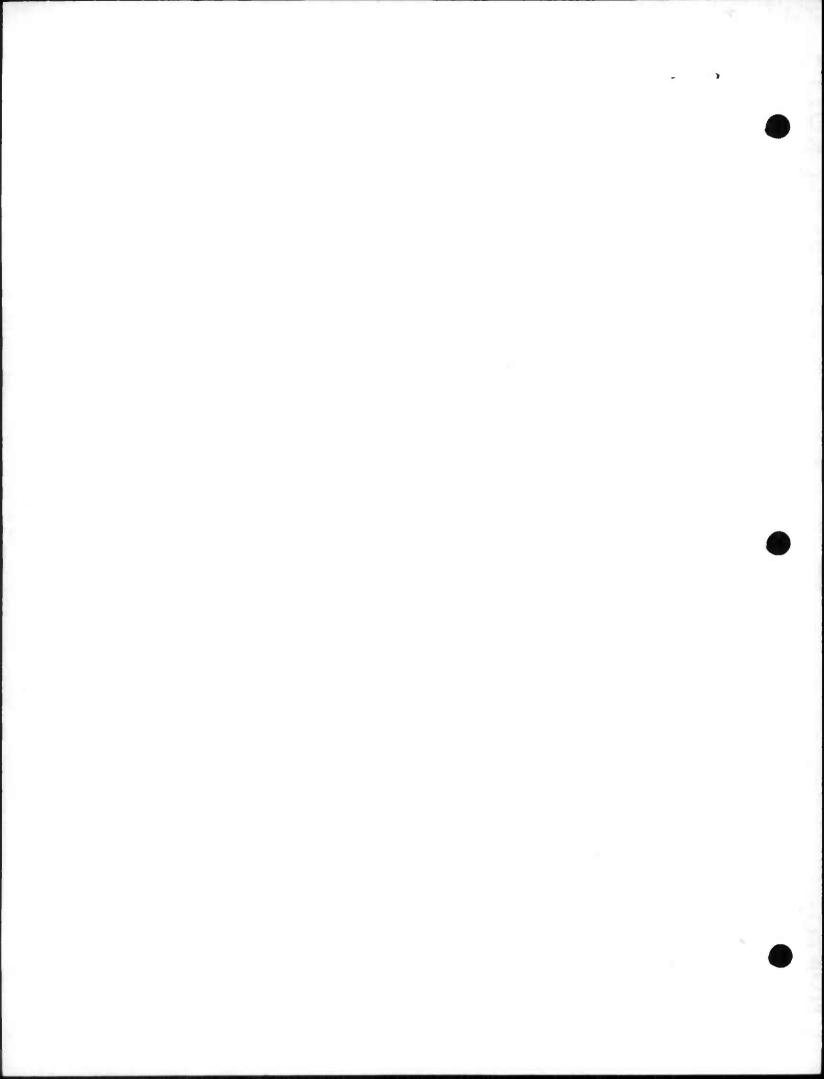
	1. OECEDENT'S NAME (First, Middle, Lest)  CARL		RLEY				2. DATE	OF OEATH		/EAR	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	7					ДШ.		190		11:06
	215-16-0238	5. SEX 6	70		IF UNDER 1 YE	-	FEB.	Description 2 to 1	923	Country)	ACE IState or Foreig
	9a. FACILITY NAME (If not institution, give	street and number)		1	96. CITY, TO	WN OR LOCATION OF	DEATH		9c. COUNTY	Y OF DEA	TH
	MARYLAND GENERAL HOSPITAL BALTIMORE										
	10e. STATE 10b. COUNT	TY		10c. CITY,	TOWN OR L	DCATION				1	Od. INSIDE CITY
	Maryland	В	altim	ore				1	LIMITS?		
	100. STREET AND NUMBER 2016 McHenry st.			101. ZIP COOE 21223	3		1		AT COUNTRY?		
	11. MARITAL STATUS										
	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 2 IF YES, GIVE WAR	YES 2 1	NO NO	If yes	DECENDENT OF HIS I, specify Cuban, Ma: YES 2 NO Sp	xican, Puerto F		a or No —   14	Black, \ Specify:	- American Indian, White, atc. White
ı	15. DECEDENT'S ED		16a. DE	CEDENT'S U	SUAL OCCU	PATION	16b.	KIND OF BU	SINESS/INDUS	TRY	
	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(G	ive kind of wo . Do NOT use	ork done during retired.)	g most of working					
	3rd.	00.100	G	uard				Se	curity	7	
	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S	NAME (First, N		Sumame)		
	Jack Turle	<sup>2</sup> y				Anı		Olson			
H	19a, INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Str	eet and Number or Ru	ral Route Numb	er, City or Tox	vn, State, Zip Co	ode)	
	Ruth Ringler					on St.; I				1223	
	20a. METHOD OF DISPOSITION		_		DISPOSITIO		DATE		CATION — CIT	y or Town	n. State
	1 Burial 2 Cremation 3 Rar 4 Donation 6 Other (Specify)	moval from Btate				, Inc.	7/5				d. 21229
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY HUDDARD FUNERAL HOME, Inc.											
	· Caratal	1mi	0.	,		bard Fune 7 Wilkens				1.	21229
	shock, or heart failure. List only one cause on each line.  iMMEDIATE CAUSE (Final disease or condition resulting in death)  a. CARCINOMA OF THE LUNGS  DUE TO (OR AS A CONSEQUENCE OF):  CARDIAC ARREST  DUE TO (OR AS A CONSEQUENCE OF):  CARDIAC ARREST  DUE TO (OR AS A CONSEQUENCE OF):  CARDIAC ARREST  DUE TO (OR AS A CONSEQUENCE OF):								Onset and D		
	If any, leading to immediate	c									
	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (O	R AS A CONSE	OUENCE OF)	:						
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d									
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	d				lying cause given	in Part i.	24a. WAS AMPERFO	RMED?	A C	MAILABLE PRIOR TO
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	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident investigation 3 Suicide 6 Could not be determined	HOSPITAL: 1   Inpetient 2   XE 28a. DATE OF IN (Month, Day,	ER/Outpatient 3  JURY Year)  INJURY — At hoc. (Specify)	DOA 28b. TIME INJU	OTHER: 4 Nursing OF 28c RY M 1 reet, factory,	6. PLACE OF DEATH Home 5 Rasiden . INJURY AT WORK? YES 2 NO office	(Check only on ca 6 Other 28d. DES 28f. LOC/City due to the cau	PERFO  1 YES :  (Specify)  CRIBE HOW  ATION (Street or Town, State	RMED?  Z M NO  INJURY OCCUI	RED Rural Rou	MALABLE PRIOR TO OMPLETION OF CAU F DEATHY YES 2 NO
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural S Pending Investigation 3 Suicide S Could not be determined  29a. CERTIFIER Check only one)  2 MEDICAL EXAMIN	HOSPITAL: 1 Inpetient 2 (XE (Month, Dey, Delical) 28a. PLACE OF Including, at	ER/Outpatient 3  JURY Year)  INJURY — At hoc. (Specify)	DOA 28b. TIME INJU	OTHER: 4 Nursing OF 28c RY M 1 reet, factory,	6. PLACE OF DEATH Home 5 Residen MJURY AT WORK? YES 2 NO office  dete and place, and on, death occured at	(Check only once 6 Other 28d. DES 28f. LOC: City of due to the cau the time, data	PERFO  1 YES :  (Specify)  CRIBE HOW  ATION (Street or Town, State	INJURY OCCUI	RED Rural Rou	MALABLE PRIOR TO OMPLETION OF CAU F DEATHY YES 2 NO Ate Number,
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident investigation 3 Suicide 6 Could not be determined	HOSPITAL: 1 Inpetient 2 (XE (Month, Dey, Delical) 28a. PLACE OF Including, at	ER/Outpatient 3  JURY Year)  INJURY — At hoc. (Specify)	DOA 28b. TIME INJU	OTHER: 4 Nursing OF 28c RY M 1 reet, factory,	6. PLACE OF DEATH Home 5 Residen . INJURY AT WORK?  YES 2 NO office  deta and place, and on, death occured at 29c. LICENSE	(Check only one as 6 Other 28d. DE\$  28f. LOC: City of due to the cau the time, data	PERFO  1 YES:  (Specify)  CRIBE HOW  ATION (Street or Town, State se(a) and ma	INJURY OCCUI	RED Rural Rou	MALABLE PRIOR TO OMPLETION OF CAU F DEATHY YES 2 NO
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	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural S Pending Investigation 3 Suicide S Could not be determined  29a. CERTIFIER Check only one)  2 MEDICAL EXAMIN	HOSPITAL:    I on a contributing to do    HOSPITAL:   Contributing to do    HOSPITAL:   I on partient 2 (X is a contribution of the location o	ER/Outpatient 3  JURY Vear)  INJURY — At hoc. (Specify)  IN the second of the second o	DOA 28b. TIME INJU	2 OTHER: 4   Nursing OF 28cm Y M 1 reet, factory, d at the time, , in my opinion	6. PLACE OF DEATH Home 5   Rasiden .INJURY AT WORK?   YES 2   NO office  deta and place, and on, death occured at	(Check only on ca 6 Other 28d. DES 28f. LOC/City of the time, deta	PERFO  1 YES:  (Specify)  CRIBE HOW  ATION (Street or Town, State se(a) and ma	INJURY OCCUI	RED  RED  RED  RURAL ROLL  CRUBE (a) a	MALABLE PRIOR TO OMPLETION OF CAU- F DEATHY YES 2 NO Are Number, and menner as state



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TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the 25 per of the attending physician prior to burial, cremation. Or removal.  HIMPRIANT: If than 28 is marked are them 28 per or any line or other transmatte event the marked as any line or other transmatter event the marked as any line or other transmatter event the marked as any line or other transmatter event the marked as any line or other transmatter event the marked as any line or other transmatter event the marked as any line or other transmatter event the marked as any line or other transmatter event the marked as any line or other transmatter event the marked as any line or other transmatter event the marked as any line or other transmatter event the marked as a sine burial cream and line or other transmatter event the marked as any line or other transmatter event the marked as any line or other transmatter event the marked as a sine burial cream as th
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•	FOR STATE OF MARYLE REGISTRAR	AND / DEPARTM CERTIFIC				_	
	1. DECEDENT'S NAME (First, Middle, Leat)	Mary A.			REG. NO  2. DATE OF DEATH MONTH  07  0		year 6 25Pm
	220-22-7941 10 M 2KF 82	YRS. MO	UNDER 1 YEA	B HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year)	9	B. BIRTNPLACE (State or Foreign Country) Maryland
DIRECTOR	98. FACILITY NAME (If not institution, give street and number) HARBOR HOSPITAL RESIDENCE OF DECEDENT	CENTER		N OR LOCATION OF DE		BAL-	IMORE City
	Maryland	Bal		ity,Md.			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	405 E.Gittings	St.		21230			EN OF WHAT COUNTRY? JSA
B	11. MARITAL STATUS  1  Never Married 2  Married  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1  YES 2  NO If yes, specify Cuban, Mexican, Puerto Ri  13. WAS DECENDENT OF NISPANIC ORIGIN? If yes, specify Cuban, Mexican, Puerto Ri  1  YES, GIVE WAR OR DATES						4. RACE — American Indian, Black, Whita, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  7 th . Grade	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during	most of working	16b. KIND OF BU		Home
	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAI	IE (First, Middle, Maiden	Sumame)	
BE (	Michael	Dohert		Mary A			enny
2	Mr.Raymond Twigg	507 E	.Cle	ment St.	Balto.Md	. 212	230
	4 Donation 5 Other (Specify)	PLACE AND DATE OF D Bitary, cremetary or other OLY CIOS	ISPOSITION S Ce	metery 7	/8/93 A	· A · C	ty or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			and address of faculty Fun	Bal		1. 21230 D. E. Fort Ave.
	23. PART I. Exter the diseases, or complications that caused shock, or heart failure. List only one cause on estimated in the cause on estimated in the cause of the cause or cause or condition resulting in death)  OUE TO (OR AS A	the death. Do not sch line.  ACA  CONSEQUENCE OF:	~ ^ -	node of dying, such	ss cardiac or reap	ratory arre	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	CONSEQUENCE OF):	CAF	RDIAL	INFA	SCT.	ION
MEDICAL	PART II. Other algnificant conditions contributing to death be	It not resulting in t	ne underly	ing cause given in I	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			PLACE OF DEATH (Che	ck only one)		
IVSI	1 VES 2 DATO HOSBITAL: 1 Populari 2 ER/Output 27. MANNER OF DEATH 288. DATE OF INJURY	tient 3 DOA 4 D		ome 5 🗆 Residence 6			
ВУ Р	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	26b. TIME OF	M 1	NJURY AT WORK? YES 2 NO	28d. DEŞÇRIBE NOW II		
E	3 Suicide 6 Could not be detarmined 26e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, stree (y)	I, factory, of	fica	28f. LOCATION (Street & City or Town, State)	nd Number o	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination						
TO BE	ARTAM Marki M.D. PHY	SICIA	J	29c. LICENSE NUM AS - 244	1814-15	D7	SIGNED (Month, Day, Year) 4/93
	AKRAM AL-WAKKI MA	RBOR I	105	PITAL	300/5	OUT	H MANOVERS



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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF HEALTH	AND MENTAL	HYGIENE REG. NO.	70 17404				
	1. OECEDENT'S NAME (Finst, Mickelle, Last)	Telak	Doris Man	rie Telak	2. DATE OF MONTH	F DEATH DAY	3. TIME OF GEATH 3 0340 M				
	216 18 3918	I UNI ST	YRS. MONTHS DAYS HOURS MIN. Count Main.								
TOR	96. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN OR LOCATION OF OEATH  96. COUNTY OF OEATH  RESIDENCE OF DECEDENT  96. COUNTY OF OEATH										
DIRECTOR	10a. STATE 10b. COUNTY										
FUNERAL	100. STREET AND NUMBER 1229 Rock	Will K	d	101. ZIP CODE	122	-	S.A.				
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR ON	2 NO	13. WAS DECENDENT O	n, Maxican, Puarto Ric	(Specify Yes or No—	14. RACE American Indian, Black Amite stc. Specify: White				
ETED	15, OECEDENT'S EDUCA (Specify only highest grade co	TION impleted) College (1-4 or 5 +)	16a. OECEDENT'S US (Give kind of work life. Do NOT use re	UAL OCCUPATION  done during most of working	16b. K	IND OF BUSINESS/INDU	USTRY				
OMPL.	17. FATNER'S NAME (First, Middle, Last)	Consign (1-4 of 5 +)	Housewi			Home Maker					
m   5	Wi	illiam Gri	ever	16. MOTN	Mary M.	Nausline					
TO BE	190. INFORMANT'S NAME (Type/Print)  Dennis Telak			poress (Street and Number ever Road			code) Tyland 21060				
nust be	20a. METNOO OF DISPOSITION  1 Surial 2 Cremation 3 Remove  4 Donation 5 Other (Specify)		PLACE AND DATE OF C	DISPOSITION (Name of palace)  OATE 20c. LOCATION — City or Town, State							
examiner must	Crownsville, Mary:   Comparison   Crownsville, Mary:										
	4001 Ritchie Hwy. Baltimore, Md. 212										
event, the medical	23. PART I Enter the diseases of complications that caused the death. Do not enter the mode of dying, such se cerdisc or respiratory arrest, shock, or heart tallure. List only one cause on each line.  IMMEDIATE CAUSE (Finet disease or condition resulting in death)  a. Acute Myscordal Infanction										
	Sequentielly list conditions, if any, leading to immediate										
FICA	cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events	DUE TO (OR AS A	CONSEQUENCE OF:								
CERTIFICATION	resulting in death) LAST	Obesit	7								
EDICAL	PART tl. Other algnificent conditions	contributing to death be	ut not resulting in t	he underlying cause g		PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
SZ	25. WAS CASE REFERRED TO MEDICAL						1 YES 2 NO				
or Item YSICI/	EXAMINER?	IOSPITAL:		26. PLACE OF DE THER:  Numing Nome 5 Res	EATN (Check only one)	Specify					
	27. MANNER OF DEATH  1 Neturel 5 Pending	28a, OATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c. INJURY AT	26d. DESCR	HEE HOW INJURY OCCU	JRED				
Z8 IS	2 Accident Investigation 3 Suicida 6 Could not be 4 Nomicide determined	26s. PLACE OF INJURY building, etc. (Speci	— At home, farm, streetfy)								
AP.E	29a. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.										
	MEDICAL EXAMINER:	296. SIGNATURE AND TYPLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED									
B	WEGICAL EXAMINER:	MO				29d. DATE	BIONED (Mydin, Day, Year)				
B	WEGICAL EXAMINER:	MO		29c. LICEI	NSE NUMBER	29d. DATE > 7	SIGNED (Maylin, Day, Year)				

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The second secon
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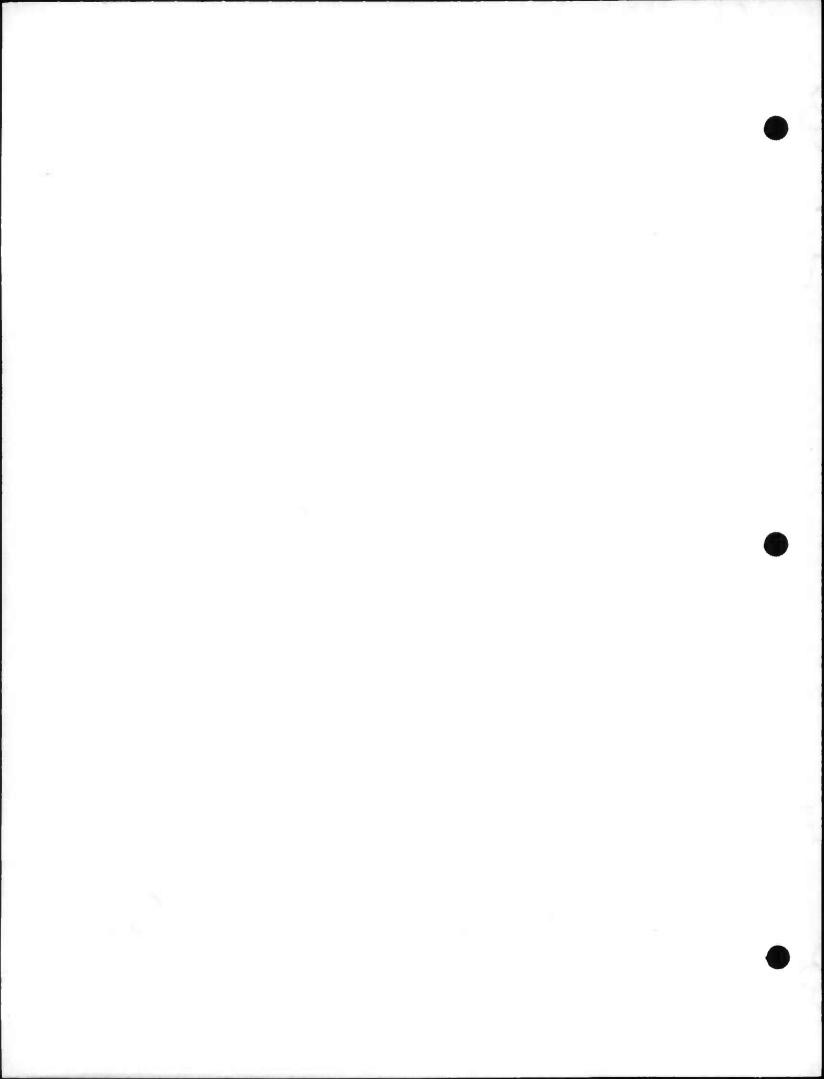
	1 - STATE REGISTRAR	OTATE OF MARKE	AND / DEPARTMENT OF CERTIFICATE OF	DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, La  Lilie T  4. SOCIAL SECURITY NUMBER  231-12-86	WIIIIAM Om linson 5. SEX 6. AGE (	(aka Willie)To	IF UNDER 24 HRS. 7	2. DATE OF DEATH DAY O 7 05 C DATE OF BIRTH (Month, Day, Year)  1 / 0 6 / 19 2 0	YEAR 3. TIME OF DEATH 93 15/10  8. BIRTHPLACE (State or Foreign Country) Virginia
DIRECTOR	Mercy Hospital RESIDENCE OF DECEDENT 10a. STATE	1	9b. CITY, TOWN Ba /	OR LOCATION OF DEAT	H 9c. COU	10d, INSIDE CITY
BY FUNERAL DIF	10e. STREET AND NUMBER 6]  Dea for N  11. MARITAL STATUS 1  Never Merried 2  Merried 3  Widowed 4  Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	N U.S. ARMED 13, WAS DE 2 NO 15 types, a	of. ZIP CODE	ORIGIN? (Specify Yea or No	IMITS?  1 YES 2 NO ZEN OF WHAT COUNTRY?  U.S.A.  14. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. OECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	ade completed)  College (1-4 or 5+)	16a. DECEDENT'S USUAL OCCUPAT (Give kind of work done during mite. Do NOT use retired.)	TION nost of working	16b. KIND OF BUSINESS/IND	
	17. FATHER'S NAME (First, Middle, Last) Unk.	O momlinger	Laborer		Moving Co (First, Middle, Melden Sumame)	mpany
TO BE	190. WFORMANT'S NAME (Type/Print) Patrick Hoyt	Tomlinson	428 Joplin S	and Number or Rural Rou	Ink. te Number, City or Town, State, Zip Md. 21224	Code)
		Weber & Sons		S. Ann S	ber & Sons I t. Balto. Md	. 21231
ICATION	23. PART I. Enter the diseases, of shock, or heart fellur iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	a. Sepsis ble pour to (or as a Due to (or as a Due to (or as a Due to (or as a c.	the death. Do not entar the mech line.  CONSEQUENCE OF):  CONSEQUENCE OF):	S. Ann S	t. Balto. Md	eat, Approximate Interval Betw
ICAL CERTIFICATION	23. PART I. Enter the diseases, ehock, or heart fellur immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Sep 5 / S DUE TO (OR AS A D	the death. Do not entar the mech line.  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):	S. Ann S	t. Balto. Md	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?
ICAL CERTIFICATION	23. PART I. Enter the diseases, ehock, or heart fellur immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Sepsis  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	the death. Do not entar the mech line.  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  ut not rasulting in the underlyin  Tofach en	oda of dylng, such a	rt I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	aet, Approximate Interval Betwoonset and De Onset and De
ICAL CERTIFICATION	23. PART I. Enter the diseases, ehock, or heart fellur immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the conditions of t	DUE TO (OR AS A  DUE TO	the death. Do not entar the mech line.  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  The consequence of the underlying the underl	oda of dylng, such e  ng cause given in Par  PLACE OF DEATH (Check  me 5 Residence 6 Death ORIC? YES 2 NO	rt I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	21231.  Pat, Approximate Interval Betw. Onset and De Onse
ICAL CERTIFICATION	23. PART I. Enter the diseases, shock, or heart fellur immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the conditions of	DUE TO (OR AS A  DUE TO	the death. Do not entar the mech line.  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  ut not raculting in the underlying the consequence of	DS. Ann S oda of dying, such e	TI. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  only one)  Other (Specify)  Id. DESCRIBE HOW INJURY OCC  Office of Town, Stele)	aet, Approximate Interval Betw Onset and De Interval Betw Onset and De Interval Betw Onset and De Interval Betw Onset and De Interval Betw Onset and De Interval Betw Onset and De Interval Betw Onset and De Interval Betw
ED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, shock, or heart fellur immediate cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the conditions of t	DUE TO (OR AS A  DUE TO	the death. Do not enter the mech line.  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  The consequence of the underlying the underl	oda of dylng, such e  ng cause given in Par  PLACE OF DEATH (Check me 5   Residence 6    JURY AT ORK? YES 2   NO  ce 26	TI. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  Other (Specify)  Id. DESCRIBE HOW INJURY OCC  If. LOCATION (Street and Number City or Town, State)  the cause(s) and manner as state, date and place, and due to the	aet, Approximate Interval Betw. Onset and De Interval Betw



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	REGISTRAR		CI	CHIIF	ICALE C	PF DEA	IH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Las	st)	-				T	2. DATE OF DEATH	100		3. TIME OF DEATH
	WILLIAM	HENRY	THOMA	C T	EΤ				1 0 0 f	YEAR	1 00 #
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. les		IF UNDER 1 YEA	R IF UNDER	0.04.400	7. DATE OF BIRTH	199		11:00 p M
	216-20-0809	1 ☑ M 2 ☐ F		YRS.	MONTHS DAY		MIN.	(Month, Day, Year)		Count	TPLACE (State or Foreign
		25	66	Tho.				03 12 19	27	MAR	YLAND
	9a. FACILITY NAME (If not institution, give	e street and number)			9b. CITY, TOW	N OR LOCATI	ION OF DEA	NTH	9c. COU	NTY OF D	EATH
Ö	600 CENTRAL AV				GLEN	BURNI	E		ANI	JE AF	RUNDEL
5	RESIDENCE OF DECEDENT								1 11111	111	KONDED
DIRECTOR	10a. STATE 10b. COU	NTY		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?
	MARYLAND AND	NE ARUNDEL		GI	EN BUR	NIE					1 YES 2 NO
A	10e. STREET AND NUMBER					10f. ZIP COD	E		10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	600 CENTRAL AV	F				210	<i>c</i> 1				
Z	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AD	MED	12 3400			C ORIGIN? (Specify Yes	U.	S.A.	
	1 Never Married 2 Married	FORCES? 1 S	YES 2	NO	If yes,	specify Cuba	ın, Mexican,	Puerto Rican, etc.)	or No-	Black	E — American Indian, k, Whita, atc.
₽	3 Widowed 4 Divorced	IF YES, GIVE WA		WII	101	ES 2 X NO	Specify:			Speci	' I
	15. DECEDENT'S E	DUCATION									WHITE
	(Specify only highest gra	ide completed)	(G	ive kind of t	USUAL OCCUPA work done during se retired.)	Most of worki	ng	16b. KIND OF BU	SINESS/INC	DUSTRY	
۳	Elementary/Secondary (0-12)	College (1-4 or 5+)									
Ž	8	NONE	TA	VERN	OWNER			FERNDA	LE TA	VERN	1
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NAM	E (First, Middle, Maiden	Surname)		
BE	WILLIAM HENRY	THOMAS II				RUT	CH WH	ITE			
0	19a. INFORMANT'S NAME (Type/Print)		190	b. MAILING	AOORESS (Stre			oute Number, City or Tow	n, State, Zir	Code)	
F	KATHRYN BOUTCHY	ZARD.		505	ATRSTR	TP Ph	ит	LL DEVIL 1	TITIC	NIC	270/0
	20a. METHOD OF DISPOSITION		20h PLACE		OF DISPOSITION		NI.		CATION -		
	1 Donation 5 Other (Specify)	emoval from Stata	cametery cre	metory or o	ther place)			1		1100	
	21. SIGNATURE OF BUNERAL SERVICE	I ICENDEE	METRO	) CRE	MATORY			17-8 BAL	<b>TIMOR</b>	E. M	ID
	. 1 111	LIVENSEE	1			CI FTON		ERAL HOME			
	Petty Ne	on Cum	brus	~ /					. DIID	NTD	ND 01061
	23, PART I. Enter the diseases, o	r complications that	caused the de	eth Dar	ot enter the	mode of di	AVE.	S.W. GLEN	N BUK	MIE.	
	shock, or heart failur	e. List only one caus	e on each line		or ontor the	mode or dy	mg, auch	as cardiec or respi	retory an	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel	a. +			1 1		4				Onset and Death
	disesse or condition resulting in death)	. ucule	mus	cer	died	inte	11/1	An.			
		DUE TO (C	OR AS A CONSEC	DUENCE OF	7: 4		10	1	-		
z	and the second s	- Senen	care	rare	are	what	HOLX	ecleros	~		
CERTIFICATION	Sequentisity list conditions, if any, leading to immediate	OUE TO (C	R AS A CONSEC	DUENCE OF	):	1					
18	cause. Enter UNDERLYING CAUSE (Disesse or Injury	c		1		4					
E	that initiated events	DUE TO (C	R AS A CONSEC	DUENCE OF	7):						
E	resulting in death) LAST	4									
2											
A	PART II. Other significant conditi	ons contributing to d	eeth but not r	esuiting I	n the underly	Ing ceuse	given in P	art I. 24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
EDICAL	Regardensia							1 _ YES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE
								_   '   '   '   '   '	No.		DF DEATH?
≥								-			1 YES 2 NO
A A	25. WAS CASE REFERRED TO MEDICAL										
HYSICIAN:	EXAMINER?	HOSPITAL:			OTHER:	PLACE OF D	EATH (Chec	k only one)			
1 X	1 YES 2 NO	1 - Inpatient 2 - I	ER/Outpatient 3	□ DOA	4 - Nursing H	lome 5 Re	ealdenca 8	☐ Other (Specify)			
표	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day		28b. TIM		INJURY AT WORK?	:	28d. DEŞCRIBE HOW I	NJURY OC	CURED	
BY	1 Netural 5 Pending 2 Accident Investigation			227	7.5	YES 2	NO				1
	3 Suicide 8 Could not b	28e. PLACE OF	INJURY — At ho	me, tarm, e	treet, factory, o	lfice	- 1	281. LOCATION (Street t	ind Number	or Rural R	Route Number,
TED	4 Homicide determined	building, et	c. (Specify)					City or Town, State)			
	29a. CERTIFIER				*						
COMPL	(Check only one)	SICIAN: To the best of m	y knowledge, de	eth occurre	d at the time, d	ata and placa.	, and dua to	the cause(a) and mar	mer aa atat	ed.	
ō	2 VEOICAL EXAMI	NER: On the basis of exa	mination and/or i	nvestigatio	n, in my opinior	, death occur	red at the til	me, date and place, an	d due to th	e cause(s	) and manner as stated.
BE (	295 SIGNATURE AND TITLE OF CERTIF	90.				29c. LICE	ENSE NUMB	ER	29d. OAT	E SIGNEO	(Month, Day, Year)
	William 7 k	sellet.	111			DI	429	2	17	-11-	-93
5	30. NAME AND ADDRESS OF PERSON Y	HO COMPLETED CHISE	OF DEATH TITES	# 27) (Type	Printij	19/1	101	4		7	10
	William G1	Latte.	11)	20076	4.1		1.1	0 0 1	11	9	145
1	31. DATE FILED (Month, Day, Max)	A DE NEOLOGIA	A Shareland	_	dep	ANN	grat	and b	rv	01	00/
5	1111 0 7 1993	grand Devices	-sharmon	4							
1	JUL 0 . 1000										

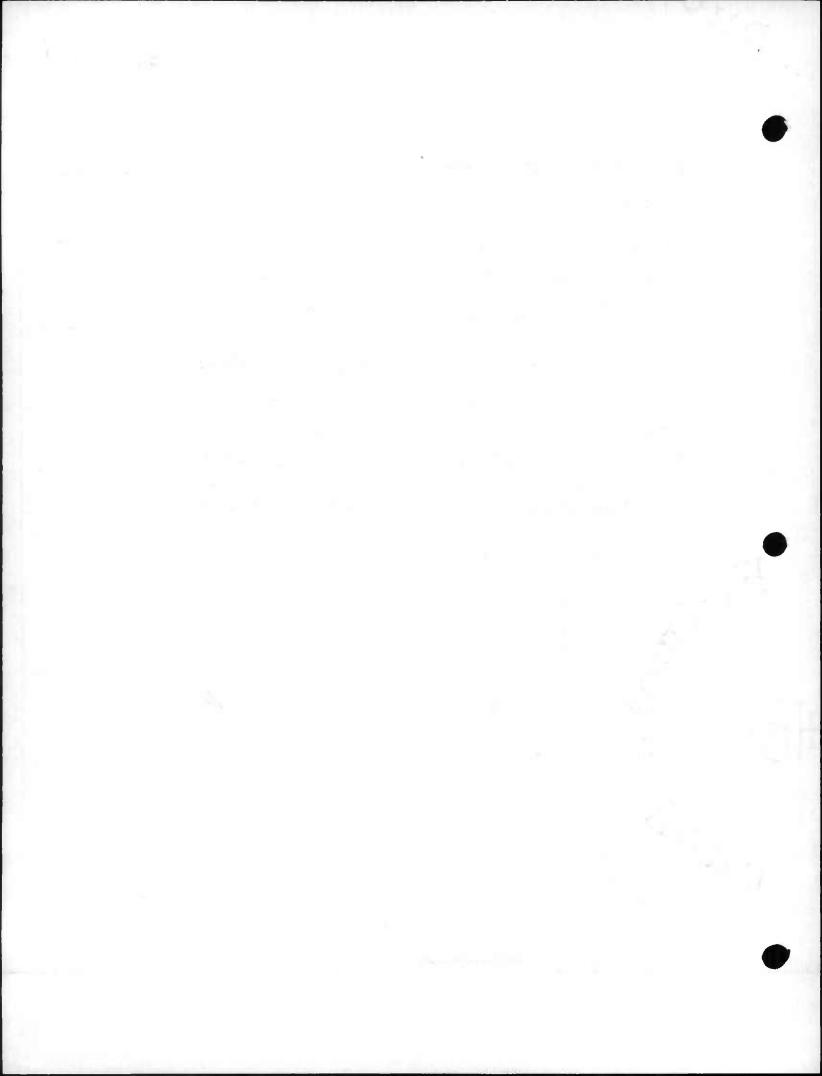




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	REGISTRAR		CERTIFIC	ALE OF DEAT	ГН	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Las				2, DATE	OF DEATH	3. TIME OF DEATH
	THOMA	S CARROLL	WILBON		0.7	02 199	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR IF UNDER	48.8 4	OF BIRTH	BIRTHPLACE (State or Foreign
1	213264171	18 M 2 [ F ]	YRS.	NTHS DAYS HOURS	MIN. MAX	1, Day, Your)	JARYLAND
	Sa. FACILITY NAME (If not institution, give	street and number)	90	. CITY, TOWN OR LOCATIO			TY OF DEATH
Œ	1-200					G as	
CTOR	RESIDENCE OF DECEDENT			nozwol		DAT	limore
Ä	10a, STATE 10b, COUN	iTY	10c. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY
DIREC	MARYLAND BAI	LTimoRs	77	ckysvill	5		LIMITS?
	10c. STREET AND NUMBER	51111010		10f. ZIP CODE		10g, CITIZI	EN OF WHAT COUNTRY?
E	10556 GATERI	ne - Rom				()	2 0
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	N II S ADMED	13. WAS DECENDENT O		77 (Faranti Vancanti I	4. RACE — American Indian.
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, specify Cuber	n, Mexican, Puerto	Rican, etc.)	4. RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR O	ATES	1 TES 2 NO	Specify:		Specify:
E	15, DECEDENT'S ED		16a. DECEDENT'S USL	IAL OCCUPATION	1464	. KIND OF BUSINESS/INDU	VOTI
ET	(Specify only highest gre	de completed)	(Give kind of work life. Do NOT use re	done during most of working	ng in	. KIND OF BOSINESS/INDO	SINI
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	Dictor.	HER	C	han Ti	1 :-
COMPL	17. FATHER'S NAME (First, Middle, Last)	1 / 1/12-	DRIMIC		15000 114405 (5)	Middle, Maiden Surname)	ing to.
_	Tallo THOS	nas Wilbo		C	CONTRACTOR OF THE PARTY OF THE	Middle, Malderi Surname)	. 1
BE	19a. INFORMANT'S NAME (Type@rint)	HI WILLSO			MRY	W- LAKKE	
ဥ	The introduction of the control of t		196. MAJLING AD	DRESS (Street and Number	or Rural Route Num	ber, City or Town, State, Zip C	Code)
	LAUTA 1/86	DROS		JUE 142	HROV:		
	29a. METHOD OF DISPOSITION 1.24 Burlal 2 Cremation 3 Re		b. PLACE AND DATE OF O metery, crematory or other	plece)	DAT	E 20c. LOCATION — C	Ity or Town, State
	4 Donation 5 Other (Specify)	1 0	V KSUBIU	Ins Killa	JAR. 199	3 limoni	um l'ARVADO
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME AND ADDRESS	SS OF FACILITY	c.H.mes	
	1 2000	Noves A		/	1. ()	0 = 1	
	23. PART I. Enter the diseases, o		d the deeth. Do not	3332 YOR		Jonil - C	st, Approximate
	shock, or heart fallure	. List only one cause on e	ach line.	onto the mode of dyn	ing, socii sa can	siac of respiratory sire	Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	CE 2440	1 -01	4 4 4 4			Onset and Death
	resulting in death)		GEAL C	ANCER			
	District Control	DUE TO (OR AS	A CONSEQUENCE OF):				
NO	Sequentially list conditions,	b					
CERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OH AS A	A CONSEQUENCE OF):				
길	CAUSE (Disease or Injury	C. DUE TO COD AC.	A CONSEQUENCE OF:				
Ē	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
H		d					
	PART II. Other significant condition	ons contributing to death i	out not resulting in t	he underlying ceuse o	given in Part I.	I WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL		,				WERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
G	France 2.	l newtoper	11-			1 2 × 10	OF DEATH?
Σ	Leva and	recipilar				1	1 TES 2 NO
Z							
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DE THER:	EATH (Check only or	10)	
YSI	1 VES 2 NO	Impatient 2 ER/Out		□ Nursing Home 5 □ Re	sidence 6 🗆 Othe	r (Specify)	
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		28d. DE	CRIBE HOW INJURY OCCU	IRED
ВУ	1 Netural 5 Pending 2 Accident Investigation			M 1 YES 2	NO		
	3 Suicide 6 Could not b	28a PLACE OF IN HIS	Y — Al home, ferm, stree	rt, factory, office		ATION (Street and Number o	r Rural Route Number,
TED	4 Homicide determined	wantaring, are. (Spe	···•		City	or Town, State)	
LET	29a. CERTIFIER DECERTIFYING PHY	(SICIAN: To the heat of our beauty	vlades death	the time delicate	Sinul Par		
COMPL		SICIAN: To the best of my know					
8			enu/or investigation, li	i my opinion, death occun	wa at the Ilma, date	and place, and due to the	cause(s) end manner as stated,
BE	296. SIGNATURE AND TITLE OF CERTIF	IER		(44.00)(44.00)	NSE NUMBER		SIGNED (Month, Day, Year)
0.	GUU			10	27730	7/2	193
F	30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pril	nt)			
	1 A A	1-1 1 1	1 -	1 M A / A - 1			
١ ,	GAM CON	1-1 1 1	6701 N	CHAS ST	- Bn	als was	21204
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

10 TRE POSPINAL OR ATENDINAL PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  70 TRE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		permit. Pages 1, 2, 3 should		
ID THE HOSH IAL OR ATTENDING PHYSIOLAN; he law requires that the ceam certificate be executed within 24 hours after death. Page 6 may be retained by the 770 THE FUNERAL DIRECTOR. After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be det be flied within 72 hours after death with the State Dept. of Health and Mental Hyghene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on	hospital or attending physician.	ached for use as the burial-transit		CO.
ID THE HUSH IAL OR ALENDING PHYSICIAN' The law requires that the death certificate be executed within 24 hours after death 770 THE FUNERAL DIRECTOR: After this certificate has been signed by the afterding physician and completely filled in by the fune be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical exam	<ol> <li>Page 6 may be retained by the</li> </ol>	ral director, page 5 should be der		viner must be notified at on
ID THE HUSPITAL DR ATTENDING PRESIDANT TO BE WERQUIRDS THAT THE GRAM CENTRICATE DE EXTENSE AT THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician at be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to IMPORTANT. If Item 28 Is marked, or Item 23 shows any Injury, or other trauma	ecuted within 24 hours after death	d completely filled in by the fune	burial, cremation, or removal.	itic event, the medical exam
10 THE HOSPITIAL OR ATTENDING PHYSICIAN: The law require 770 THE FUNERAL DIRECTOR. After this certificate has been signed field within 72 hours after death with the State Dept. of Healt MPORTANT: If Item 28 Is marked, or Item 23 shows	s that the death certificate be exi	ned by the attending physician ar	ifth and Mental Hygiene prior to I	any injury, or other trauma
10 THE HUSPITAL ON ATTEND 70 THE FUNERAL DIRECTOR: A be filed within 72 hours after d IMPORTANT: If Item 28 Is	NG PHYSICIAN: The law required	fter this certificate has been sign	eath with the State Uept, of Hea	marked, or item 23 shows
	IO THE HOSPITAL OF ALTENDE	TO THE FUNERAL DIRECTOR: A	be filed within 72 hours after du	IMPORTANT: If item 28 is

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	MARIE C		WOO	DD		06 28	93	06:30 PM M
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	_ G	NRTHPLACE (State or Foreign
	5 15-03-1069	1 M 2 💢 F	85 YRS. M	JAT S	HOOMS WIN.	3-13-C		HAWAH
œ	9a. FACILITY NAME (If not institution, give st				OR LOCATION OF D	EATH	9c. COUNTY (	
DIRECTOR	NORTH ARUNDEL HOS	SPITAL ASSOC	CIATION	GLEN	BURNIE		A . A	A. COUNTY
H	10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
		ILTIMore	Ti	moniun	1			1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 220 W. TIMOR	ium Rd		101	ZIP CODE		_	OF WHAT COUNTRY?
NE					21093			54
	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yea, sp	ecify Cuban, Maxica	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	s or No— 14. F	RACE — American Indian, Black, White, atc.
ВҰ	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 TYES	2 NO Specif	<b>y</b> :	3	specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16a. DECEDENT'S US	UAL OCCUPATION	ON at ad appeting	16b. KIND OF BU		
Ę	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use n	etired.)		Real	E5.	ATE
MP			Dook	Kecpe				
	17. FATHER'S NAME (First, Middle, Last)	C	rreiro		18. MOTHER'S NA	ME (First, Middle, Maiden	,	
BE	19a. INFORMANT'S NAME (Type/Print)			DBESS (Street o	ad Number or Dead	Poute Number, City or Tow		
2	FAMILY RECORD	25	170. MAILING AL	PHESS (Street a	nd Number of Hurai	nouts Number, City or low	n, State, Zip Code	9)
	20a. METHOD OF DISPOSITION	20	b. PLACE AND DATE OF (	DISPOSITION (Na	me of	DATE 20c, LO	CATION — City of	or Town, State
	1 Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)		metery, cremetory or other	plece)	emie teru	1		re City Md
	21. SIGNATURE OF FUNERAL SERVICE LICE	DATES OF						
	- Gelent ()	Leaest		EVAN	s Chap	Cord Pd	Balt	5. Hd. 21234
	23. PART I. Enter the diseases, or co	omplications that cause	d the deeth. Do not	enter tha mo	de of dying, suc	h ea cerdiec or reap	iratory arrest,	Approximate
	shock, or haert fellure. L IMMEDIATE CAUSE (Final	List only one cause on a	ecn line.					Interval Between Onset and Deeth
ļ	disease or condition resulting in death)	ACUSTE K	EMPL ]	AIL	LIRT			
		DUE TO (OR AS	A CONSEQUENCE OF):					
NO NO	Sequentially list conditions,	14410167	A CONSEQUENCE OF:					
¥	if any, leading to immediata cause. Enter UNDERLYING	GASTRI	1 1	IMP	BIE	801NB.	11 1615	:
E	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS	A CONSEQUENCE OF):	0				-
CERTIFICATION	resulting in death) LAST	5/13TRIC	ules	K/:	Bows	- ISCHE	MIA	
	PART II. Other significant conditions	contributing to death i	out not resulting in t	he underlying	Cause alven in	Port I Dec unc es	at money	
CAL	DEMENTA	HX (	OF COND	are oncorrying	cause Strait III	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE
	ELAPPAA6ITIS	ACC	110			1 _ YES 2	III NO	OF DEATH?
.: N	LAZIDING							1 TYES 2 NO
IA	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)		
SIC	EXAMINER?	HOSPITAL:		THER:		6 Other (Specify)		
PHYSICIAN: MEDIC	27. MANNEY OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ		28d. DEŞCRIBE HOW I	NJURY OCCURED	0
Æ	1 Netural 5 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 NO			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, streed cify)	et, factory, office		281. LOCATION (Street   City or Town, State)	and Number or Ru	ral Floute Number,
<u> </u>	Mr. OFFICIER							
COMPLETED	(Check only 1 W CENTIFYING PHYSIC	CIAN: To the best of my know						
8	The second secon	R: On the basis of examination	on and/or investigation, is	n my opinion, di	eath occured at the	time, data and place, an	d due to the ceu	se(a) and manner as stated.
BE	286. SIGNATURE AND THIS OF CHITESER				294 LICENSE NUM	ABER	29d. DATE SIGN	NED (Month, Gay, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Time Del	nt)	VID	100	100	29/43
	PIO G. VALLE, JR.	., M.D./7845	OAKWOOD F	ROAD, #	107/GLEN	BURNIE, M	IARYLANI	21061
5	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN						

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burial-transit 24 hours after death. Page 6 may be retained by the hospital or attending physician. funeral director, page 5 should be detached for use as the signed by the attending physician and completely filled in by the Health and Mental Hyglene prior to burial, cremation, or removal, was any linking or other featurests the markland was HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within has been s Dept. of H this certificate his with the State C DIRECTOR: After the hours after death vitem 28 is mark FUNERAL I 뿔 THE PART 23

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

1, or item 23 shows any injury, or other traumal	HYSICIAN: MEDICAL CERTIFICATIO
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IMPORTANT: If Item

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATN FRANK WIRTH DAY 07 03 10:40 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 090-14-9813 1 M 2 - F 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR BALTIMORE JOSEPH TOWSON RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE DUNDALK MARYLAND 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 80 SHIPWAY 21222 U.S. A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 V YES 2 NO IF YES, GIVE WAT OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 ☐ YES 2 ☑ NO Specify: 14. RACE — American Indian, Black. Whits, etc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced Specify: WHITE W.W.II COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind at work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 yrs Supervisor Mills Steel Co. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame, Charles Wirth Stella Hodl BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Bural Boute Number, City or Town, State, Zip Code) Charles Wirth Brother 80 SHipway, Dundalk, Md. 21222 20a, METHOD OF DISPOSITION
1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removat from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION -- City or Town, Stats Thought Rosary Cemetery 7-7-93 Balto., Md. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE dison M. Perkins 22. NAME AND ADDRESS OF FACILITY Bradley-Ashton Funeral Home, Edison -D00083 2134 Willow Spring Rd., Dundalk, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition DUE TO (OR AS A CONSEQUENCE OF): infarction 40 min reaulting in death) Z Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY WERE AUTOPSY FINDINGS adenocarcinoma AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? of 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Description | 1 DOA OTHER: 1 YES 2 NO ne 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c, INJURY AT WORK? 28d. DEȘCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Nomicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and dus to the cause(s) and manner as attated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 2 163963 7-3.9 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Ann Zimin Oslar Dr. Suite 504 7202 lowson 21204 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Manth, Day, Year)

e Deviden Bridge

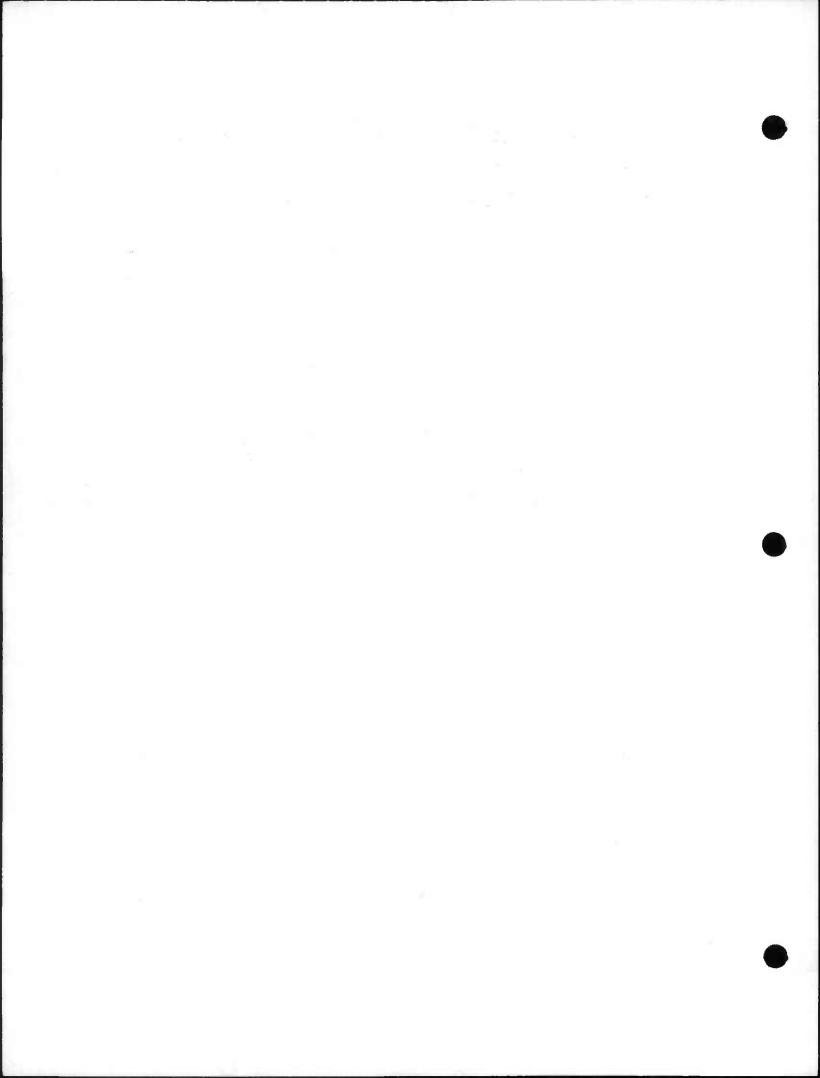
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) Mae Wilkerson Wilkerson Annie 2. DATE OF OEATH 3. TIME OF DEATH 7:32 4. SOCIAL SECURITY 5. SEX 6. AGE (In yrs. lest birthday, IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 1 - M 2 F South DAYS HOURS Month, Day, Year) 3-30Carolin use as the burial-transit permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Stella Ma DIRECTOR Baltimore Haspice ma TOWSON 10a. STATE 19b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland **Baltimore** XX YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4525 Northwood Drive 21239 USA 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES TO NO 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES TONO
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married If yes, specify Cuban, Mexican, Pu 1 - YES 2 NO BY Specify: 3 Widowed 4 Divorced Specify: Black COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade comple 16a. OECEDENT'S USUAL OCCUPATION 16b, KIND OF BUSINESS/INDUSTRY (Sn during most of working ò Elementary/Secondary (0-12) College (1-4 or 5+) detached 10th grade <u>Electronic Technician</u> once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumeme) pe N Walter Reese Grace Cloud BE funeral director, page 5 should notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 21239 John Wilkerson 4525 Northwood Brive Baltimore, Maryland must be 20c. LOCATION — City or Town, State
3
Wings Mills, Md /9/9 20b. PLACE AND DATE OF DISPOSITION (Name of 4 Donation 6 Other (Specify) Forest Vet Cem traumatic event, the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY 1701 McCulloh St. gaves Chatman-Harris F/H Baltimore, Md21217 the 23. PART I. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. Liet only one ceuse on each line. een signed by the attending physician and completely filled in by of Health and Mental Hygiene prior to burial, cremation, or remo intervai Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Multiple death certificate be executed within OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially liet conditions. QUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificent conditione contributing to deeth but not reculting in the underlying ceuee given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 - YES 2 000 OF DEATH? 1 YES 2 NO this certificate has been PHYSICIAN: Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) 100 Item State **EXAMINER?** HOSPITAL: OTHER: 1 TYES 2 100 1 | Inpetient 2 | ER/Outpetient 3 | DOA HOSPICE e 5 🗆 Residence 8 Other (Specify) the 6 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW death with is marked, 1 Netural 1 YES 2 NO 8 TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, factory, 3 Sulcide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) e Could not be COMPLETED 28 4 Homicide item 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end manner as stated. = MEDICAL EXAMINER: On the beets of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se stated, MPORTANT 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day Year) ac 2 2708 ude, erla 6 2 Julia Luidames Calaba



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygher prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be neitfied at once.
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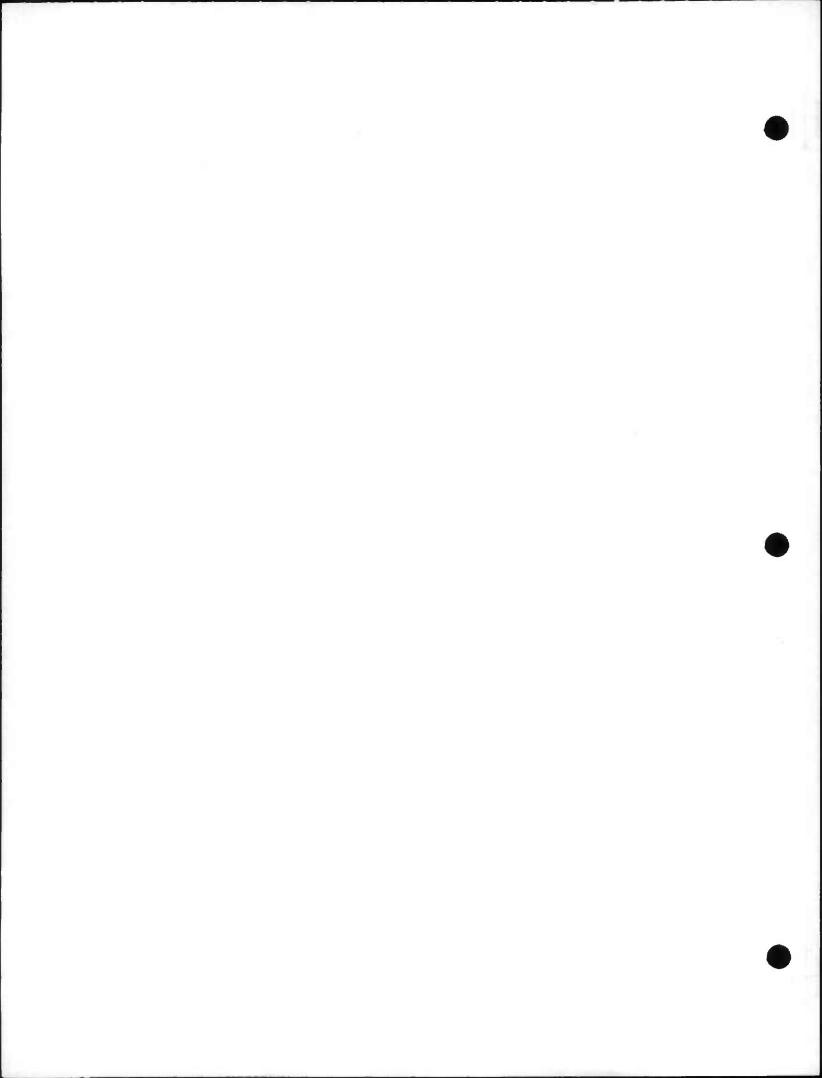
Dr. Gregory

31. DATE FILED (Month). Dec. 18-

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	1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIFI	TMEN	T OF H	IEALTH DEAT	AND	MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	1/2 manual							2. DATE	OF DEATH			3. TIME OF DEATH
		Vincent	W.	White	eley				Ju		", 19	93	11:45 p.™
	4. SOCIAL SECURITY NUMBER 217-16-7999	5. SEX	8. AGE (In yrs. In:		IF UNDE	DAYS	IF UNDER	24 HRS.		OF BIRTH h, Day, Year)		8. BIRTHP Country)	PLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give s	1 🔀 M 2 🗆 F	69	YRS.							1924		Maryland
œ			Duvto		9b. CIT		OR LOCATIO		EATH		9c. COUR	9c. COUNTY OF DEATH	
DIRECTOR	Manor Care Nurs	Trig noille	- Ruxto	on		ŀ	OWSO	n				Balt	imore
RE	10e. STATE 10b. COUNTY	7		10c. CITY	, TOWN	OR LOCAT							10d. INSIDE CITY LIMITS?
	Maryland					Bal	timo	re C	City				1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER	Louise A				101	ZIP CODE	E	040	4.6	10g. CITIZEN OF WHAT COUNTRY?		
NE NE	11. MARITAL STATUS								212				States
	1 Never Married 2 Married		X YES 2 0	RMED NO	13.	if yes, sp	ecify Cuba	n, Mexica	in, Puerto I	i? (Specify Yes Rican, atc.)	or No-	14. RACE - Black,	- American Indian, White, etc.
BY	3 Widowed 4 Divorced	WW II	WAR OR DATES		1 TES 2 NO Specify:					Spec		White	
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9	Elementary/Secondary (0-12)	College (1-4 or 5	ife life	Do NOT use			SI OF WORKI	Ŋ		CT - T -	- C M		
MP	12 17. FATHER'S NAME (First, Middle, Last)	3		Prog	yran	ier				State		aryla	ina
		E. Whi	teley				18. MOTH		ME (First, )	Middle, Maiden			
BE	19a. INFORMANT'S NAME (Type/Print)	L. WIII		h MAII INC	ADDRES	C Charles	ad 87 (a) b						
5	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Katherine L. Rice 2403 Fleetwood Avenue Baltimore, Md. 2								21214				
	20a. METHOD OF DISPOSITION 1 No Burdal 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State												
	4 Donation 5 Other (Specify)		Gard	ens o	f F	aith	7	/9/9	3	Ba	ltimo	re	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Milton	JoKnidn				ID ADDRES	SS OF FA	CILITY				21214
	milton	1. Km	erlo I	_		Leona	ard S	J. Ri	uck.	Inc.	5305	Hari	ford Road
	23. PART I. Enter the diseases, or complications that gaused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,												
	IMMEDIATE CAUSE (Final										Onset and Death		
	disease or condition resulting in death)	D	LOYU 57							5-10 years			
DUE TO (OR AS A CONSEQUENCE OF):													
RTIFICATION	Sequentially list conditions,	DUE TO	DUE TO (OR AS A CONSEQUENCE OF):										
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	If any, leading to immediate cause. Enter UNDERLYING												j
Ē	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEC	DUENCE DF	):								
E	resulting in death) LAST	s											
ادا	PART ii. Other aignificant conditions	a contributing to	death but not r	esulting in	the u	nderiying	cause o	iven in	Part i.	24e, WAS AN	AUTOPSY	24b. V	VERE AUTOPSY FINDINGS
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MED									_	1   YES 2	UNIO		F DEATH?
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SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DE	EATH (Che	ock only on	0)			
YSK	1 U YES 2 NO	HOSPITAL: 1   Inpatient 2	ER/Outpatient 3		OTHE		5 🗆 Res	sidence	6 Other	(Specify)			
РНҮ	27. MANNER OF DEATH  1	26a, DATE OF (Month, Da		28b. TIME INJU		28c. INJU			26d. DE\$	CRIBE HOW I	JURY OCC	URED	
B	2 Accident Investigation						ES 2 [	NO					
E I	3 Suicide 6 Could not be 4 Homicide determined	building,	F INJURY — At house. (Specify)	me, farm, st	reet, fac	tory, office			City	St. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLET	294. CERTIFIER 1 DEPTIEVING PHYSIC	tonia de la compania del compania de la compania del compania de la compania del la compania de la compania de la compania de la compania de la compania de la compania del la compania del la compania de la compania del la compan											
MP	(Check only one)  1 CERTIFYING PHYSIC one)  2 MEDICAL EXAMINER												and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		1	29c. LICE			_ a place, att						
BE	Service of Service	1	pl	KIn					1939 1939	7	29d, DATE	SIGNED (A	Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAME	E-OF DEATH /ITES	4 27 Gree	Doints		4	V )	117	/		1/6/	1>

PokrywkaM.D. 2914 E. Joppa Road Baltimore, Maryland



2	afte	
5	6	
BALLIMORE, MARYLAND 2121	cate be executed within 24 hours after death. Page 6 may be retained by the hospital or atte	
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MAK	retained	
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AL	death.	
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BUX 68/60,	executed	
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		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	HEALTH AND	MENTAL HYGII			
		1. DECEDENT'S NAME (First, Middle, Last)				-	2. DATE OF DEATH		3. TIME OF DEATH	
		AUSY WILSO  4. SOCIAL SECURITY NUMBER		No to a first of a			In // >	2- 5	83 300A"	
pin	2	A .	KW 2 DF	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH	-17	BIRTHPLACE (State or Foreign Country)	
2, 3 should	FUNERAL DIRECTOR	UNION MEMORIAL HO			BALTIMO	RE CITY	EATH	9c. COUNT	Y OF DEATH	
Jes 1,		10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY	
rmit. Pag		10e. STREET AND NUMBER			1 40	f. ZIP CODE		D-1	LIMITS? YES 2 NO	
an. ransit pe		1700 DAKley			10	212/3	5	24 4	N OF WHAT COUNTRY?	
215-0020 attending physician. se as the burial-transit permit. Pages 1, 2,	BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER I FORCES? 1 Tyes IF YES, GIVE WAR OR D	2 NO	If yes, sp		NIC ORIGIN? (Specify in, Puerto Ricen, atc.) y:		RACE American Indian, Black, White, etc.	
1215 r attendi use as	E I	15. DECEDENT'S EDUCAT (Specify only highest grade col	TION mpleted)	(Give kind of v	USUAL OCCUPATION OF MINING THE	ON ost of working	16b. KIND OF	BUSINESS/INDUS	TRY	
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RYLAND ed by the hospit uid be detached ed at once.	S	17. FATHER'S NAME (First, Middle, Last)	. 1				ME (First, Middle Maid	den Surname)		
2 5 8 K	BE (	Oliver W	11500			NAMO	U/D	AVIS		
	2	Pris Cilla	Vilson	196. MAILING	ADDRESS (Street	Rles/	AVE B	Town, State, Zip Co	nd 01213	
ORE, s 6 may be ector, page must be		200. METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Remova		D. PLACE AND DATE (		ame of	DATE 20c.	LOCATION - CIT	y or Town, State	
TIMOR  1. Page 6 ma  praid director, p		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	Bif IIO	22. NAME A	ND ADDRESS OF FA	CILITY	1111	·ma	
deatt deatt		Betts Funeral Home 1129 N. CANINO SC								
urs af in by remc		23. PART I. Enter the diseeses, or con ehock, or heart feliure. Lie	nplicetions that ceuse it only one ceuse on e	d the death. Do n	ot enter the mo	de of dying, suc	h as cerdiec or re-	epiratory arree	t, Approximata interval Between	
24 00, fft		IMMEDIATE CAUSE (Finel disease or condition							Onset and Death	
1760, ted within 24 completely fill ial, cremation,		resulting in death) a	DUE TO (OR AS	COMPLICE OF	and i	Bracky nr	rhy Himia		1112	
secuesecuesecuesecuesecuesecuesecuesecu	NOI	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	A CONSEQUENCE OF	T):					
m = >	S	Cause. Enter UNDERLYING CAUSE (Disease or injury								
P.O. th certing ending or other	CERTIFICATION	that initiated events  resulting in death) LAST  d								
S 8 8 3	AL C	PART II. Other aignificent conditions of	contributing to death b	out not resulting i	n the underlyin	g cause given in	Part I. 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS	
w requires that the to be signed by to for the the and for of Health and shows any in	MEDIC/	Brain death	- SIP CONTIQUE	canest				PORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
RECOR requires that been signed by . of Health an	ME						_		1 - YES 2 - NO	
- Se Se Si	AN	25. WAS CASE REFERRED TO MEDICAL			20 Di	ACE OF DEATH (Ch				
F VITA SICIAN: The certificate h I the State [	SIC		OSPITAL:	patient 3 DOA	OTHER:		6 Other (Specify)			
O 뜻 특별 호	BY PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ		28d. DESCRIBE HON	W INJURY OCCUR	ED	
DIVISION L OR ATTENDING P L DIRECTOR: After t hours after death item 28 is mark		2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify)  28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)								
DIV HOSPITAL OR A FUNERAL DIREC WITHIN 72 hours MANT: If Item	COMPLETED	29e. CERTIFIER (Check only one) 1 💢 CERTIFVING PHYSICIAL (Check only one) 2 🗌 MEDICAL EXAMINER: (	N: To the best of my know On the basic of examination	ledge, death occurre	d at the time, date	end place, end due	to the cause(e) end ri time, date end place.	manner as stated.	suse(s) end menner ee stated.	
E HOS M with	BE C	29h SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUN			IGNED (Month, Day, Year)	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 h	TO B	Natern H	edical Resi	dent				<b>&gt;</b> 7	12/93	
		30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DE		Print)					
10		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN			-				
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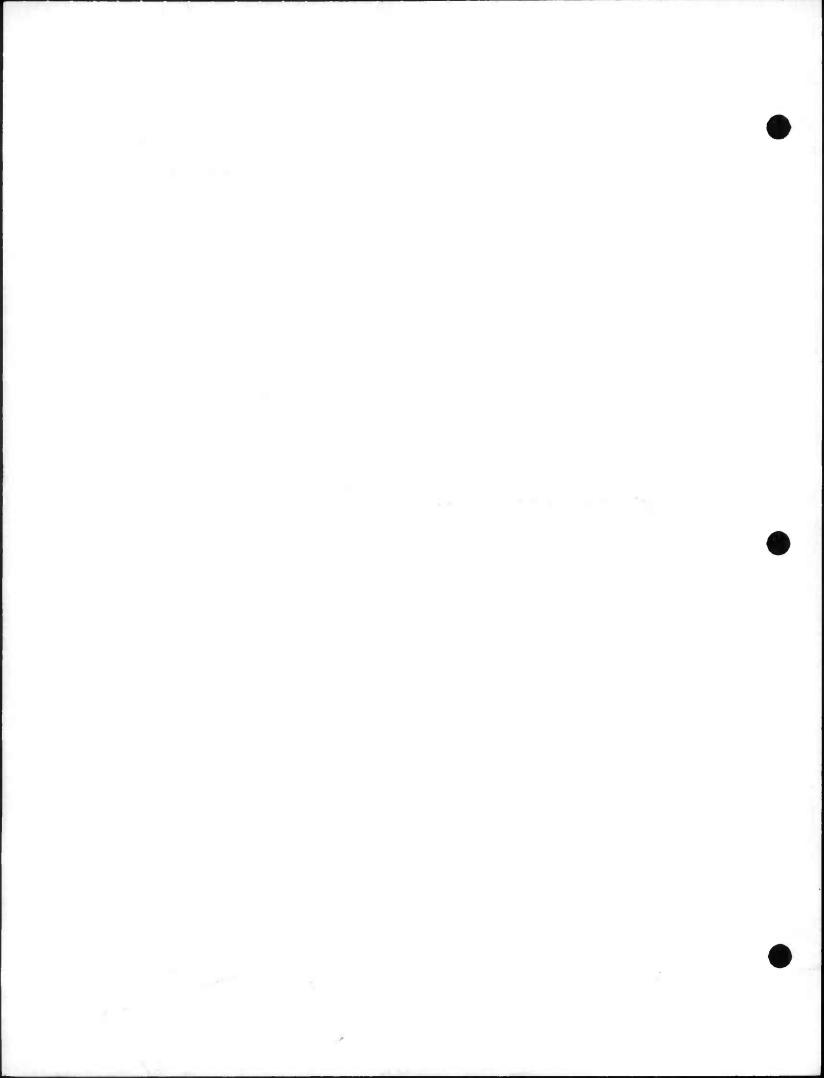
BALTIMORE, MARYLAND 2121

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE OF REGISTRAR	MARYLAND A		RTMENT (				YGIENI EG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Lest) WELLS LERA J	Lera	J. 1	Wells			2. DATE OF I	DEATH DA		YEAR 8: 15 AM M		
BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER  250 36-//77 1 M 2 (1)	6. AGE (In yrs. in	yrs. light birthday) F UNDER 1 VRS. MONTHS		AYS HOURS		7. DATE OF 1 02-21	v. Year)	719	8. BIRTHPLACE (State or Foreign Country) South Carolina		
	Per FACILITY NAME (If not institution, give street and number)  Harbor Hospital an RESIDENCE OF DECEDENT	ter	160		imore		DEATH City 9c. COUNTY OF DEATH ====================================					
	Maryland Anne Arund	el		Y, TOWN OR U					10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
	100. STREET AND NUMBER 5313 Brookwood Road				101. ZIP CO	225			_	U.S.A.		
	t Never Married 2 X Married FORCES?	ENT EVER IN U.S. AF 1 YES 2 XI WAR OR DATES	RMED NO	If ye	DECENDENT s, specify Cu YES 2 X N	ben, Mexica	NIC ORIGIN? (S in, Puerto Ricar y:	pecify Yes i, etc.)		14. RACE — American Indian, Black, Whits, stc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  10th Grade	S+)	ive kind of a Do NOT u	work done during retired.)  Adver	ng most of wor			Department Store				
ш	17. FATHER'S NAME (First, Middle, Last) William					Net	ME (First, Middle ttie M.	AE (First, Middle, Malden Surmame) ttie M. Hinson				
7	199. INFORMANT'S NAME (Type/Print) Edgar B. Wells  199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5313 Brookwood Road Baltimore, Maryland 21225											
	20s. METHOD OF DISPOSITION  1 The Burlei 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Campalys, Crematory of offset place)  Campalys, Crematory of offset place)											
	21. SIGNATURE OF FUNERAL SETVICE LICENSEE  Perome Frame	rowsk	1-	Geo 400	1 Rite	. Gon	ce Fun Hwy.	Balt:	imor	e, Md. 21225		
	23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heert fellure. List only one cause on each ilne.  IMMEDIATE CAUSE (Final disease or condition PLACE)								interval Between Onset and Death			
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  TO day  OUE TO (OR AS A CONSEQUENCE OF):  TO day											
MEDICAL	PART II. Other aignificant conditions contributing to death but not reculting in the underlying cause given in Part I.    1											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 NO 1 NO NOTHER:  1 No Normalism 2 Residence 6 Other (Specify)											
ВУ РНУ	27. MANNER OF DEATH  t Netural 5 Pending Investigation  Subside Subsid	N	28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED WORK?									
ETED	3 Suicide 6 Could not be determined 2 Subsect Subsect Subsect City of Tiples State) 281. LOCATION (Street and Number or Rural Route Number, City of Tiples, State)									or Hural Houte Number,		
COMPLET	29s. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of	of my knowledge, de examination and/or i	ath occum	n, in my opini	dats and plac	es, and dus	to the cause(s)	and manr place, and	ner as atat	led. ne csuse(s) and menner as stated.		
O BE	200 SIGNATURE AND THE OF CERTIFIER AND ROLLINGS C. V. ANDAFILE	Sidnin	Louse D-	STAFF	29c. LH	CENSE NUM	16/4-	18	29d, DAT	E SIGNED (Month, Day, Year)		
_	Relando G. V. Arafile	SILA . M	- D-	Print) HHC	300	15.	Hanove	ır sī	, Ba	xeq. MP.		

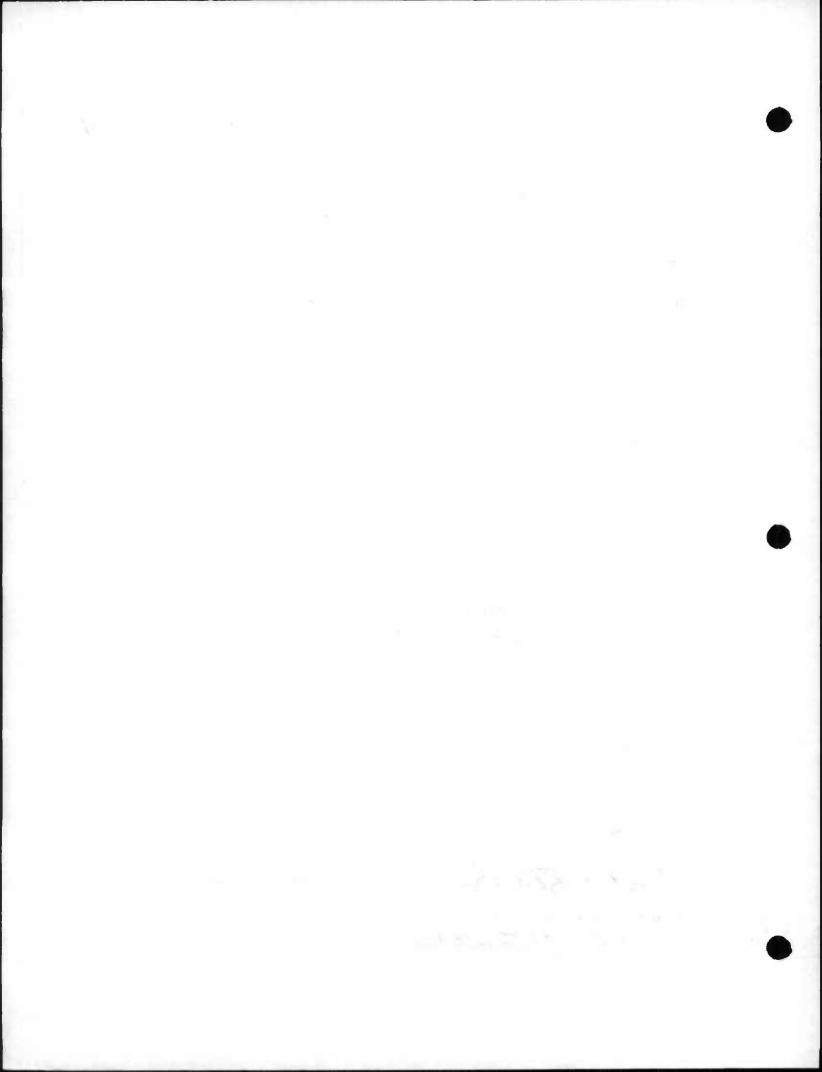
Julia Dividson-Alandelle



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

be filed within /2 hours after death with the State Dept, or Heath and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH AND	MENTAL HYGIE							
	1. DECEDENT'S NAME (First, MICHIO, Last)	ienecke			2. DATE OF DEATH	74 9	EAR HOOPM					
DIRECTOR	4. SOCIAL SECURITY NUMBER 5. SEX 1 D A GE (In yrs. last birthday) 1 UNDER 1 YEAR IF UNDER 24 HRS. 1 D AYE HOURS MIN. 1 D A 2 F F F F WONTHS DAYE HOURS MIN. 1 D A 2 D F F F F F F F F F F F F F F F F F F											
	98. FACILITY NAME (IT not institution, give steed and number)  98. CITY, TOWN OR LOCATION OF DEATH  BOLLING  BO											
	10a. STATE 10b. COUNT	ry	10c. CITY, TOWN OF	ill ville			10d. INSIDE CITY LIMITS? 1  YES 2 NO					
FUNERAL	10a. STREET AND NUMBER  (B) 6 Bridge In Whites Creek HANGE 19970  10g. CITIZEN OF WHAT COUNTRY?											
BY FUR	11. MARITAL STATUS  1 Never Married 2 Married  Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 THE IF YES, GIVE WAR OR DATES	yes, specify Cuban, Mexico	NT OF HISPANIC ORIGIN? (Specify Yee or No—Cuban, Mexican, Puerto Rican, etc.)  NO Specify:  Specify:								
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	le completed) (	DECEOENT'S USUAL OCC Give kind of work done du le. Do NOT use retired.)	CUPATION uring most of working	16b. KIND OF B	USINESS/INDUS	TRY					
MPL	8th		ousew .	5								
	17. FATHER'S NAME (First, Middle, Last)	16 YW		18. MOTHER'S NA	AME (First, Middle, Melde	on Surreme)						
TO BE	19a. INFORMANT'S NAME (Type/Print)	CC 1	9b. MAILING ADDRESS	Street and Number or Rural	Route Number, City or To		de)					
-	ELISE W. Graff 636 Bridge Lare Millville Dal 19970											
	20s. METHOD OF DISPOSITION  1   Burial 2   Cremation 3   Removal from State  4   Donation 5   Other (Specify)											
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	22. N	AME AND ADDRESS OF FA	Funeral	Home	of Dundalk					
	Colt (	onnelly	71	10 5011	ers Pt.	Rd. T	Junkalk 2122					
	23. PART I. Enter the diseases, or complications that caused the death, Do not enter the mode of dying, such as cardisc or respiratory srrest, shock, or heart failure. List only one cause on each line.    Approximate interval Between Onset and Death disease or condition resulting in death)   Due to (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST  b.  DUE TO (OR AS A COMSEQUENCE OF):  DUE TO (OR AS A COMSEQUENCE OF):  OUE TO (OR AS A COMSEQUENCE OF):  DUE TO (OR AS A COMSEQUENCE OF):  DUE TO (OR AS A COMSEQUENCE OF):											
PHYSICIAN: MEDICAL	PART II. Other significant condition	ns contributing to death but not	resulting in the und	erlying csuse given in		N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
IAN	25. WAS CASE REFERRED TO MEDICAL	II.		26. PLACE OF OEATH (Ch	eck only one)							
rsic	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpatient	3 DOA 4 Nursir	ng Home 5 - Rasidence								
PH	27. MANNER OF DEATH  Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	T	Sc. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	EO					
B	2 Accident Investigation	280. PLACE OF INJURY At h	1 YES 2 NO	281 LOCATION (Street	t and Number or							
1	4 Homicide determined	Chi or Tours Chair										
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.											
TO BE C	29c. LICENSE NUMBER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month)											
	Robert J-Kwy	60 COMPLETED CAUSE OF BEATH SITE	Plus tree	- Rd. St	k 102	Be 1 1.	Air, MD VOIS					
,	JUL 0 7 1993	32. REGISTRAR'S SIGNATURE	E.									



FOR STATE REGISTRAR

1

BOX 68760. P.O. DIVISION OF VITAL RECORDS,

CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR ROBSRI WILSON June 30 7. DATE OF BIRTN (Month, Day, Year) 1993 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday, #F UNDER 24 HRS. IF UNDER 1 YEAR 8. BIRTNPLACE (State or Foreign Country) 1 M 2 □ F MONTHE DAYS HOURS MIN 218-40-2267 March 1942 Maryland permit. Pages 1, 2, 3 should Se. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OBATN 9c. COUNTY OF DEATN DIRECTOR Francis Scott Key Medical Center Baltimore 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore 1 YES 2 NO Essex FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 32 C Fenway 21221 urs after death. Page 6 may be retained by the hospital or attending physician. 13. WAS OECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Pt 1 YES 2 NO Specify: BΥ IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S ECUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY jo Elementary/Secondary (0-12) College (1-4 or 5+) detached 8 Landscaper Apartment Company once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Mundle, Maiden Surname) funeral director, page 5 should be ŧ Ralph Wilson BE Pauline Hill notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ruth Wilson Morgan 913 Arncliffe Road Essex. Maryland 21221 eq 20e. METHOD OF DISPOSITION
1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must 4 Donation 5 Other (Specify) Green Mount Crematorium 7/3/93 Baltimore Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA removal. 1407 Eastern Avenue Essex. Marvland medical 23. PART I. Enter the diseases, or complications that caused be feeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line. filled in by Approximate Interval Between ъ IMMEDIATE CAUSE (Final Onset and Death in and completely fille to burial, cremation, the disesse or condition BRAIN DEATH resulting in death) HOSPITAL, OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 1/ Hours event. DUE TO (OR AS A CONSEQUENCE OF) NTRACEREBRAL HEMORRHAGE traumatic 12 HOURS CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING the attending physician in Mental Hygiene prior to PERIOPERATIVE
DUE TO (OR AS A CONSEQUENCE OF): STROKS 2 HOURS CAUSE (Disease or Injury other that initiated events resulting in death) LAST RIGHT CAROTID ENDARTERECTOMY 10 PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY has been signed by the Dept. of Health and N T 23 shows any Inj 24b. WERE AUTOPSY FINDINGS PEBFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? THE YES 2 | NO 1 TES 2 NO PHYSICIAN: the After this certificate has a death with the State De Is marked, or Item 2 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 YES 2 NO itient 2 - ER/Outpatient 3 - DOA e 5 - Residence 8 - Other (Specify) 4 🗆 N 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE NOW INJURY OCCURED 13 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, term, street, tectory, office building, stc. (Specify) 3 Sulcide m 0 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be E 70 4 Nomicida 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL WITH 72 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 8 TO THE HOS
TO THE FUNE
De filed with 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Calin men un 6-30-9 9 30. NAME AND ADDRESS OF PERSON (VI)O COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) VIN. DNES 15172 MI FRANCIS 1524 BACID Md AL PROPERTY OF STONE OF THE PARTY OF THE PAR

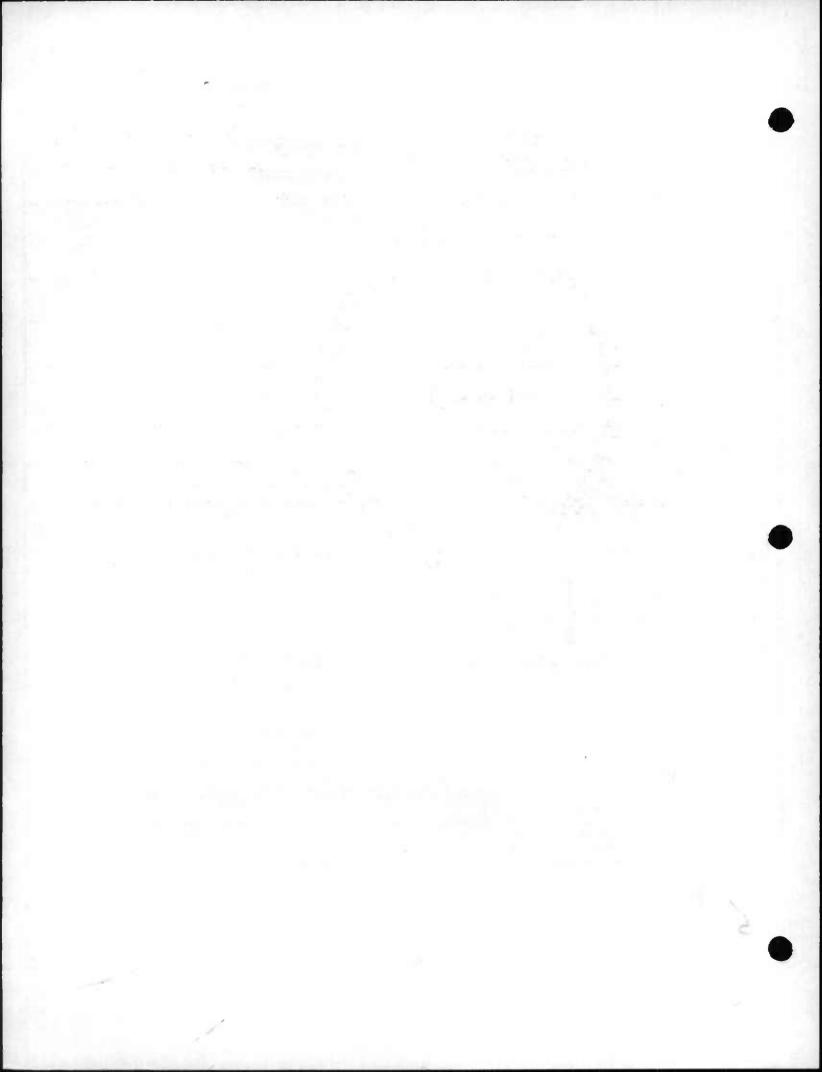
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Cit is the control of	INCIAM. MEDICAL PROPERTY OF THE PROPERTY OF TH
Kaminer must be nouned at once.	riem 23 snows any injury, or other usumane event, the incurcal examiner men nember at once.
Very name has named as anno	THE RESIDENCE AND ADDRESS OF THE PARTY OF TH

31. DATE FILED (Month, Day, Year)

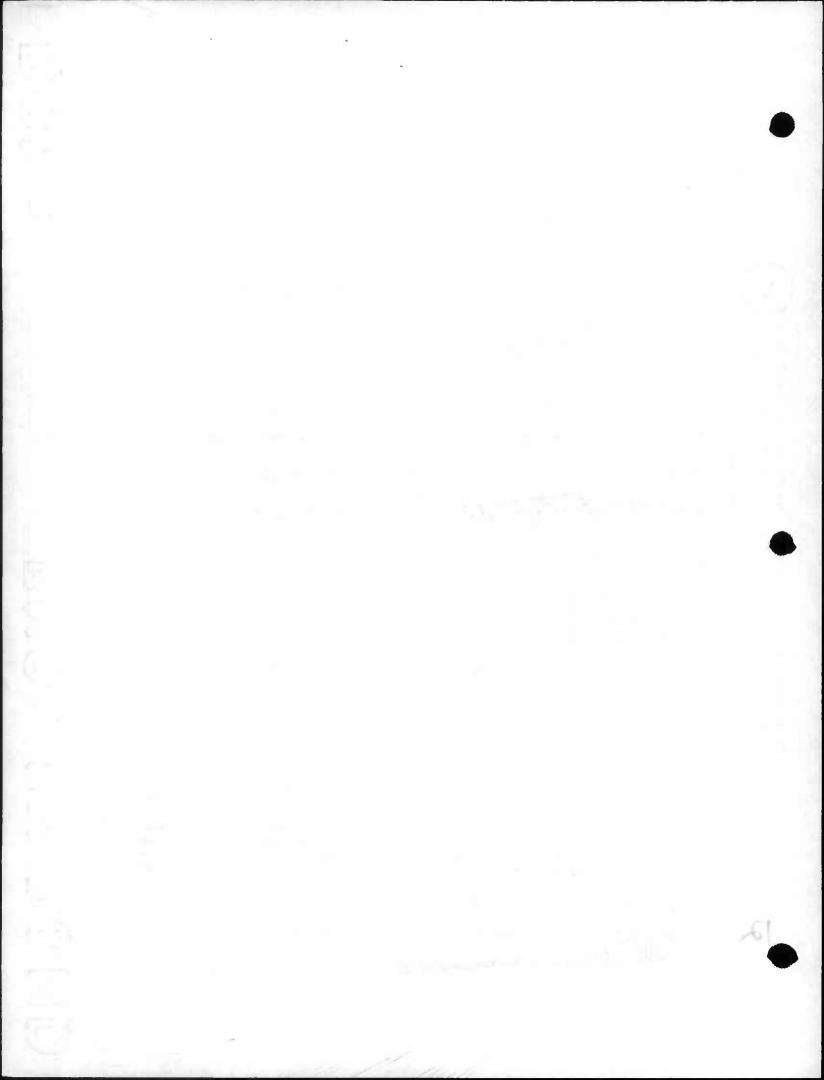
			MENT OF HEALTH AND		93 13410					
	1. DECEDENT'S NAME (First, Middle, Last)	CERTIFIC	CATE OF DEATH	REG. NO.  2. DATE OF DEATH DAY	3. TIME OF DEATH					
24	Wilhelmina A.	WOIL		7 6	93 8 P "					
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F	8. AGE (In yrs. last birthday) 44 YRS.	F UNDER 1 YEAR F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)  12 - 74-08	8. BIRTHPLACE (State or Foleign Country)					
OR	98. FACILITY NAME (If not institution, give atreet and number)  Stell A MARCS HO	Spice	96. CITY, TOWN OR LOCATION OF E	DEATH 9c.	COUNTY OF DEATH					
딦	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	soc CITY	TOWN OR LOCATION							
DIRECTOR	Maryland	100, 011,	Baltimore		10d. INSIDE CITY LIMITS?  1 X YES 2 NO					
FUNERAL	100. STREET AND NUMBER 6401 Loch Raven Blvd., Ap	ot. 216	101. ZIP CODE 21239	10g.	U. S. A.					
BY FUN	11. MARITAL STATUS  1 Never Married 2 Wharried  3 Widowed 4 Divorced	TEVER IN U.S. ARMED YES 2 THO AR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Specify Cuban		9- 14. RACE - American Indian, Black, Whita, etc. Specify: White					
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of we	SUAL OCCUPATION ork done during most of working	16b. KIND OF BUSINESS						
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 + NA NA	We Do MOT upo	retired.)	Own Home	9					
NO.	17. FATHER'S NAME (First, Middle, Last)	1101102110		AME (First, Middle, Maiden Surnar						
	Frank X. Krug			ca Schmidt						
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street and Number or Rura		te. Zio Code)					
5	Edward Wolf (Husband)				alto., Md. 21239					
	20a. METHOD OF DISPOSITION    XX Burlai 2   Cremation 3   Removal from State   4   Donation 5   Other (See My )									
	21. SIGNATURE OF FUNERAL BERVICE LICENSEE	1101) TRUCK	22. NAME AND ADDRESS OF F	ACII ITY	CHIOLO, IX.					
	17.17.		Schimunek Fur							
	23. PART I. Enter the diseases, or complications that	council the death Decision	3331 Brehms 1	ane, Baltimon	re, Md. 21213					
	shock, or heart failure. List only one ceur IMMEDIATE CAUSE (Final	se on each line.	ended of dying, so	1	Interval Between Onset and Death					
Z	Sequentially list conditions,			0						
CERTIFICATION	if sny, leading to immediate cause, Enter UNDERLYING	OR AS A CONSEQUENCE OF)								
띪	CAUSE (Disesse or injury	OR AS A CONSEQUENCE OF)								
토	resulting in death) LAST									
- 1	PART II. Other significent conditions contributing to	death had not resident to		Pert I. 24s, WAS AN AUTO						
MEDICAL		PSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (C							
1×S	1 VES 2 NO 1 Inpetient 2 2  27. MANNER OF DEATH 288. DATE OF	the state of the s	Nursing Home 5 Realdence  28c. INJURY AT							
BY PI	1 Netural 5 Pending 2 Accident Investigation	( Year) INJU		28d. DESCRIBE HOW INJURY	OCCURED					
COMPLETED B	3 Suicide 28e. PLACE OF	INJURY - At home, farm, at	reet, factory, office	281. LOCATION (Street and Nu City or Town, State)	imber or Rural Route Number,					
J'E	29a. CERTIFIER (Check only Check only 1 CERTIFYING PHYSICIAN: To the best of	my nowledge death occurred	at the time date and stone and di-	a to the causala) and access	a deled					
OMF	(Check only one)  2 MEDICAL EXAMINER: On the best of an									
BE	296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU D 15	IMBER 29d.	DATE SIGNED (Month, Dey, Year)					
2	30. NAME AND ADDRESS OF PERSON WITO COMPLETED CAUS	E OF DEATH ATEM 27 (5-0			1/6/12					
	30. NAME AND ADDRESS OF PERSUNLAPIO COMPLETED CAUS									



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	s after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must
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1. DECEDENT'S	S NAME (First/Middle, Last)	вочсч в	WORKMA	.N	400	2. DATE OF DEAT	DAY YE	3. TIME OF CEATH
1 SOCIAL SEC	CURITY NUMBER	5. SEX	8. AGE (In yrs. Jest birth		YEAR IF UNDER 24 HRS DAYS HOURS MIN	7. OATE OF BIRTH	3-15	BIRTHPLACE (State or Foreign Country)
9a. FACILITY N	NAME (If not institution, give :	street and number)	00		TOWN OR LOCATION OF	DEATH	9c. COUNTY	OUTH CAROLI OF DEATH
	DALE NURS	ING HOM	E	ВА	LTIMORE	CITY	1	NONE
10a. STATE MARYL	AND 10b. COUNT	NON		c. CITY, TOWN OF BA	LTIMORE	CITY		10d. INSIDE CITY LIMITS?  TYPEY 2 NO
0e. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN							OF WHAT COUNTRY?	
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4th	/Secondary (0-12)	College (1-4 or 5	+)	TEVADO	ים מ	D D	AND O I	RATIROAD
	NAME (First, Middle, Last)	none	,	TEVADO		NAME (First, Middle, Ma		RATUROAD
WI	LLIAM WOR	KMAN			MARY	BOOKER		
	NT'S NAME (Type/Print)		19b. M/	AILING ADDRESS	(Street and Number or Ru		r Town, State, Zip Coo	de)
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transmenter permit 1.3 servaled
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TAN13

31. DATE FILED (Month, Day, Year)

7 1993

HOSPITAL

W. BELVE DERE

32. BEGISTRAR'S SIGNATURE

	FOR 1 - STATE REGISTRAR	STATE OF MA			MENT OF						3	1941	Ö
	1. DECEDENT'S NAME (First, Middle, Last)			11111	CAIL	DEA	I II	2. DATE OF I	EG. NO			3. TIME OF DEAT	'n
	ADOLPH	WACH						NONTH 07	10	1/	93	11: 25	AM
	1. SOCIAL SECURITY NUMBER 124 - 10 - 9420	1 W M 2 - F	AGE (In yrs. lest bi		IF UNDER 1 YEAR MONTHS DAYS	HOURS	24 HRS. MIN.	7. DATE OF B (Month, De)	12/	12	8. BIRTI	HPLACE (State or Fo	reign
TOR	SINAI HOSPITAL	NAI HOSPITAL  9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE  9c. COUNTY OF DEATH BALTIMORE										DEATH	
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND				TOWN OR LOC PIMORE	ATION			10d. INSIDE CITY LIMITS? 1 X YES 2				
FUNERAL	100. STREET AND NUMBER 6807 PARK HEIGHTS	AVE.,APT	. 2-L	9		212]	_	10g. CITIZEN OF WHAT COUNTRY?					
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	VER IN U.S. ARME YES 2 NO OR DATES	D	If yes,		ın, Mexicai	IIC ORIGIN? (Sp n, Puerto Ricen		or No—	14. RACI Blac Spec WH	E — American India k, White, atc. ://y: ITE	an,
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Give	DENT'S U kind of wo o NOT use	ISUAL OCCUPA ork done during in retired.)	TION nost of workin	ng	- 1		SINESS/INI			
l w	17. FATHER'S NAME (First, Middle, Lest) MARCUS WACHS							ME (First, Middle LEOPOI		Surneme)			
TO B	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  MR. LEONARD WACHS  7 SHERBORNE CT. BALTO., MD 21209												
	20a. METHOD OF DISPOSITION  X Burlel 2 Cremetton 3 Remo 4 Donation 8 Other (Specify)	Par Wente	20b. PLACE AND	DATEOF	DISPOSITION	lame of	AEL '	7/2/53		CATION — BALT	-		
	BALTIMORE, MD  22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERTOWN RD. BALTO., MD 21215												
	23. PART Enter the diseases, or shock, or heart fellow. Limited Limite	META	STATIO	<u></u>	PROST	ode of dyl	ing, suct	h as cerdiec	or respi	ratory ar	rest,	Approxima interval Ba Onset and	tween
NO	DUE TO (OR AS A CONSEQUENCE OF):  b  Due to (or as a consequence of):												
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):												
CER	resulting in death) LAST											-	
MEDICAL	PNEUMONIA  PREFORMED?  1 YES 2 IP NO  OF DE								WERE AUTOPSY FIT AMAILABLE PRIOR TO COMPLETION OF COF DEATH?	AUSE			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				28	ACE OF D	EATM /Cha	nck only one)			$\perp$		
SIC		HOSPITAL:	R/Outpatient 3 🗆		OTHER:				c#v)				
품	27. MANNER OF DEATN	28e. DATE OF INJ (Month, Day,	IURY 2	86. TIME	OF 28c. 19	JURY AT		28d. DESCRIB		NJURY OC	CURED		
ВУ	1 Netural 5 Pending 2 Accident Investigation				M 1	YES 2 [	NO						
ETED	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF IN- building, etc.	IJURY — At home, . (Specify)	, ferm, str	eet, factory, off	ce		281. LOCATION City or Tov	(Street a	nd Number	or Rural F	Route Number,	
COMPLI	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my										e) end menner ae st	ated.
BE	296. SIGNATURE AND TITLE OF CENTIFIER	ME ME	D. RES	IDE	VT	29c, LICE	NSE NUM			29d. DAT	E SIGNED	(Month, Pay, Year)	
2	36. HAME AND ADDRESS OF PERSON WHO										• /		

AT GREENSPRING AVE.,

21215

BALTO, MD

93

REG. NO

30

2. DATE OF DEATH

6

7. DATE OF BIRTH

1	P	7
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospital or attending physician.	FRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit page 1.7 hours after death with the State Dent. of Health and Mental Horliene prior to burial, cremation or removal
FV	SICIAN	certific th the St
O N O	NG PHY	fter this
1810	TTENDI	after de
2	L OR A	DIREC
	PITA	ERAL 22

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

LARENEE

29b. SIGNATURE AND TITLE OF CERTIFIER

west areal, MD

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BE

2

4. SOCIAL SECURITY NUMBER

234 34 6185

WEIFORD

1 M 2 D F

6. AGE (In yrs. last birthday)

YRS.

71

5. SEX

77227 1922 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DIRECTOR University Hosp. Baltimone RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTO FUNERAL 10a. STREET AND NUMBER 101, ZIP CODE 4403 Kathland Ave. 21207 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HIS FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married It yes, specify Cuben, Mer 1 VES 2 NO Spe 3 Widowed 4 Divorced 8 1942-1946 COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S UNKNOWN BE UNKI 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rui 2 AURDREY MONROE 4403 KATHLAND AVE. pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of N Burlei 2 Cremation 3 Removal from State must Garrison Forest TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within completely filled in by the funeral direction the EUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely filled in by the funeral direction to the following the following the following the following the following the following the following the following filled in the filled filled filled in the filled fille 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF William C. Br 23. PART I. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, a shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition Bulmonoug resulting in death) DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): UND STARY LL DUE TO (OR AS A COMBEOUENCE OF): cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH HOSPITAL:
1 Impatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 21 NO 4 - Nursing Home 5 - Resident 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 1 Natural 5 Pending Investigation 1. YES 7 NO B 2 Accident 28s. PLACE OF INJURY — At home, farm, street, tactory, office building, etc. (Specify) 3 Suicide 6 Could not be COMPLETED 4 Homicide determined 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and du

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAVE

IF UNDER 24 HRS.

93 19419

3. TIME OF DEATH

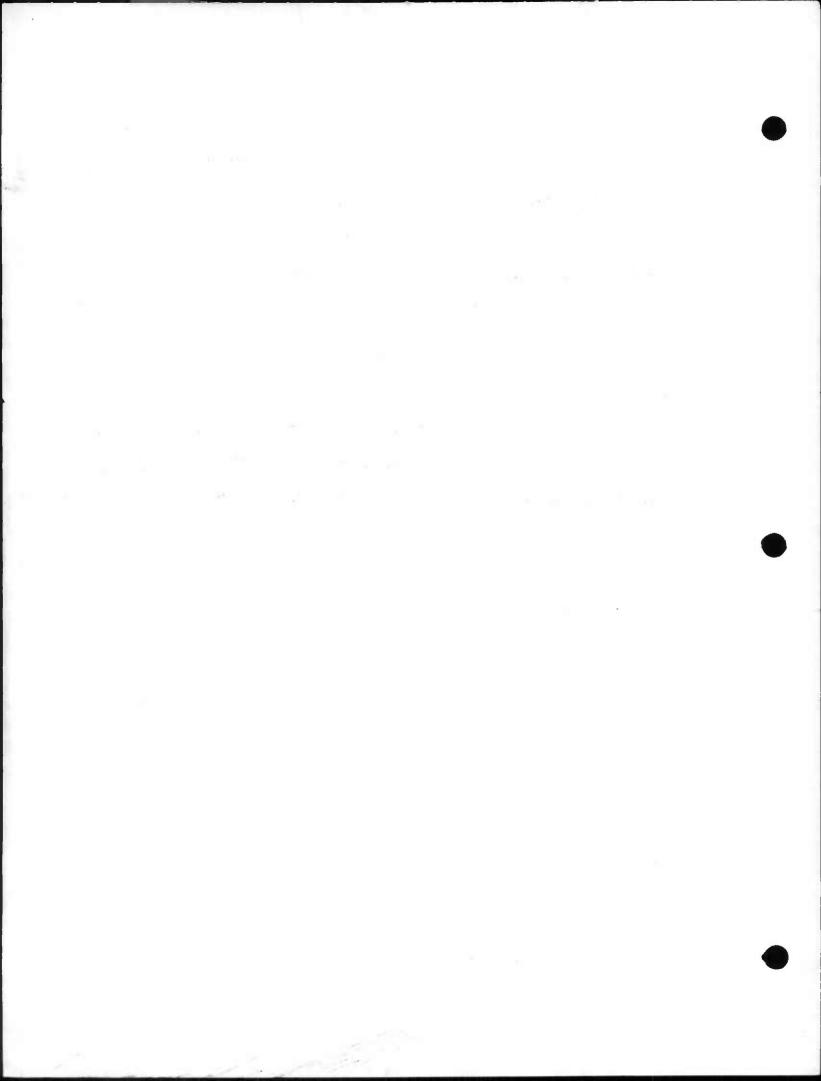
Va.

e.

6. BIRTHPLACE (State or Foreign

W.

AME (If not institution, give s	street and number)		9b. CITY, TO	WN OR LOCATION OF	DEATH		9c. COUN	TY OF DEA	TH	
versity Hos	sp.		Ba1	timone						
E OF DECEDENT	v	Total								
108. COUNT	· · · · · · · · · · · · · · · · · · ·	10c, CIT	BALTO						Od. INSIDE CITY Y LIMITS?  YES 2 NO	
ND NUMBER				101. ZIP CODE			10g. CITIZ	EN OF WH	AT COUNTRY?	
3 Kathland				21207				SA		
ATUS rried 2 Married 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 7 YES IF YES, GIVE WAR OR E	2 NO	It yes	DECENDENT OF HISP s, specify Cuben, Mexi YES 2 X NO Spec	can, Puerto	N? (Specify Yes Rican, etc.)	or No-	14. RACE — Black, \ Specify:	- American Indian, White, etc. White	
15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCUI	PATION g most of working	188	. KIND OF BUS	SINESS/IND	USTRY		
Secondary (0-12)	College (1-4 or 5+)	iii. Do Nor ii	Or	g most or working		Glass works				
AME (First, Middle, Lest)				16. MOTHER'S N		Middle, Maiden	Sumame)			
T'S NAME (Type/Print) Y MONROE				ND AVE.		BALTO .		<sup>Code)</sup> 2120	7	
or DISPOSITION  Cremation 3 Rem 5 Other (Specify)	oval from State 201	nelery, cremelory Ga	of disposition	Forest	7/7		Balto	Or Town		
Bruss			22. NAM	E AND ADDRESS OF F		Communi	ty :	1206	W. North A	
CAUSE (Finel ondition death)  list conditions, g to immediate UNDERLYING ese or injury events leath) LAST	b. hypertens DUE TO (OR AS )	A CONSEQUENCE OF	n:V	lisease					interval Between Oneel and Death Red Stry	
er algnificant condition	s contributing to death b	ut not resulting l	n tha underi	ying cause givan i	n Part I.	24a. WAS AN PERFOR 1 TYES 2	MED?	CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 PHO	
REFERRED TO MEDICAL			26	S. PLACE OF DEATH (C	hack nak or	na)				
212 NO	HOSPITAL:	netlent 3 DOA	OTHER:	Home 5 - Residence						
DEATH 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIM	E OF 28c.	INJURY AT WORK?	7	SCRIBE HOW II	JURY OCCI	UREO		
1 Investigation  6 Could not be determined	28s. PLACE OF INJURY building, etc. (Spec	— At home, farm, s	treet, tactory, o		28t. LOC City	ATION (Street a or Town, State)	nd Number o	or Rural Roul	te Number,	
	CIAN: To the best of my know								nd manner as stated.	
AND TITLE OF CERTIFIER  Shell  ADDRESS OF DERSON WAR	A M/O COMPLETED CAUSE OF DE	ATH STEAM AND ST		29c. LICENSE NU	JMBER		29d. DATE	SIGNED (M	Yorith, Day, Year)	
Sneed, MD	Unw. Ox	Mary		Hospe	la					
JL 7 1993	32. REGISTRAR'S SIGN	ature Pandam							,907)	
2									DHMH-16 Flev 1/89	

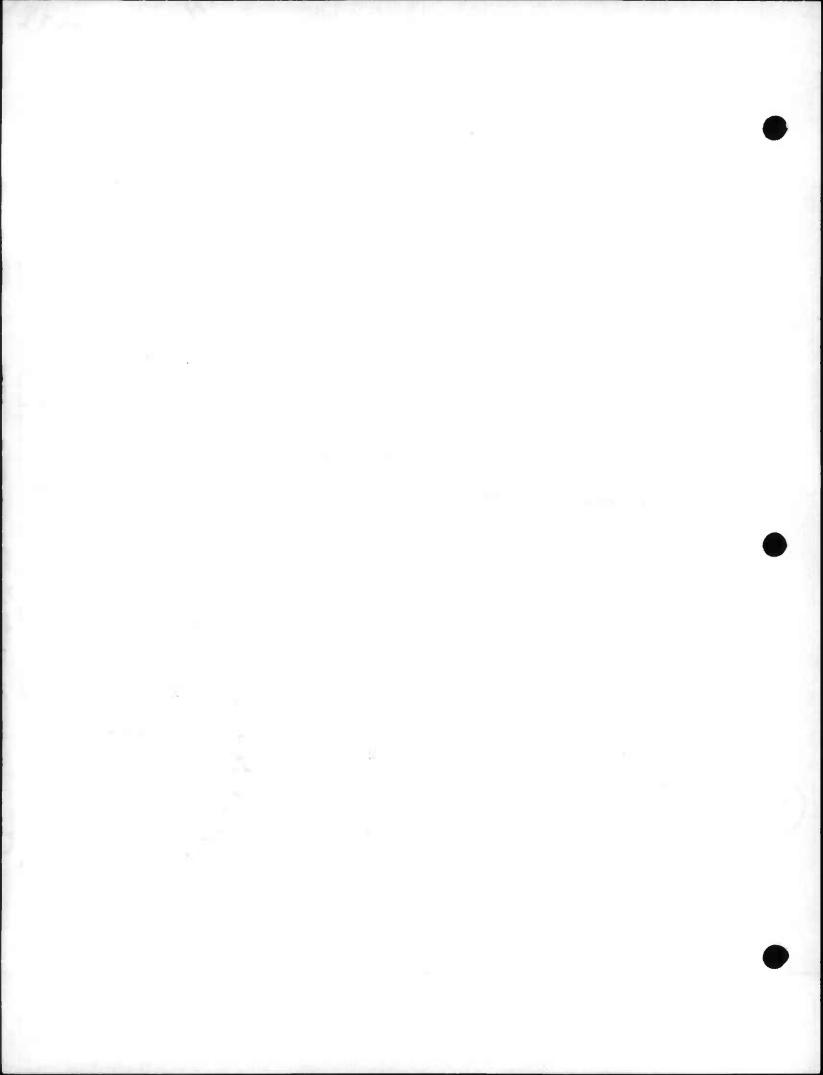


DF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR TEMPOREMENT OF A PROPERTY OF THE Law requires that the death certificate be executed within 24 hours after death. Page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	STATE OF	MARYLA	ND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	9
est, Middle, Lest)		C	ANTHONY	2. DATE OF DEATH MONTH DAY	

	1. DECEDENT'S NAME (First, Middle, Last	)					2. DATE O	E DEATN		3. TIME OF DEATH		
	WILLIAM		C. A	NTHONY			JUN	DAY		EAR		
	4. SOCIAL SECURITY NUMBER 224 24 9044	5. SEX 1√2√M 2 □ F	6. AGE (In yrs. 68		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7 DATE O	F BIRTH Day, Year) 19,19	24	BIRTHPLACE (State or Fore Country)		
בי	99. FACILITY NAME (If not institution, give FOXCHASE NURS RESIDENCE OF DECEDENT	ING HOME				OR LOCATION OF D	EATH			OF DEATH W VA		
DIMEGICAL	10e. STATE 10b. COUN	GE'S		REST HE				10d. INSIDE CITY LIMITS? 1 YES 2 NO				
	100. STREET AND NUMBER 5907 BLACKHAWK DRIVE				10	1. ZIP CODE 20745		10g. CITIZEN OF WHAT COUNTRY? USA				
	11. MARITAL STATUS  1 Never Married 2 Married  1 Never Married 2 Married  12. WAS DECEDENT EVER IN U.S. FORCES? 1 V YES 2 FORCES? 1 V YES 2 FORCES? 1 V YES 2 FORCES? 1 V YES CONTROL OF THE PROPERTY OF THE P			ARMED NO	If yes, sp	CENDENT OF HISPA Decify Cuben, Mexico S 2 NO Speci	in, Puerto Ri	ilN? (Specify Yes or No- 14. RACE - American Indian,				
	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5 -		DECEDENT'S US (Give kind of word life. Do NOT use n WAREHO	k done during me	ost of working	18b. i	US.		TRY		
	17. FATHER'S NAME (First, Middle, Lest) ROBERT LEE ANT	HONY				18. MOTHER'S NA HARRIET		FORD	rname)			
	19a. INFORMANT'S NAME (Type/Print) WILLIAM BOYD				AS 10	and Number or Aural above	Route Numbe	r, City or Town,	State, Zip Cod	de)		
	20a. METHOD OF DISPOSITION 1											
	23. PART I. Enter the diseases, Dr ahock, Dr heart failure	complications the	Me.	ta st	GRE	ENE FUNE	RAL HO	oc or respira	ALEX	ANDRIA, VA22		
	23. PART I. Enter the diseases, Di ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition	complications the List only one cau  a. Due to  b. Due to	It caused the ase on each life (OR AS A CONS)	SEQUENCE OF):	GRE	ENE FUNE	RAL HO	oc or respira	ALEX	ANDRIA, VA22		
	23. PART I. Enter the diseases, present failure abook, present failure immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a	(OR AS A CONS	SEQUENCE OF):	GRE, a enter the mo	ENE FUNE	RAL H	oc or respira	ALEXALITORSY SED?	ANDRIA, VA22		
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	23. PART I. Enter the diseases, Di ahock, Dr heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions in death in the conditions in death in the conditions	DUE TO  DUE TO	(OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS	SEQUENCE OF):  SEQUENCE OF):  REQUENCE OF):  It resulting in (	the underlying the water the water the water the modern the modern the water	ENE FUNE  ode of dying, suc	Part I.	24a. WAS AN AI PERFORM 1 YES 2	ALEXALITOPSY ED?	ANDRIA, VA22 Approximate Interval Bet Onset and I Onset and I Onset and I Onset and I Onset and I Onset and I Onset and I Onset and I Onset and I Onset and I Onset and I Onset and I Onset and I Onset I Onse		
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	23. PART I. Enter the diseases, proceedings of the process of the	Complications the List only one cau  a. DUE TO b. DUE TO c. DUE TO d. DUE TO d. HOSPITAL: 1   Inpatient 2   28e. PLACE O	(OR AS A CONS  (OR AS	SEQUENCE OF):  SEQUENCE OF):  REQUENCE OF):  1 resulting in (	the underlying the underlying the winderlying	ENE FUNE  ode of dying, suc  g cause given in  LACE OF DEATH (C/	Part I. :	24a. WAS AN AN PERFORM 1 YES 2 Specify)	ALEXALITORSY ED?	ANDRIA, VA22 Approximate Interval Bet Onset and I Onset and I Onset and I Onset and I Onset and I Onset and I Onset and I Onset and I Onset and I Onset and I Onset and I Onset and I Onset and I Onset I Onse		
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	23. PART I. Enter the diseases, proceedings of the process of the	DUE TO  b. DUE TO  c. DUE TO  d. DUE TO  D. DUE TO  D. DUE TO  D. DUE TO  D. DUE TO  D.	(OR AS A CONS  (OR AS	SEQUENCE OF):  SEQUENCE OF):  REQUENCE OF):  REQUENCE OF):  Tresulting in (  28b. Time 0  INJURY  home, farm, streen  death occurred a	the underlying  26. PI  XHER: X Nursing Horn  W M  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ENE FUNE  ode of dying, suc  C  g cause given in  LACE OF DEATH (C)  ne 5   Residence  JURY AT  YES 2   NO	Part I. :	24a. WAS AN AI PERFORM 1   YES 2	ALEXA  Interpretation of the calculation of the cal	ANDRIA, VA22 Approximate interval Bet Onset and it onset		

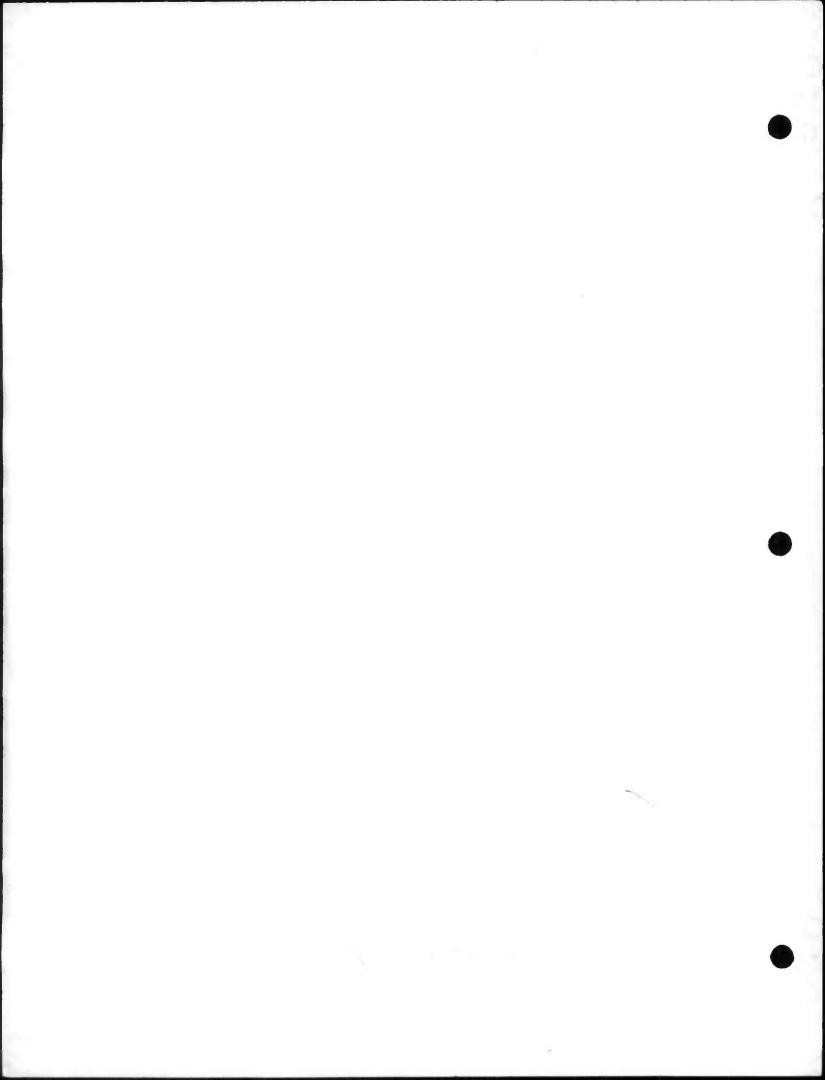


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

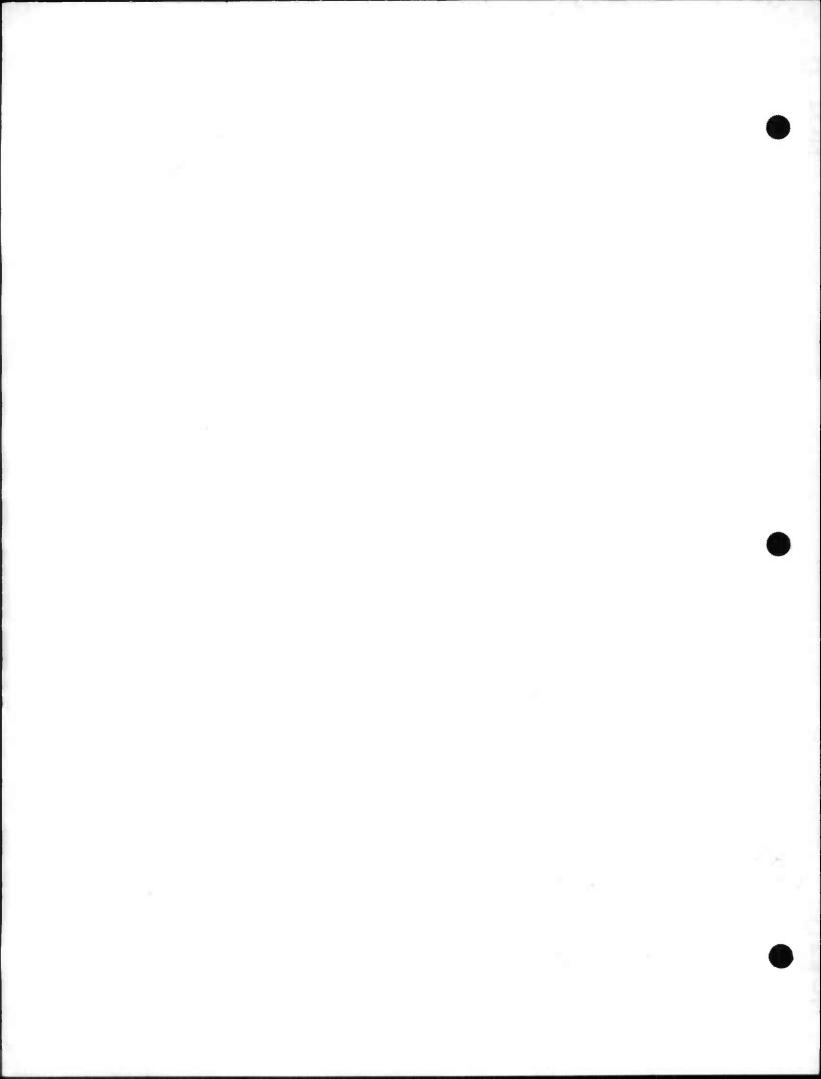
TO THE INCREMENTATE PROBLES PROBLEM OF STATEMENTS AND PROBLEM OF STATEMENTS OF STATE

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prior to buria	traumatic
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od Mental	injury,
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Dept.	23 \$
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	1 - FOR STATE REGISTRAR	TATE OF MA	RYLAND / I	DEPAR	TMENT	OF H	DEAT	AND	MENTA	L HYGIEI			
	ADKINS		Jane A	DKIN	S		be the co.		2. DATE MONT	OF DEATH	DAY	YEAR 3	3. TIME OF DEATH 0625 A M
	287-24-9231	M 2 🖾 F	AGE (In yrs. lest i	birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	(Mont	E OF BIRTH  with, Day, Year)  5, 1905  8. BIRTHPLACE (State or Foreign Country) West Virginia			
OR	96. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  Washington County Hospital  Hagerstown  Washington												
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  West Virginia Berk	eley			r, town or				10d. INSIDE CITY LIMITS?				
FUNERAL	Post Office Box 606						ZIP CODE	254	1  VES 2 NO  10g. CITIZEN OF WHAT COUNTRY?  U. S.A.				
ВУ	1 Never Married 2 Married	WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 NO	ED )	1 18	yes, spe	ENDENT O	n, Mexica	in, Puerto	N? (Specify Ye Rican, etc.)	a or No—		- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp  Elementary/Secondary (0-12) Co	N lieted) liege (1-4 or 5+)	(Give	kind of w Oo NOT us	USUAL OC rork done di e retired.)	uring mos	IN st of workin	g	166	. KIND OF BU	ISINESS/INOU	STRY	
SON	17. FATHER'S NAME (First, Middle, Last)						18. MOTH			Middle, Maider	Sumame)		
BE	Amos Kinca  19a. INFORMANT'S NAME (Type/Print)	id							ennie				
6	Mrs. Ina Mae Huffma	ın								ber, City or Tov			25419
	20s_METHOD OF DISPOSITION 1	rom State	20b. PLACE AN	DDATEC	F DISPOSI	TION /Ner	me of		DAT	F 20c, L0	CATION C	ity or Tow	
	21. SIGNATURE OF FUNERAL SERVICE LICENSE		00002				D ADDRES			Minnich Funeral Home			
	Fred Lil	lutel			41	5 Ea	ast b	Vils	on B.	lvd.,	Hager	stow	n, MD 2174
	23. PART i. Enter the diseases, or comp shock, or heart failure. List of	ilcations that conly one cause	aused the deat	h. Do n	ot enter t	he mod	de of dyi	ng, suc	h as card	diac or reap	iratory arre	at,	Approximate Interval Batween
	IMMEDIATE CAUSE (Final			ES T	INA	2	BLU	EED	VIN6	De	DETO	)	Onset and Death
NO	Sequentially list conditions, b.	DUE TO CO	PTIC	UL	LER		DUE	ASE					
CATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DOE 10 IO	R AS A CONSEOU	ENCE OF	):								
CERTIFICATION	that initiated events resulting in death) LAST	OUE TO (OF	R AS A CONSEOU	ENCE OF	):								
L C	PART II. Other algnificant conditions con	ntributing to de	ath but not res	uiting l	n the und	lerlylng	cause g	iven In	Part I.	24a, WAS AN	AUTOPSY	24b. 1	WERE AUTOPSY FINDINGS
MEDICA	SYSTEMIC LU CORONARY	PUS 8	RYTH	5 m	ATO.	SUS				PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME	CORONARY	ART	ERY	DI	SEAS	16			_				1 TYES 2 NO
PHYSICIAN:	CONGES TIV	1E 73	EART	P	AILL	_						┸	
SICI	EXAMINER? HO	SPITAL:	R/Outpetient 3		OTHER:				eck only on				
PHY	27. MANNER OF BEATH	28e. DATE OF IN. (Month, Day,	JURY T	28b. TIME	OF 2	28c. INJU	JRY AT			CRIBE HOW	NJURY OCCU	IRED	
ВУ	Natural 5 Pending 2 Accident Investigation				М	1 🗌 Y	ES 2 [	NO					
ETED	3 Suicide 8 Could not be 4 Homicide detarmined	building, atc	NJURY At home . (Specify)	o, farm, si	reet, fector	ry, office			281. LOC. City	ATION (Street or Town, State)	and Number o	r Rurai Ro	ute Number,
COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: 2 MEDICAL EXAMINER: On												and menner as stated.
BE (	29b. SIGNATURE AND TITLE OF CERTIFIER	1	0 4	_			29c. LICE	NSE NUM	IBER		29d. DATE	SIGNED (	Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COL	Phuno CAUSE	DE DEATH STEAM	70 (7	O-I-dl		03	89	42		6	125	93
	165 PROFESSION	VAL LO	VRT J	HA6	ERS	Ton	n r	MD	217	142		7	
	11. DATE FILED (Morith, Day, Year)  JUN 2 8 1993	32. REGISTRAR'S	SIGNATURE	4.									

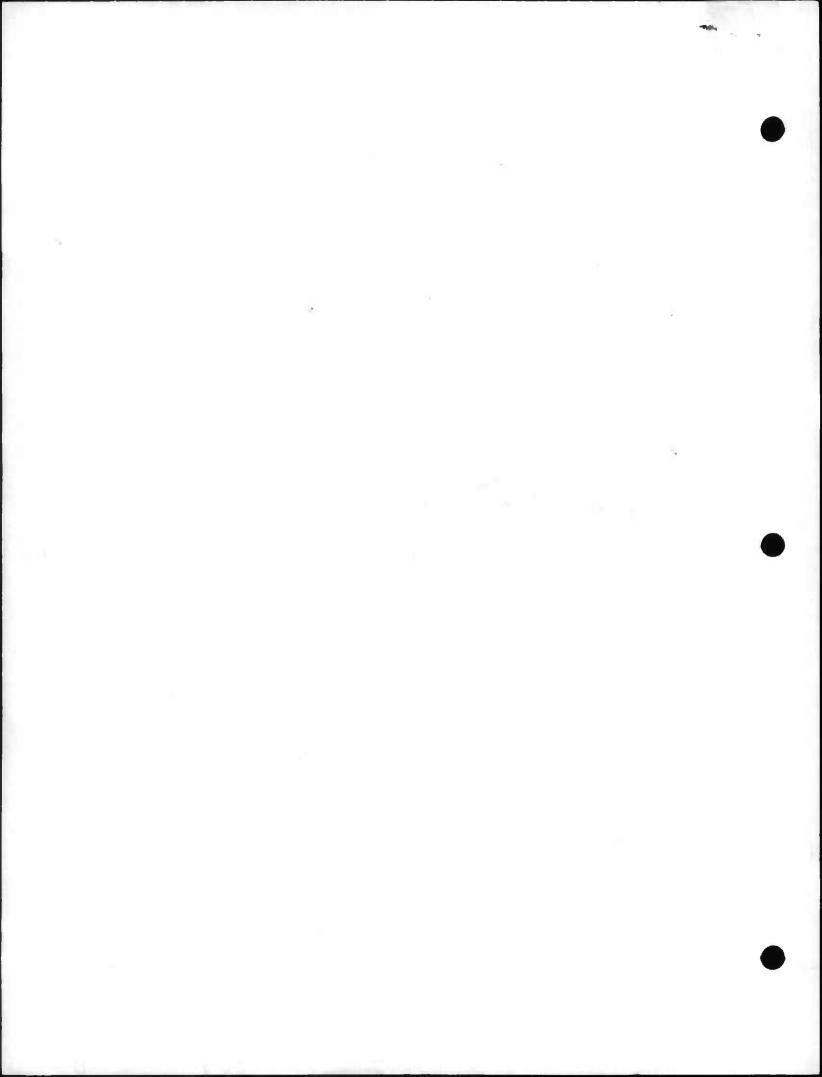


	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			NENTAL HYGIEN	_	the be	
	1. DECEDENT'S NAME (First, Michin, Last)  A P O O O O O O O O O O O O O O O O O O	) Ang	elini			2. DATE OF DEATH DATE OF	v vean 7 93	430 "	
	Ba. PACILITY NAME If not institution, give	18 M 2 □ F / 70	YRS.	F UNDER 1 YEAR ONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	Jan. 23,1	923	Italy /	
TOR	Washington Count				Stown	NTH -	Washin		
DIRECTOR	10e. STATE 10b. COUNT	y ranklin		Chamber				10d. INSIDE CITY LIMITS? 1 DC YES 2 NO	
FUNERAL	100. STREET AND NUMBER 703 Forrest Road				ZIP CODE 17201		16g. CITIZEN OF	WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Amerried 3 Widowed 4 Divorced	ied 2 Merried FORCES? 1 YES 2						Yes or No—  14. RACE — American Indian, Black, White, stc.  Specify:	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 12	16a. DECEDENT'S US (Give kind of work life. Do NOT use of metalu	k done during mos etired.)	done during most of working fred.)					
							Surname)		
	199. INFORMANT'S NAME (Type/Print) Ida C. Angelini		703 Fo	DRESS (Street ar	d Number or Rural Ro	nute Number, City or Town	n. State, Zip Code) Pa. 17	201	
examiner must be	4 Donation 5 Other (Specify)   Commercery, cremetory or other place   Germatory   Ge						CATION — City or	Town, State Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	mid	4	H <sup>o</sup> Funeka Wilson		gerstown	, Md. 21740	
iii, iiie medical	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heert fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury  CAUSE (Disease or Injury								
CERTI	that initiated events resulting in death) LAST	· Dial	de	mel	Has	0		gers	
MEDICAL	- Seng		at not resulting in t	the underlying	ceuse given in P	art I. 24a. WAS AN PERFORI 1 YES 2	MEO?	ID, WEBE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 YO	HOSPITAL:		THER:	5 Residence 6				
BY PH	27. MANNER OF OĚATH  Netural 5 Pending 2 Accident investigation	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME O	M 1 Y		28d. DESCRIBE HOW IN	JURY OCCURED		
	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Speci	— At home, farm, streety)	st, factory, office		28f. LOCATION (Street at City or Town, State)	nd Number or Rural	Route Number,	
COMPLETED	2 MEDICAL EXAMIN	CIAN: To the best of my knowle	and/or investigation, a	nt the time, dats a	nd place, and due to	o the cause(s) and man me, dats and placs, and	ner as atlated. I due to the cause	(s) and manner as stated,	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	12	wi		29c. LICENSE NUMB	ER -	29d. DATE SIGNE	9 /9 Z	
	30. NAME AND ADDRESS OF PASON W			nt)					
	31. DATE FILED (Month, Day, Year)  JUN 2 1 1993	32. REGISTRAR'S SIGNA							



BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	te medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOWHITE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bun'al, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	ENT OF HEAL	TH AND I	MENTAL HYGIEN				
1. DECEDENT'S NAME (First, Mi	colo, Last) Edith Bailey	02111110	AIL OI DE		2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH  2 A.M. M		
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) F	UNDER 1 YEAR   IF L	NDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State or Foreign		
214-46-8378 9s. FACILITY NAME (If not institu	1 □ M 2 🔀 F	72 YRS. MOR	THS DAYS HOL	861 (22)	7/5/1920	Cour	aryland		
	eckleysville Road		Hamps		AIH		roll		
Maryland	Carroll	10c. CITY, TO	OWN OR LOCATION	Hampst	cead		10d. INSIDE CITY LIMITS? 1 YES 2 1 NO		
100. STREET AND NUMBER 4433 Upper B 11. MARITAL STATUS		-	10f. ZIP				WHAT COUNTRY?		
4433 Upper B	eckleysville Road		40 400 000000	21074			A		
3 Widowed 4 Divorce	2 Married FORCES? 1 YES 2 NO			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.)  1 ☐ YES 2 ▼ NO Specify:  Specify:					
15. DECEDI (Specify only his Elementary/Secondary (6-12 11th grade 17. FATHER'S NAME (First, Middl	ENT'S EDUCATION ghest grade completed)	16a. DECEDENT'S USU	AL OCCUPATION done during most of a	endeina	16b. KIND OF BU	SINESS/INDUSTRY	1111200		
Elementary/Secondary (0-12)		Me. Do NOT use ret	lired.)	, cartaing		Communit	-		
11th grade	- Leaft	Manag				ng Cente	r		
Charles Henr			18.		ME (First, Middle, Maiden Marie Schu				
104 INFORMANT'S NAME (Topo		19b. MAILING ADD	DRESS (Street and No						
	19b. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Steven Howard Bailey  19b. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  4433 Up. Beckleysville Rd., Hampstead, Md. 21074								
20s, METHOD OF DISPOSITION 1 M Buriel 2 Cremation 4 Donation 5 Other (Sp	3 Removal from State COF	D. PLACE AND DATE OF DI metery, crematory or other p Hampstead	place)			mostead.	own, State Maryland		
21. SIGNATURE OF FUNERAL S	ERVICE LICENSEE	Sh	22. NAME AND AD	DRESS OF FA		Funeral	Home		
23. PART I. Enter the dise	eses, or complications that child	the deeth. Do not o					Approximate		
IMMEDIATE CAUSE (Final	D			ALL STATES	- PO-ACTION 1114		Interval Between Onset and Deat		
disease or condition resulting in death)		real (	(and	88			iomagn		
Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS A	A CONSEQUENCE OF):							
PART II. Other significent	conditione contributing to deeth i	out not resulting in th	ne underlying cau	ise given in	Part I. 24a. WAS AN PERFOI	RMED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO M	EDICAL		28. PLACE	OF DEATH (Ch	ack only one)				
25. WAS CASE REFERRED TO M EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1   Inpatient 2   ER/Out		HER: Nursing Home 5	. 4					
27, MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	28c. INJURY		28d. DESCRIBE HOW	INJURY OCCURED			
I I I Margian 2 Lat	(Month, Day, Year)	INJURY	M 1 YES	2 NO					
2 Cut-life	28a. PLACE OF INJURY building, etc. (Spe	f — At home, farm, street city)	t, factory, office		281. LOCATION (Street City or Town, State)		Route Number,		
	ING PHYSICIAN: To the best of my know						(s) and manner as stated.		
296. SIGNATURE AND TITLE OF		4:0		LICENSE NUM	IBER	29d. DATE SIGNE	D (Month, Day, Year)		
30. NAME AND ADDRESS OF PI	ERSON WHO COMPLETED CAUSE OF DE	EATH (ITEMBE) (Type, Print	In the	7 m	edital a	ites	13		
31. DATE FILED (Month, Day, Yea	93 32. REGISTRAR STSIGN		, , ,	1.					



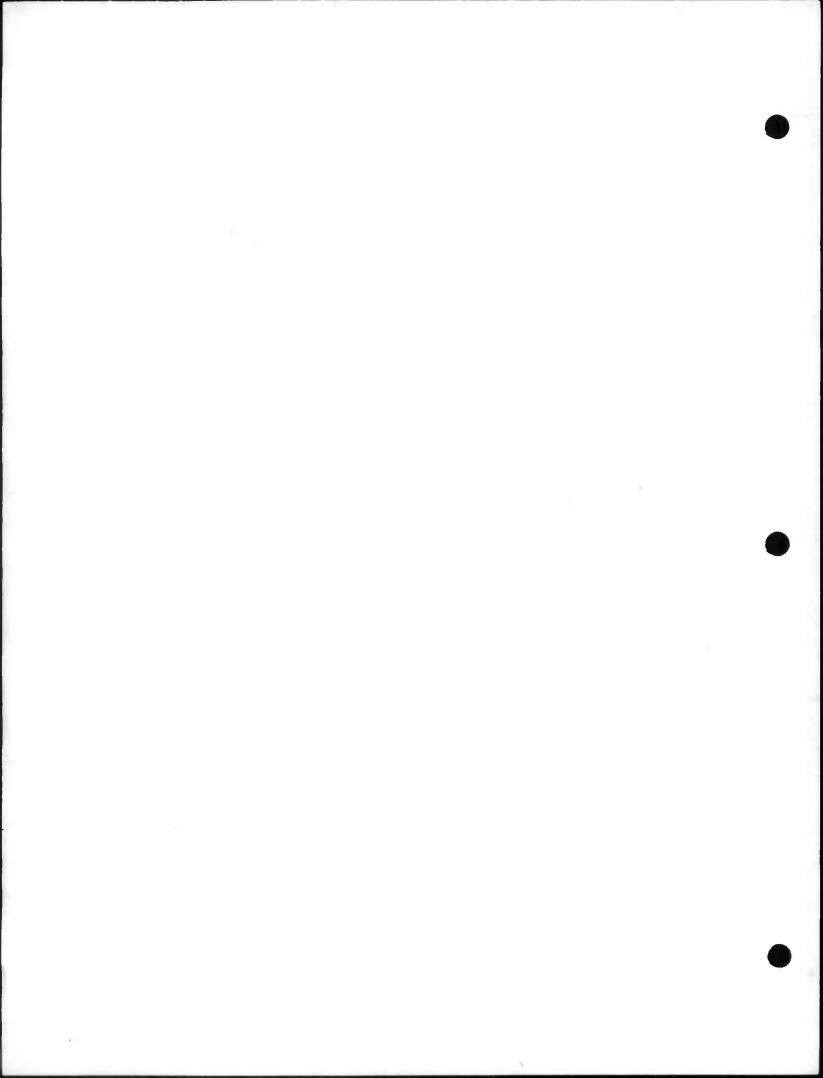
BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DREATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72-hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If herit 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

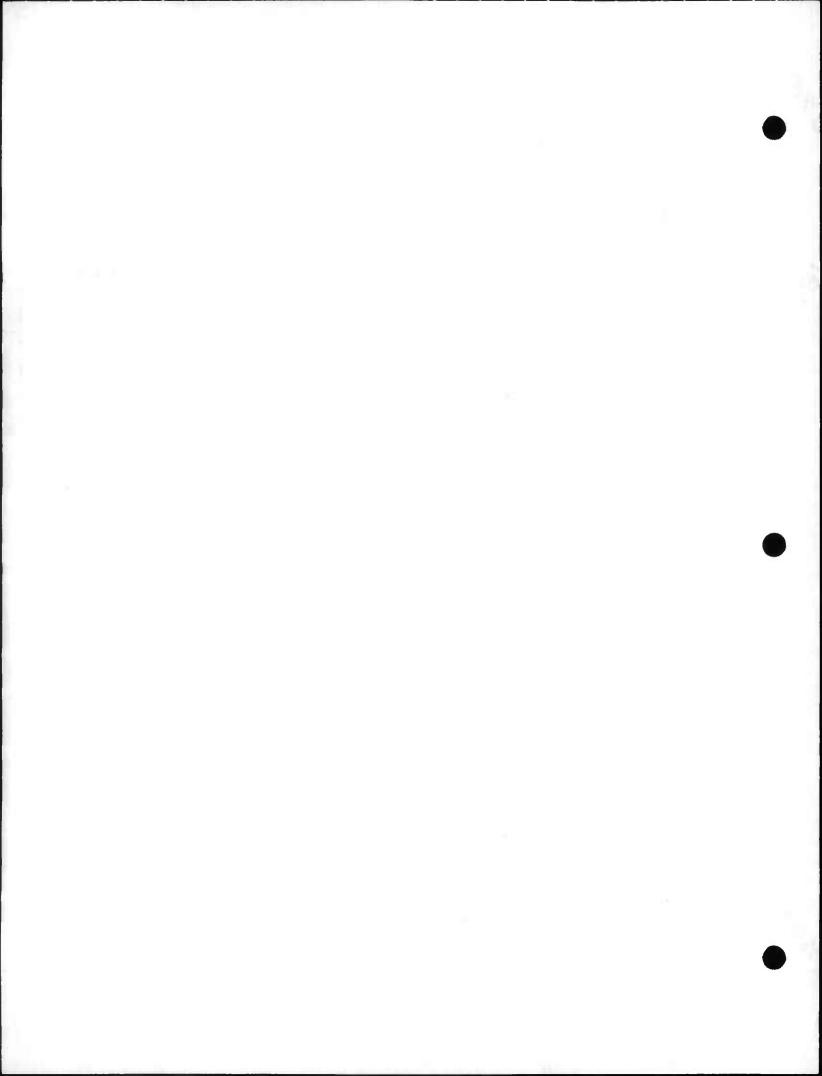
ITEMS: 28a-f, PER MEO FILM G-702 8/25/93 t.t/d.j.c.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF H	EALTH AND	MENTAL HYGII				
	1. DECEDENT'S NAME (First, Middle, Last)	PRENELL	BELL			2. DATE OF DEATH MONTH 6 11	DAY		1:30P M	
	4. SOCIAL SECURITY NUMBER 218-96-3505	1 M 2 □ F 2	8 YRS.	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)     WASH., DC		
TOR	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH  PRINCE GEORGE  RESIDENCE OF DECEDENT								EORGE	
DIRECTOR		CE GEORGE'S		OWN OR LOCAT	LA	NDOVER  10d. INSIDE CITY LIMITS?  1 🔀 YES 2 🗆 NO			LIMITS?	
FUNERAL		E PLACE		101	. ZIP CODE 207	85	10g. CITIZE	OF WHAT		
ВУ	11. MARITAL STATUS  1 X Never Merried 2 Merried  3 Wildowed 4 Divorced	Merried FORCES? 1 YES 2 YNO If yes,			ecify Cuben, Mexica	T OF HISPANIC ORIGIN? (Specify Yes or No— lben, Mexican, Puerto Rican, etc.)  14. RACE — American Indien, Black, White, etc. Specify:  Specify:  BLACK				
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	(Give kind of work done during most of working			16b. KIND OF BUSINESS/INDUSTRY				
	8th 17. FATHER'S NAME (First, Middle, Lest)	S NAME (First, Middle, Lest)  18. MOTHER'S				ME (First, Middle, Maid	N/A  NE (First, Middle, Maiden Surneme)			
TO BE	THOMAS H. BELL  190. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street				nd Number or Rural		own, State, Zip Co			
	CHRISTINE R. BELL 1903 BARLOWE P1. LANDOVER, MARYLAND 20785  20g. METHOD OF DISPOSITION 1 ABurlel 2 Cremetion 3 Removal from State Camelary, cremetory or other place)  20b. PLACE AND DATE OF DISPOSITION (Name of camelary, cremetory or other place)									
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI		JARMONY I	MEMOR I	J.B. J		FUNERA	L HO	ME	
	23. PART I. Enter the diseases, or shock, or heert fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. Multy	the deeth. Do not sch line.	enter the mo	de of dying, suc	h se cerdiec or red	epiratory arres	rt,	Approximete Interval Between Onset end Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other significant condition	d	ut not resulting in t	he underlying	Ceuse given in	Part I 24s WAS	AN AUTOPSY	245 WEDI	E AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL							ORMED?	OF D	ABLE PRIOR TO PLETION OF CAUSE EATH? YES: 2 \( \text{NO} \) NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Output		THER:	ACE OF OEATH (Ch	eck only one)  8  Other (Specify)				
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending investigation	28e. DATE OF INJURY (Month, Day, Year) 6-11-93	28b. T/ME OF INJURY 11:30 F	M 1 Y	JRY AT RK? ES 2XX NO	28d. OESCRIBE HOW				
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Speci HIGHWAY	— At home, farm, atree	t, factory, office					NG HIGHWAY	
COMPLETED		ER: On the best of my knowle				to the cause(e) end m	nenner ee stated.			
TO BE C	296. SIGNATURE AND TITLE OF CENTIFIE	A- Clinte.	ND		29c. LICENSE NUN		1.0	ne 12	h, Day, Year)	
٦	Dr. D.J. Chut				St., Ba	ltimore		2120		
	JUN1 5 1993	32. REGISTRAR'S SIGNA Fusia Davidson-Ra	TURE							



1	-	
	IN THE HOSPITAL OR ATTENDING PHYS SANT. The law requires that the death certificate be executed within 24 h	IN THE FUNERAL DIRECTOR AND THE COMPLETE has been signed by the attending physician and completely filled
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	EXECT	pur u
376	rted v	COM
0,	vithin	pletely
	24 h	filled

	1. DECEDENT;STNAME (First, Widdle, Las	" Joyce M	Maybelle	Bro	oks				DAY	YEAR	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX / 6.	AGE (In yrs. lest bi	irthday) IF L	MDER 1 YEAR	IF UNDER 24 HF	s. 7. D	ATE OF BIRTH	9	93 a. BIRTHPI	ACE (State or Foreig	
. 17	217-72-9622	1 🗆 M 2 🚁	37	YRS. MON	THS DAYS	HOURS MH	"	fonth, Day, Year)	55	Country)		
_ 9	9a. FACILITY NAME (If not institution, giv	e street and number)	0.4	9b.	CITY, TOWN	OR LOCATION O				INTY OF DEA	ryland_	
DIRECTOR		RYLAND	-050, TA	1	Q Li	Nton	). K	nd.	Pei	NCE	68086	
EC	RESIDENCE OF DECEDENT  10a. STATE  10b. COU			10c. CITY, TO	WN OR LOCA	ATION	V			T	Od. INSIDE CITY	
DIR	Maryland Pri	nce George'	S	Upp	per Ma	arlboro					LIMITS?	
AL	10e. STREET AND NUMBER					of. ZIP CODE			10g. CIT		AT COUNTRY?	
FUNERAL	13300 Vanbrad	*			2	20772				U.	S.A.	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12, WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 NO	D	If yes, s	CENDENT OF HIS pecify Cuben, Me S 2 NO Se	xican, Pue		es or No—	Black, Specify:	American Indian, White, etc.	
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working							20.07.				
LET	Elementary/Secondary (0-12)	ondary (0-12) College (1-4 or 5+) Iffe. Do NOT use retired.)										
COMPL	12 N/A Nurse Assistant Hospital  17. FATHER'S NAME (First, Middle, Last)  18. MOTTHER'S NAME (First, Middle, Maidle, M											
	Udiles helity advov. St.											
BE (	196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stella, Zip Code)											
2	Francis Brook	S		Same a								
	20e-METHOD OF DISPOSITION 1 Date   20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory or other place)   DATE   20c. LOCATION — City or Town, State											
	4 Donation 5 Other (Specify)				Como	etery	6 14	93 C	Linto	n Mar	zland	
	21. SIGNATURE OF PUNERAL SERVICE	THEMSEE			22. NAME A	IND ADDRESS OF	FACILITY	Lee Fur	neral	Home	Inc.	
	2 Date				6633	Old Ale	xanc	ler Feri	y Rd	Clin	con, Md	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Sobses bue to co	R AS A CONSEQUE	ENCE OF):								
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  246. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  246. WERE AUTOPSY PERFORMED?  1 YES 2 NO  1 YES 3 NO						ERIE AUTOPSY FINDIN BALANLE PRIORI TO OMPLETION OF CAUS F DEATH?					
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:		or	26. P	LACE OF DEATH	(Check on	y onej				
Y.S.	1 YES 2 HO-	1 Zimpatient 2 D El		DOA 4	Hursing Hor	ne 5 🗆 Residen	-		int states -	de invelo		
1 in 1	1. Nitural 5 Pending	(Month, Day,		Bb. TIME OF	W	JURY AT DRK7	29d.	DESCRIBE HOW	INJURY OC	CUMED		
PHY		The PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28t. LOCATION (Sheet, State)						te Number				
ED BY	2 Accident Investigation 3 Suicide & Could not b 4 Homicide determined	28e. PLACE OF II building, etc	(Specify)	4   Homicide determined  29e. CESTIFFER (Check only only 2007)  CESTIFFER (Check only only 2007)  CESTIFFER (Check only only 2007)  CESTIFFER (Check only only 2007)  CESTIFFER (Check only only 2007)  CESTIFFER (Check only only 2007)  CESTIFFER (Check only only only only only only only only								
ETED BY	2 Accident Investigation 3 Suicide & Could not b 4 Homicide determined  29e. CENTIFIER Check only	/SICIAN: To the best of my	inowledge, death									
E COMPLETED BY	2 Accident Investigation 3 Suicide & Could not b 4 Homicide determined  29e. CENTIFIER Check only	/SICIAN: To the best of my	inowledge, death				the time,		nd due to th	ha cause(s) e		
COMPLETED BY	2 Accident Investigation 3 Suitcide S Could not a determined 29a. CENTIFIER (Check only only 2 Michael EXAMI	/SICIAN: To the best of my	(specify) Innoviedge, dwath Ination and/or Inve	entigation, in	my opinion, o	death occured at	the time,		nd due to th	ha cause(s) e	nd manner as stated	



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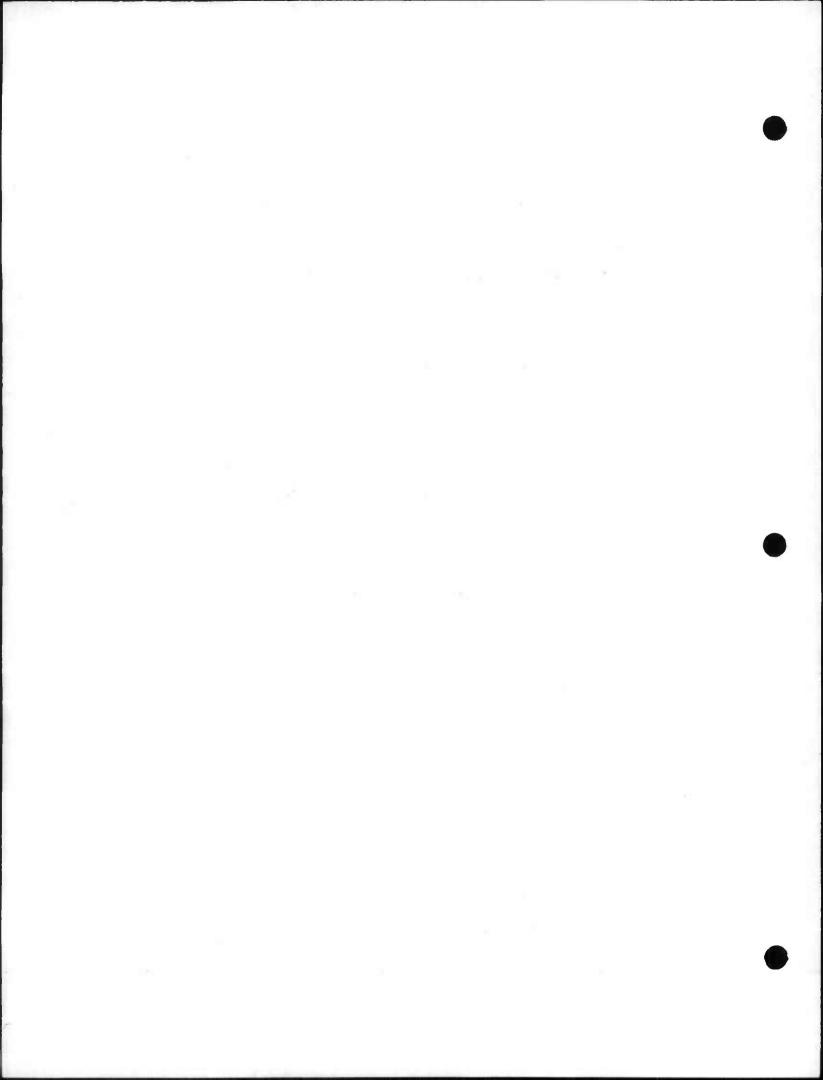
	the hosp	e detache	t once.	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Taw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Deet of Health and Mental Horizon price in burial commission or removed.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	th. Page (	neral direct	miner m	
	after deal	by the fun	lical exa	L
	24 hours	y filled in	the med	
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	be execu	ician and	raumatic	
1	certificate	ding physical	r other t	
	the death	the atten	Injury, o	
	uires that	Signed by	ws any	
100	e law req	has been	n 23 sho	
	SICIAN: Th	the State	, or Iten	
	ING PHYS	After this	marked	
	R ATTENO	RECTOR: /	m 28 ls	
	SPITAL OF	NERAL DI	NT: If Ite	
	TO THE HO	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fure that within 70 hours after death with the State Dest of Health and Mental Hydriens notice to build reamstan or services.	MPORTA	
	_		-	

31. DATE FILED (Month, Day, Year)

JUN 1 6 1993

32. REGISTRAR'S SIGNATURE

	1 - FOR STATE OF REGISTRAR			OF HEALTH AND			1 3 4 2 0	
	1. DECEDENT'S NAME (First, Middle, Last)	zmann	HIFICALE	OF DEATH	2. DATE OF DEATH MONTH	). MY]3 9 <sup>th</sup>	3. TIME OF DEATH	
	225-22-1240 1 M 2 XF YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) Virgin						HARTHPLACE (State or Foreign Country) Lrginia	
TOR RO	9a. FACILITY NAME (If not institution, give atreet and number). HOLY CVOSS HOSP	ifel		Symy, h		9c. COUNTY	OF DEATH	
DIRECTOR	Maryland Montgomery		Silver				10d. INSIDE CITY LIMITS? 1 🎇 YES 2 🗌 NO	
FUNERAL	100. STREET AND NUMBER  100. ZIP CODE  13807 Castle Boulevard Apt.#33  20904					U.S.A	OF WHAT COUNTRY?	
BY	1 Never Married 2 Married FORCES?	ed FONCES? 1 YES 2 NO			MS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— I 4. RACE — American Black, Whita, atc. Specify Cuban, Maxican, Puerto Rican, etc.)  YES 2 NO Specify: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or	(Give kille. Do	NOT use retired.)	CUPATION Iring most of working	16b. KIND OF BU		RY	
OME	17. FATHER'S NAME (First, Middle, Last)	Nurs	e	16 MOTHERIO N	Health			
) BE	19s. INFORMANT'S NAME (Type/Print)	19b. M/	AILING AODRESS (	Street and Number or Rural		vn, State, Zip Cod	(0)	
5	Lois H. Ford	170	7 Januar	ry Drive #1	03, Silver	Spring	, MD 20904	
20s. METHOD OF DISPOSITION  1X Burisl 2 Cremation 3 Removal from State  4 Donetton 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other piece)  Columbia Memorial Park 6/17/93 Columbia,								
- 1/2 - 1/2	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	end	Fra	ame ano address of F ancis Gasch 39 Baltimor	's Sons Fu	neral H	Home, P.A.	
	23. PASD. Enter the diseases, or complications to shock, or heart failure. List only one complications to shock, or heart failure. List only one condition or condition resulting in death)	nat coused the death. ause on each line.  O (OR AS A CONSEQUEN	. Do not enter ti	he mode of dying, suc	ch as cardiac or reap	iratory erreat,	Approximate interval Between Onset and Daeth	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  BULLO CONDENS AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):							
MEDICAL C	PART II. Other significent conditions contributing	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.    BornClued   DTILMIC   24a. WAS AN AUTOPSY PERFORMED?   1   YES 2   NO   1   YES 2   NO   NO F CAUSE OF DEATH?						
SICIAN: 1	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C)	neck only one)		1 TES 2 NO	
SIC	EXAMINER?  1 VES 2 NO 1 Inpettent 2	☐ ER/Outpatient 3 ☐ D	OTHER:	ng Home 5 🗆 Residence				
ву рну	27. MANNER OF DEATH  1 Natural 5 Pending  28s. DATE (Month)			8c. INJURY AT WORK? 1 YES 1 NO	28d. OEŞCRIBE HOW	NJURY OCCURE	0	
ED	3 Suicide 4 Could at 28s. PLACE	OF INJURY — At home, g, stc. (Specify)	farm, street, factor	y, office	281. LOCATION (Street City or Town, State)	and Number or Ri	ural Route Number,	
COMPLET	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of						use(s) and menner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  Allered Cult			29c, LICENSE NU 3241	MBER 7	29d. DATE SIG	NEO (Month, Day, Year)	
	20. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	120/6 (ITEM 27)	(Type, Print)	A ave	Silverst	, 67,CC	MS 20902	



1	FOR STATE REGISTRA
1	1. DECEDENT'S
*	TTTT T 4 3 7

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.			
Į.	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEA	TH
- 0	JULIAN CORBET BRUCE					06/13/199		9:15	Ам
	4. SOCIAL SECURITY NUMBER 5. SE	EX 6. AGE (	n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH		HPLACE (State or F	
1	370 20 1340		8 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 10/18/192	Coun	inia	orong.r
	9e. FACILITY NAME (If not institution, give street an	nd number)	EATH	9c. COUNTY OF	DEATH				
FUNERAL DIRECTOR	24C Ridge Road			Greenb	elt		Prince (	George's	
JE	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CIT	Υ
5	Maryland Prince George's Greenbelt							LIMITS?	] NO
AL	10e. STREET AND NUMBER			-10	f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?	
E E	24C Ridge Road 20770 U.S.A.								
	1 Never Married 2 Married F	U.S. ARMED 2 NO	If yes, s	pecify Cuban, Mexica	NIC ORIGIN? (Specify Yes in, Puerto Ricen, atc.)	Blac	E — American Ind k, White, etc.	len,	
B⊀	3 📉 Widowed 4 🗌 Divorced	YES, GIVE WAR OR DA	TES	1 🗆 YES	3 2 📉 NO Specif	y:	Spec	White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple	I elect)	16a. DECEDENT'S	USUAL OCCUPATI	ON net of working	16b, KIND OF BUS			
	Control of the Contro	ege (1-4 or 5+)	Ille. Do NOT us	e retired.)	oat or working				
MP	9		Driver			Beer Com			
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden S	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)	Julian W. Bruce  Lillie Mahoney  90. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
임	June A. Mills					erdale, Mar		1737	
	20g. METHOD OF DISPOSITION 1 & Burlal 2 Cremation 3 Removal for	20b.	PLACE AND DATE	E DISPOSITION /N	ame of	DATE 200 LOC	ATION - City or T	num State	
	1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal for 4 ☐ Donation 5 ☐ Other (Specify)	om State came Fo	etary, cremetory or of	her place) In Ceme	terv 6/1	6/1993 Bren	itwood.	Marylan <i>c</i>	1
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSES	~ .		22. NAME A	ND ADDRESS OF FA	CILITY			
	* Kack	tre				s Sons Fun Avenue, H			
	23. PART I. Enter the diseases, or compil	cations that caused	tha death. Do n	ot antar the mo	ode of dving, suc	h as cardiac or readir	atory arrest	Approxim	nata
- 1	shock, or heart failure. List of	nly one cause on as	ch line.		1			Interval E	Between
- 1	disease or condition resulting in death)	1	IVET	FA	"/urp			Onaet an	d Death
	DUE TO (OR AS A CONSEQUENCE OF):								
Z	disease or condition resulting in death)  a. LIVEY FAI'UTE  DUE TO (OR AS A CONSEQUENCE OF):  LIVEY CANCEY  Sequentially list conditions,								
M	DUE TO (OR AS A CONSEQUENCE OF):  (If any, leading to immediate cause. Enter UNDERLYING								
E C	CAUSE (Disease or Injury C	DUE TO (OR AS A	CONSEQUENCE OF	٦٠					
CERTIFICATION	that initiated events resulting in death) LAST	10 (011 110 11	OUNDEDOLINGE OF	,-				i	
8	d							+	
DICAL	PART II. Other significant conditions conf	tributing to death bu	it not resulting I	n the underlyin	g cause given in	Part I. 24s. WAS AN A PERFORM		WERE AUTOPSY F	
ă						1 □ YES 27	Sno	COMPLETION OF OF DEATH?	CAUSE
Σ						_   '		1  YES 2	NO
AN	25. WAS CASE REFERRED TO MEDICAL								
PHYSICIAN: ME	EXAMINER? HOS	SPITAL:		OTHER:	LACE OF DEATH (Ch				
₹		npatient 2 - ER/Outpa 28e. DATE OF INJURY	tient 3 L DOA 28b. TIMi		Residence				
	1 Natural 5 Pending	(Month, Day, Year)	INJ	URY WO	HURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW IN	JUNY OCCURED		
) BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	At home, farm, a			26t. LOCATION (Street an	nd Number or Rural	Route Number.	
COMPLETED	4 Homicide determined	building, etc. (Speci	7/)			City or Town, State)			
ן ב	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: 1	o the best of my knowle	dge, death occurre	d at the time, date	and place, and due	to the cause/e) and many	or an eleted		
8	one) 2 MEDICAL EXAMINER: On t							a) and manner se s	stated.
Ŭ W	290. SPONATURE AND THEE OF CERTIFIER	01	-	1	29c. LICENSE NUM		29d. DATE SIGNED		
m	clary II.	Sch	all	ter	HIS	5939	D 61	14/9	3
임	30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEA	TH (ITEM 27) (Type,		-		/ -		
	MANIO S. Sc	hAchter	7.	525	Greer	Wax Ca	it of	, area	nbo
	NIN 1 6 1993 rule	2. REGISTRAR'S SIGNA	TURE			0		1	No
	JOINT O 1333	Pan Intol - I							

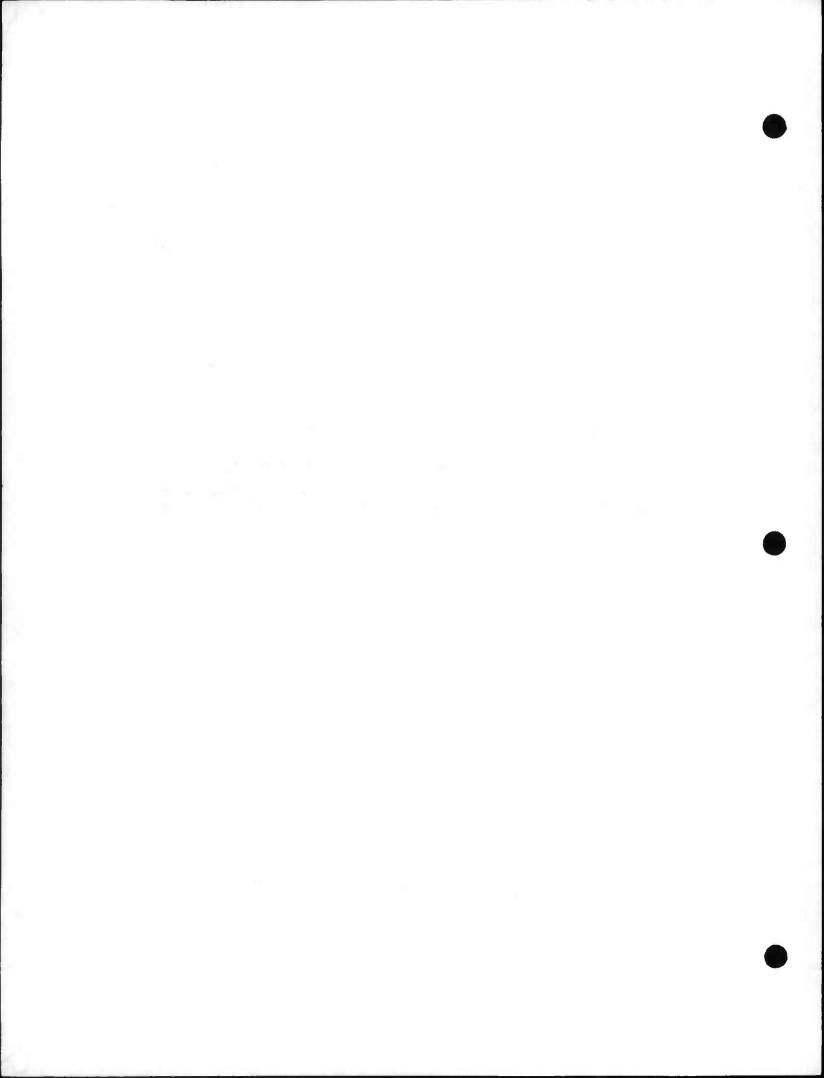
TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

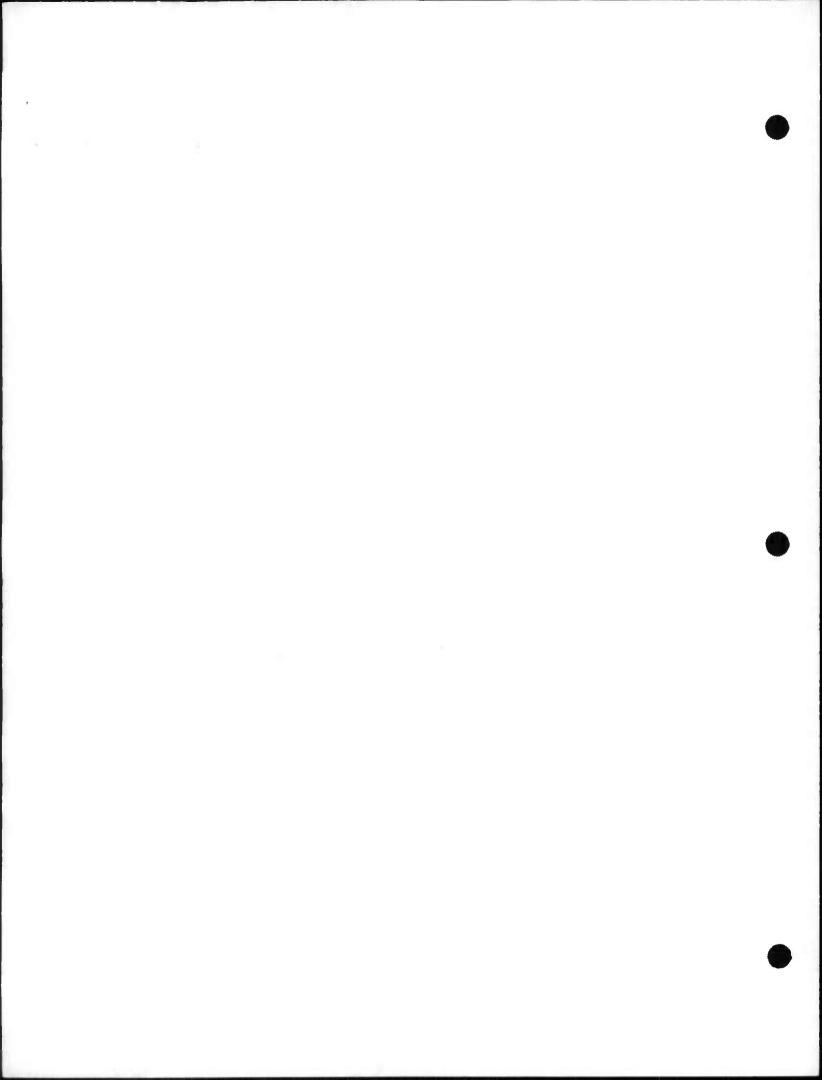
BALTIMORE, MARYLAND 21215-0020

OHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020	SICIANY. The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	ECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	ation, or removal.	the medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO WE HISPITE OF ITTENDING PHYSICIAN: The law requires that the death certificate be executed within	III THE WHEFAL UNECTOR: After this certificate has been signed by the attending physician and complete	<ul> <li>ned within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.</li> </ul>	MPORTANT II is a 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once

FOR STATE REGISTRAR		STATE OF MAR		RTMENT OF		MENTAL HYGIEN				
	ME (First, Middle, Last)  UNKNOW					2. DATE OF DEATH MONTH		3. TIME OF DEATH		
4. SOCIAL SECURIT	Y NUMBER		MGE (In yrs. lest birthdey) 52 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 7/22/4		1 8:35 a.M  BIRTHPLACE (State or Foreign Country)  Ep. of Liberi		
	(If not institution, give		OR LOCATION OF DE	STION OF DEATH Sc. COUNTY OF DEATH						
Doctory RESIDENCE O  10a. STATE  MD	F DECEDENT	ty Hospital m		Lanha			IPranc	Le. George.		
	P.(	3.	H	yattsvi	.11e,		IAA CITIZE	LIMITS?  1 X YES 2 NO  10g. CITIZEN OF WHAT COUNTRY?		
		Rd., #72			20782		Li	iberia		
≥ 3X Widowed 4	2 Merried	12. WAS DECEDENT EV FORCES? 1 1	YES 2 XNO	If yes, s	CENDENT OF NISPAN Decity Cuben, Mexicas S 2 NO Specify	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No-	RACE — American Indian, Black, White, etc.  Specify: Black		
	15. DECEDENT'S EDU actly only highest grade indery (0-12)	UCATION le completed) College (1-4 or 5 +)	(Give kind of			16b, KIND OF BU	SINESS/INDUS	ВТЯ		
Elementary/Second 12th 17. FATNER'S NAME	(First, Middle, Last)		Housek	eeper	18. MOTNER'S NAI	Univ.		Maryland		
M Altre	l Blie				Jolli	ette Wri	ght			
O 196. INFORMANT'S		/N1				noute Number, City or Tox				
200. METNOD OF DI	SPOSITION	(Nepher	206. PLACE AND DATE	OF DISPOSITION (N				Md. 20782		
4 Donation 5			cemetery, crematory or							
21, SIGNATURE OF	or C	rogen	<b>#917</b>	Robe		lason Fun lope Rd.,		Home, Inc.		
23. PART I. Enfo shock IMMEDIATE CAU disease or condi resulting in deat	c, or neert tallure. SE (Final	a. Cavalio	on each line,		1	n aa cardiac or reap	iretory arrea	t, Approximata interval Batween Onset and Death		
Sequentially list if any, leading to cause. Enter UNI CAUSE (Disease that initiated everesulting in death	conditione, immediate DERLYING or injury	b. Dutra Co Due to lor c. Schticec Due to lor	AS A CONSEQUENCE OF	haeus- OFI: heure	mage					
PART II. Other ai	Hype	na contributing to dea	th but not reculting	in the underlyin	g ceuse given in i	Part f. 24a. WAS AN PERFOI 1 YES 2	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 F NO		
25. WAS CASE REFE EXAMINER? 1   YES 2	0.5	HOSPITAL:		26. P	LACE OF DEATN (Che	ick only one)				
III 1 PER PRINCUPAL	TN 5 Pending	1 Sinpatient 2 ER/ 26e. DATE OF INJU (Month, Dey, Ye	RY 26b, TIN	ME OF 28c. IN.	URY AT DRK? YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED				
2 Accident 3 Suicide 4 Nomicide	6 Could not be determined	28e. PLACE OF INJ building, etc. (	URY — At home, ferm, (Specify)			281. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,		
29e. CERTIFIER (Check only one) 2		ICIAN: To the best of my k						:ause(e) end manner ee stated.		
29b. SIGNATURE AN	male 1	Icut Fin			29c. LICENSE NUM	25	29d. DATE S	HGNED (Month, Day, Year)		
30. NAME AND ADDR		no completed cause of	Lanha	a, Print) Md	20706					
31. DATE FILED (Mon	th, Day, Year)	32 MEGISTRAR'S	Share							



	a
physician.	burial-transit
attending	se as the
be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	than and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit
retained by	5 should be
в 6 тау ре	ector, page
death. Pag	e funeral dir
ours after	d in by th
within 24 /	pletely fille
executed	n and con
2	· a

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

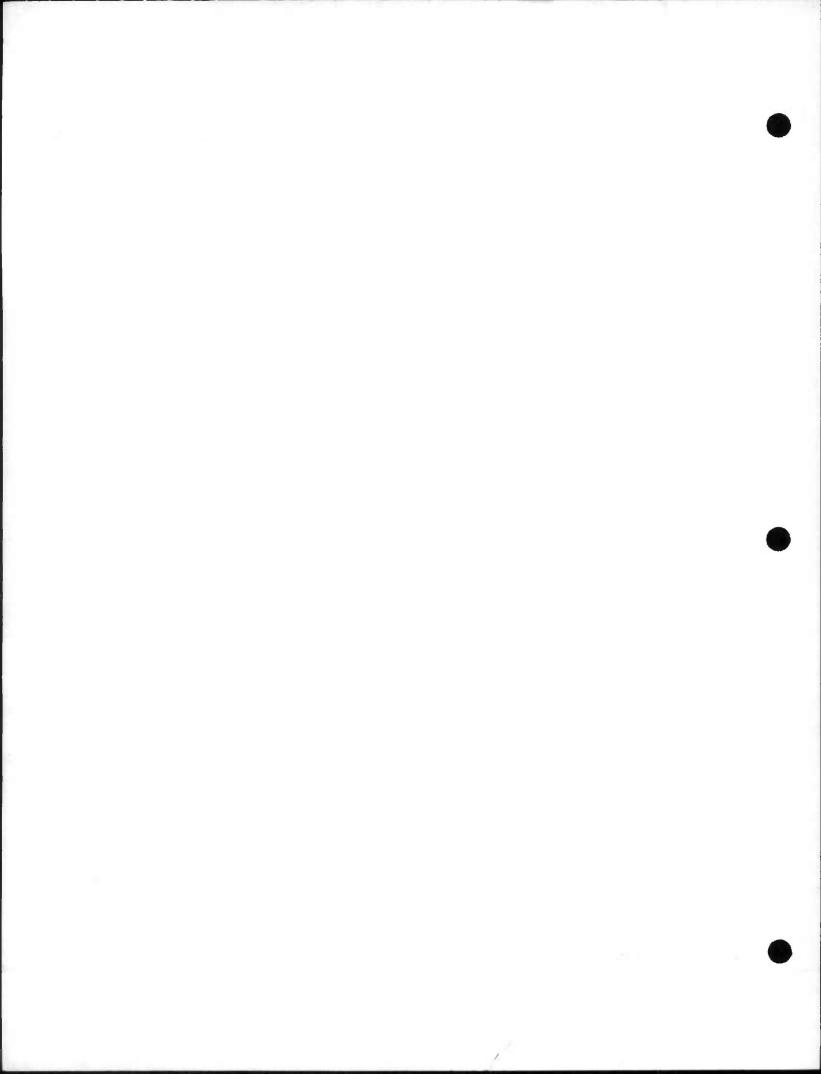
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR		CERT	PARTMENT OF	F DEATH	MENTA	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, L		an	0 1 12 -	11	MONTI	OF DEATH DAY	YEA	3. TIME OF DEATH			
1	4. SOCIAL SECURITY NUMBER	EDWARD S. SEX	E (In yrs. last birth	CA DO		7 DATE		93	(2:27			
	578-30-6392	_1 💢 M 2 🗆 F	65 YF	RS. MONTHS DA	A HOURS MIN.	(Month, Day, Year) Country) 2-14-28 Maryland						
TOR	96. FACILITY NAME (II not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH  PRINCE GEORGE  PRINCE GEORGE											
DIRECTOR	Md. Pri	Ince George's		pper Mar		1			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
RAL	100. STREET AND NUMBER 9812 Tam O Sha	nton Drive			101. ZIP CODE 20772		1		OF WHAT COUNTRY?			
FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 X YE  IF YES, GIVE WAR OR	S 2 NO	If yes	DECENDENT OF HISPAI , specify Cuben, Mexico	en, Puerto F		United States or No- 14. RACE — American Indian, Black, White, etc.				
ED BY	3 Widowed 4 Divorced  15. DECEDENT'S	WWII	16e. DECEDE	NT'S USUAL OCCU	YES 2 🔀 NO Specification		KIND OF BUSINE		White			
COMPLETI	(Specify only highest (Elementary/Secondary (0-12)	College (1-4 or 5+)	completed) (Give kind of work done during most of workin life. Do NOT use retired.)					Automotive Mechanics				
E CO	17. FATHER'S NAME (First, Middle, Last Benjamin F. Ba				18. MOTHER'S NA			mame)				
0	19a. INFORMANT'S NAME (Type/Print)	AL NOOLI	19b. MAI	LING ADDRESS (Str	Mabel set end Number or Rural			State, Zip Code,	)			
2	Alice T. Barko				as 10a							
	1 ☐ Burlal 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify)	Removal from State C							1767114 2000			
	Md.State Veterans Cemetery   Cheltenham, Ma:  21. SHOMATURE OF UNERAL SERVICE LICENSEE   22. NAME AND ADDRESS OF FACILITY Lee Funeral Home,  6633 Old Alexander Ferry Road											
	23. PART I. Enter the diseases,	Jana Jo	5	Clir	ton, Maryl	and 2	.0735 <sup>-</sup>					
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  LOCAL FINAL PROPERTY ING C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
RTE	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events					Sey						
MEDICAL CERTIFI	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. DUE TO (OR AS	4 y nem s a consequence	tensivies of:	<b>\</b>		24a. WAS AN AUT PERFORMEI 1   YES 2	D?/	24b. WERE AUTOPSY FINO AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 VES 2 NO			
MEDICAL CERTIFI	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	c	A CONSEQUENCE	tens) b	<b>\</b>	Part I.	24a. WAS AN AUTPERFORME 1 YES 2 2	D?/	AMAILABLE PRIOR TO COMPLETION OF CALL OF DEATH?			
MEDICAL CERTIFI	if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in daeth) LAST  PART II. Other algnificant conditions to the condition of the condi	c. DUE TO (OR AS  d. Itions contributing to death  HOSPITAL: 1   Inpatient 2 EROO	A CONSEQUENCE  A CONSEQUENCE  LA SE   LA SE	DA 4 Nursing in	ying cause given in  PLACE OF DEATH (Ch	Part I.	24a. WAS AN AUTPERFORME  1 YES 2 2	NO NO	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO			
AL CERTIFI	if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in daeth) LAST  PART II. Other aignificant conditions are also also also also also also also also	c	A CONSEQUENCE  A CONSEQUENCE  Dut not result  utpatient 3 DC  Zeb.	DA 4 Nursing I	ying cause given in  PLACE OF DEATH (Ch  frome 5   Rasidence INJURY AT  WORK?  YES 2   NO	Part I.	24s. WAS AN AUTPERFORME  1 YES 2 2	NO NO	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO			
ED BY PHYSICIAN: MEDICAL CERTIFI	if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daeth) LAST  PART II. Other algnificant conditions are algument to the condition of the condition	c. DUE TO (OR AS  d	A CONSEQUENCE  A CONSEQUENCE  Dut not results  A consequence  A co	DA 4 Nursing I	ying cause given in  PLACE OF DEATH (Ch  frome 5   Rasidence INJURY AT  WORK?  YES 2   NO	Part I.  eck only one  6 Other  26d. DES	24a. WAS AN AUTPERFORME  1 YES 2 2	NO NO	AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO			
ED BY PHYSICIAN: MEDICAL CERTIFI	if smy, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in daeth) LAST  PART II. Other significant conditions are successful to the conditions of the condit	c. DUE TO (OR AS  d	but not results    Land   December   Decembe	DA 4 Nursing I	PLACE OF DEATH (Ch forme 5   Rasidence INJURY AT WORK? YES 2   NO	Part I.  eck only one  6 Other  26d. DES:  2ef. LOCA City of	24s. WAS AN AUTPERFORME  1 YES 2 P  (Specify)  CRIBE HOW INJU  TION (Street and in Town, State)	Number or Rur	ANALABLE PRIOR TO COMPLETION OF CAU- OF DEATH?  1 YES 2 NO			
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daeth) LAST  PART II. Other algnificant conditions are supported by the service of the s	DUE TO (OR AS  d.  Ritions contributing to death  HOSPITAL: 1   Inperient 2 ERVO  28s. DATE OF INJUR (Month, Day, Year, be did  29s. PLACE OF INJUR building, etc. (Sc.  HYSICIAN: To the bast of my knoth  MINER: On the basis of examinat	but not results  but not results  cutpatient 3 Do  y  2eb.  Pry — At home, fa  powledge, death od  lon and/or investi	TIME OF INJURY M 1 1 Perm, street, tactory, or perion, in my opinion with the street of the street o	PLACE OF DEATH (Ch forme 5   Rasidence INJURY AT WORK? YES 2   NO	Part I.  B Other  26d. DES  2ef. LOCA City of	24a. WAS AN AUTPERFORME  1 YES 2 (2)  (Specify)  CRIBE HOW INJU  TION (Street and in Town, State)  se(a) and manner and place, and do	Number or Rur se stated.	ANALABLE PRIOR TO COMPLETION OF CAU- OF DEATH?  1 YES 2 NO			
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daeth) LAST  PART II. Other algnificant conditions are successful and set of the conditions of the conditions of the conditions of the conditions of the cause of the	DUE TO (OR AS  d.  DUE TO (OR AS  d.  HOSPITAL: 1   Imperient 2   ER/Ou  26a. DATE OF INJUR (Month, Day, Year, (Month, Day, Yea	A CONSEQUENCE  A CONS	DA 4 DA Nursing I	PLACE OF DEATH (Chome 5 Residence INJURY AT WORK? 2 NO	Part I.  B Other  26d. DES  2ef. LOCA City of	24a. WAS AN AUT PERFORME!  1 YES 2 (Specify)  (Specify)  CRIBE HOW INJU  TION (Street and in Yown, State)  se(a) and manner and place, and di	Number or Rur r se stated. ue to the caus	AMALABLE PRIOR TO COMPLETION OF CAU- OF DEATH?  1 YES 2 NO  rel Route Number,			

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BALTIMORE, MARYLAND 21215-0020	IG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE ROSALAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun- be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

										93	19430
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPARTME	NT OF I	DEAT	AND N	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)  Levi	Hazer	В	rooks				2. DATE OF DEATH MONTH DO	AV	YEAR	3. TIME OF DEATH 7:50 P.M. M
	4. SOCIAL SECURITY NUMBER	5. SEX  6. AGE (in yrs. last birthday)  F UNDER 1 YEAR  F UND  1 XM 2 F 21-22 Weak S MONTHS DAYS HOURS					24 HRS.	7. DATE OF BIFTH (Month, Day, Year)		6. BIRTH Countr	IPLACE (State or Foreign
	99. FACILITY NAME (If not institution, give s			AMOT. XTE	04 PR LOCATIO	27 ON OF DEA	06/22/9	9c. COU	NTY OF D	Maryland	
TOR	99. FACILITY NAME III not institution, give street and gumber) Prince George's Hospital Center Cheverly Cheverly Prince George S Hospital Center Prince George S Hospital Center									Georges'	
- DIRECTOR	10e, STATE 10b, COUNTY	10b. COUNTY Maryland Prince George's Suitland								10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	3506 Silver Par	k Drive,	Apartm	ent 1	10	20746			10g. CIT	S.A.	VHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2		If yes, sp	ENDENT O ecify Cuber 2  NO	n, Mexicen	C ORIGIN? (Specify Yee , Puarto Rican, etc.)	or No-	14. RACE Black Specif	- American Indian, k, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(G	ECEDENT'S USUA live kind of work do b. Do NOT use retin	ne durina me	ON est of working	g	16b. KIND OF BUS	SINESS/IN	DUSTRY	
BE CON	17. FATNER'S NAME (First, Middle, Lest) Raymond Coleman	Brooks				18. МОТН Тап	my L	E (First, Middle, Melden Ouise Haz	Sumame) e <b>r</b>		
TO E	Dr. Zenaida Alio	lon	19	3001 Ho	PRESS (Street and Number or Rural Route Number, City or Town, State, Zip Gode) Ospital Drive, Cheverly, Maryland 20785						
	20a, METHOD OF DISPOSITION 1 \( \text{M}\) Burlet 2 \( \text{Cremation} \) 3 \( \text{Remote}\) Remote 4 \( \text{Donation} \) Donation 5 \( \text{Other}\) Other (Specify)	oval from State		AND DATE OF DIS ematory or other ple		nme of		DATE 20c. LO	CATION —	City or To	wn, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME A	ND ADDRES	S OF FAC	ILITY			
	23. PART I. Enter the diseases, or c shock, or heart fellure.	omplications the	t caused the de	eath. Do not er	tar tha mo	da of dyle	ng, such	as cardiac or reapi	ratory sr	reat,	Approximats interval Between
	IMMEDIATE CAUSE (Final										
NO	Samuellally the modifier 21-22 weeks gestation										
CATI	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury  CAUSE (Disease or Injury  C										
CERTIFICATION	that initiated events resulting in dasth) LAST	DUE TO	(OR AS A CONSE	OUENCE OF):							
	PART II. Other algnificant condition	s contributing to	death but not i	resulting in the	undariyin	g cause g	Ivan In P	Part I. 24s. WAS AN		24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL								PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AN: A											
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA 4	ER:	ACE OF DE		ck only one)	Но	spita	al .
ву рну	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28s. DATE OF (Month, Da		26b. TIME OF INJURY	28c. INJ	URY AT		28d. DESCRIBE NOW II		-	
	2 Accident Investigation 3 Sulcide 6 Could not be determined	26s. PLACE O building,	F INJURY — At ho etc. (Specify)	ome, farm, street,	actory, offic			281. LOCATION (Street a City or Town, State)	and Number	or Rural A	loute Number,
COMPLETED	29s. CERTIFIER 1 CERTIFYING PNYSK (Check only one) 2 MEDICAL EXAMINE							o the cause(s) and man			and manner as stated.
B	296. SIGNATURE AND TITLE OF CERTIFIER	dn	pus				NSE NUME				
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	Prin	M 27) (Type, Print) Ce GJ	20194	a 1	rosp,	29 Las Cen	ler	Sc	CN
J	31. DATE FILED (Month, Day Year)  JUL 2 1993	(1-0	R'S SIGNATURE	- Age	-		0				



DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH **1**993 June 25, Velma Reynolds Blackson 10:10 A 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 X F 216-07-5827 YRS. 03-15-1916 Maryland permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Laurelwood Nursing Center Elkton Cecil RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Cecil Elkton 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 302 W. Pulaski Highway, Apartment 1 use as the burial-transit 21921 United States nours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 — YES 2 💢 NO Specify: 14. RACE — American indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 X Merr BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life, Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe detached for ndary (0-12) College (1-4 or 5+) 6 0 Laundry worker (15 years) Perry Point VA Center 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) page 5 should be notified at Harry Reynolds BE Florence W. Hall 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 Charles T. Blackson 302 W. Pulaski Highway, Apt. 1, Elkton, MD 21921 P 20s. METHOD OF DISPOSITION
1 \( \hat{N} \) Burial 2 \( \hat{Cremation} \) Cremation 3 \( \hat{Rei} \)
4 \( \hat{Donation} \) Donation 6 \( \hat{O} \) Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must director, North East Methodist Cem. 6/28 North East, MD examiner 22. NAME AND ADDRESS OF FACILITY n by the funeral cremoval. Crouch Funeral Home 127 South Main Street, North East MD 21901 medical filled in by t 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between 0 **IMMEDIATE CAUSE (Final Onset and Death** the attending physician and completely fille Mental Hygiene prior to burial, cremation, event, the disease or condition\_ ATTENDING PHYSICIAN: The law requires that the death certificate be executed within resulting in death) DUE TO (OR AS A CONSEQUENCE OF): other traumatic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Ca My fly
DUE TO (OR AS A CONSEQUENCE OF): thrat CAUSE (Disease or Injury that initiated events resulting in death) LAST 6 been signed by the attentot. of Health and Mental # 3 shows any Injury, o PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 TES 2 NO Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Attention the State D tem HOSPITAL:
1 | inpetient 2 | ER/Outpetient 3 | DOA 1 YES 2 THO OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 5 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Netural
2 Accident M 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) ø 3 Suicide HECTOR: V COMPLETED 6 Could not be 4 | Homicide 8 29a. CERTIFIER 1 📝 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, dete and place, end due to the cause(s) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Jw Hun 6/25/93 04823

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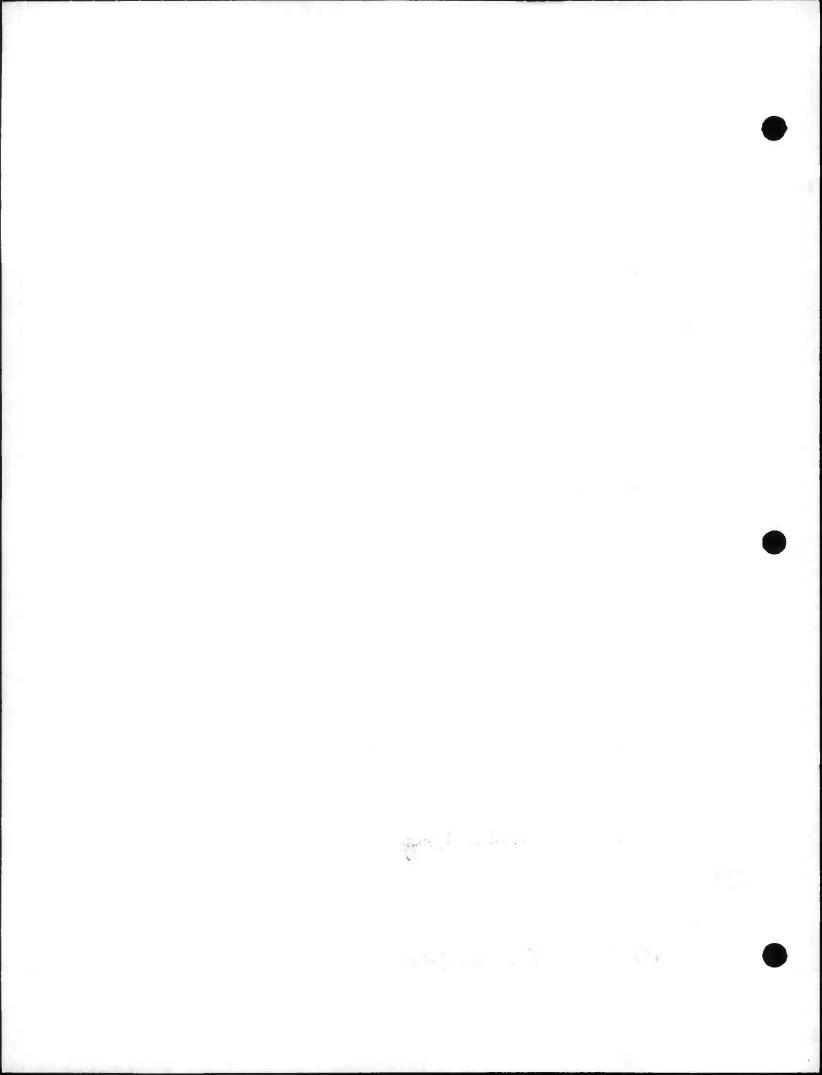
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31. DATE FILED (Month, Day,

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNA



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	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	RTMEN	T OF H	IEALTH DEAT	AND	MENTA	L HYGIEN	_		1 3 4 0 6	
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH		3	. TIME OF DEATH	
	Elmer	М.			BINKETT			7	MONT	TH DA	1993	EAR		
	4. SOCIAL SECURITY NUMBER	5. SEX			1	UNDER 1 YEAR IF UNDER 24 HRS.							ACE (State or Foreign	
	521/26/5268	1½ M 2 □ F	90		MONTHS	DAYS	HOURS	MIN.	1 /2	0/1903		Country)		
	90. FACILITY NAME (If not institution, give a				0 O(T	V TOWN				0/ 1903		20101		
œ						OR LOCATIO	2.4	EATH		9c. COUNT	Y OF DEA	TH		
5	PENINSULA REGION	AL CENTE	ER	S	ALIS	BURY				WIC	COMI	CO		
DIRECTOR	10+. STATE 10b. COUNTY	Y		10c. C/1	Y, TOWN	OR LOCAT	TION		_			1	Od. INSIDE CITY	
5	Maryland Worce	ester		1	OCO	noke	City	ĵ					LIMITS?	
	10e. STREET AND NUMBER						. ZIP CODI						TYES 2 NO	
FUNERAL	1010 Trophoron Du	der And	401			100		-			,		AT COUNTRY?	
2	1018 Lynnhaven Dr		T EVER IN U.S. AR		1.0		2185					JSA		
	1 Never Married 2 N Merried	FORCES? 1	YES 2 XI	NO	13.	If yes, sp	ecify Cube	of HISPAI on, Mexica	NIC ORIGII In, Puerio	N? (Specify Yes Rican, etc.)	or No 14	Black, \	- American Indien, White, etc.	
à l	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES			1 TYES	2 <b>NO</b>	Specif	y:			Specify:	White	
Ω.	15. DECEDENT'S EDU	CATION	16a DE	CEDENT'S	HEHAL C	CCLIDATIO	OM .		400	, KIND OF BUS			WIIIte	
E I	(Specify only highest grade	completed)	. (G	ive kind of Do NOT u	work done	durina ma	st of working	ng	100	KIND OF BUS	INESS/INDUS	HY		
7	Elementary/Secondary (0-12)	College (1-4 or 5	+)											
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	_	IBUS	0pei	ato	<u>-</u>			107 100					
_	The second second									Middle, Maiden	Sumeme)			
BE	John I. Birkett  19a. INFORMANT'S NAME (Type/Print)		1 40						arri					
2										ber, City or Town				
	Evelyn M. Birkett							A	Apt. 401, Pocomoke, Md. 21851					
	1 Buriel 2 St Cremetion 3 Rem	oval from State	cametary, cre	ematory or o	ther place	1								
	4 Donation 5 Other (Specify)	ENGEE	Salis	oury					6/	22 Sa1	isbury	, Ma	ryland	
	AL CONTROL SERVICE DO	ENSEE					on Fu			ome				
	Sca45.	melso			1	PO BO	OX 64	1, P	ocom	oke Ci	ty, Mo	1. 2	21851	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reepiratory arreet,  Approximate													
	shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final Onset and Death  Onset and Death													
	disease or condition (9RPIQC HRCES)													
	Sequentially list conditions  b. Congestially list conditions  b. Congestiality list conditions											<u> </u>		
Z	A COLUMN TO SECUL	CON	9CS+10	e	ne	QR	TI	1-9,	1600	py				
은	Sequentially list conditions, If any, leeding to immediate	DUE TO	OR AS A CONSE	OUENCE O	F):	-							1	
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	c.												
드	that initisted events	DUE TO	(OR AS A CONSEC	OUENCE O	F):									
ERTIFICATION	resulting in deeth) LAST	d												
O	DART II Other clouitleant are this													
MEDICAL	PART II. Other significant condition	s contributing to	deeth but not r	resulting	In the u	nderlying	g cause g	given in	Part I.	24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS MILABLE PRIOR TO	
ă									_	1 TES 2	□ NO		OMPLETION OF CAUSE F DEATH?	
M													YES 2 NO	
ĕ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (Ch	eck only o	ne)				
Š	1 TYES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	4   Nu		e 5 🗆 Re	sidence	8 🗆 Othe	r (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF (Month, D		28b. TIM	E OF	26c. INJ	URY AT		28d. DE	SCRIBE HOW II	JURY OCCUP	RED		
BY	1 Natural 5 Pending 2 Accident Investigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	uy, 10m.y	""	M		ES 2	NO						
8	3 Suicide 6 Could not ba	28e. PLACE O	F INJURY At ho atc. (Specify)	me, ferm,	street, fec	tory, office	•		28f. LOC	ATION (Street e	nd Number or	Rural Rou	te Number,	
Ш	4 Homicide determined	ounally,	(opening)						Gilly	or Town, State)				
7	296. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge de	ath occur	ad at the	time data	and place	and de-	to the ac	unada) and m				
COMPLET	(Check only one) 2 MEDICAL EXAMINE	R: On the basis of e	xemination end/or i	Investigation	n, in my	opinion. A	eath occur	ed at the	time det	and place and man	t due to the	augade) :	nd manner on at-1-1-	
	296. SIGNATURE AND TITLE OF CERTIFIER									prace, em				
B	Dayl P. Di						29c. LICE				29d. DATE 9	IGNED (M	onth, Day, Year)	
P 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Fine Print)									4-5					

Cedar & Tenth Streets, Pocomoke City, Md. 21851 32/REGISTRAR'S SIGNATURE

23 1993

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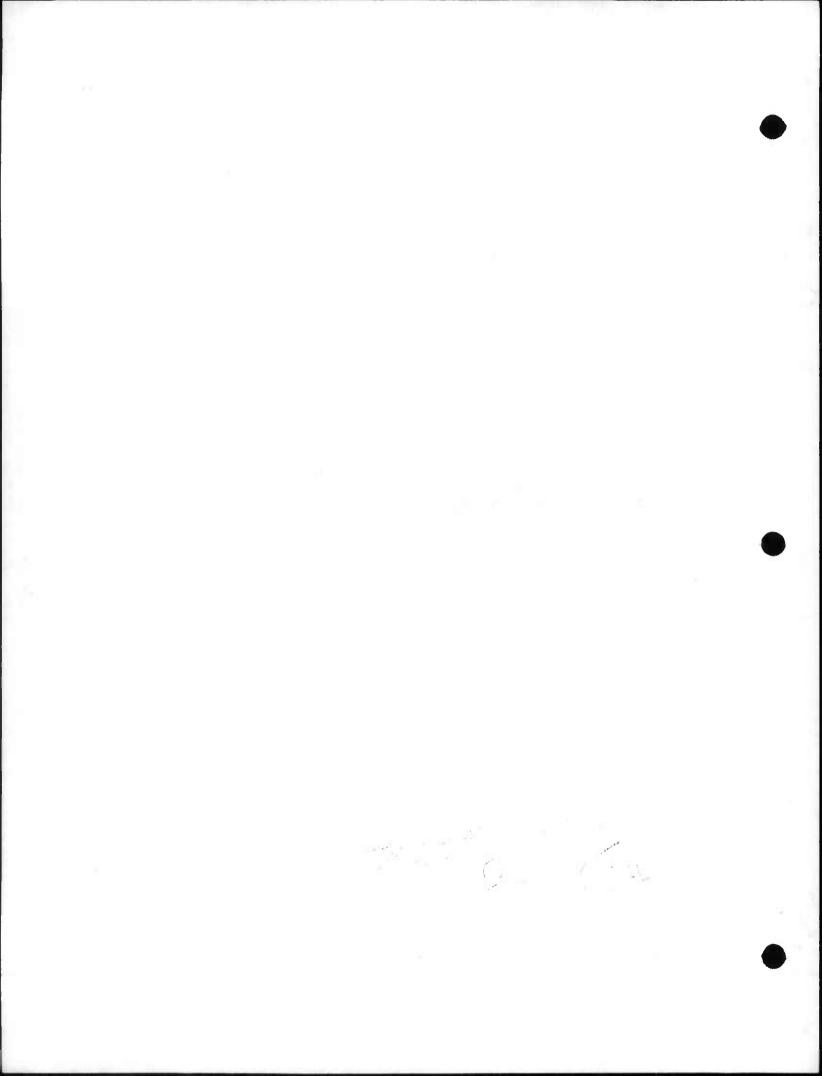
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WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	UNEXION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be continued the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	s medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The FINDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	CHEMICR: After this certificate has been signed by the attending physician and completely filled in by the fur how the death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	Tem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once,

	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYG		
		arjory McLay		n		2. DATE OF DEA MONTH June	TH DAY 1	3. TIME OF DEATH 993 7:00 P M
	4. SOCIAL SECURITY NUMBER 215-40-0760	1 □ M 2 🌣 F 64	(In yrs. lest birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MHI.	7. DATE OF BIRTY (Month, Duy, W. Aug. 31	, 1928	BIRTHPLACE (State or Foreign Country) Maryland
TOR	Residence: 606	Doctor Jack Ro	ad		t Deposit			vor death Cecil
DIRECTOR	10a. STATE 10b. COU		10c. CIT	y, TOWN OR LOCA	TION Deposit			10d. INSIDE CITY LIMITS? 1 YES 2 K NO
FUNERAL	100. STREET AND NUMBER 606 Doctor Jack	Road		10	1. ZIP CODE	21904	10g. CITIZE	N OF WHAT COUNTRY? U.S.A.
BY	11. MARITAL STATUS  1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.)  1  YES 2 X NO Specify:  White				
COMPLETED		Elementary/Secondary (0-12) College (1-4 or 5+) Iffe. Do NOT u			ON ost of working	Cec:	il County	STRY Y
CO	17. FATHER'S NAME (First, Middle, Last) Thomas	James McLay		18. MOTHER'S NA	ME (First, Middle, M	Blackburi	n	
10 8	196. INFORMANT'S NAME (Type/Print) Walter W. Burli	n			and Number or Rural	Route Number, City o	or Town, State, Zip Co	
	20a, METHOD OF DISPOSITION 14 Burlel 2 Committee 3 Fig.	agnoval from State 20b cem	PLACE AND DATE OF	OF DISPOSITION (No	ame of	_	c. LOCATION — CR	
	21. SIGNATURE OF FUNERAL SERVICE		The	Lee A	NO ADDRESS OF FA	ciury son & So		
CERTIFICATION	immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A	METAST CONSEQUENCE OF CONSEQUENCE OF	R				Onset and Death
MEDICAL C	PART II. Other algolificant condit	ions contributing to death b	ut not resulting i	n the underlyin	g cause given in	PE	AS AN ALITOPSY PRFORMED? ES 2 X NAO	24b. WERE AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 X NO	HOSPITAL:		OTHER:	LACE OF DEATH (Ch			
ву рну	27-MANNER OF DEATH  1 Natural 5 Pending	1 Inpatient 2 ER/Outp 28s. DATE OF INJURY (Month, Day, Year)	26b. TiMi	E OF 28c. INJ	NO 5 M Residence		OW INJURY OCCUI	RED
ETED B	3 Suicide 6 Could not determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, a	treet, factory, offic		281. LOCATION (S City or Town,		Rural Route Number,
COMPLE		YSICIAN: To the best of my knowl						
BE	29b. SIGNATURE AND TITLE OF CERTI	2Uptu			D 293	73	29d, DATE #	128/93
10	30. NAME AND ADDRESS OF PERSON ERIC J. SI	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Princ) KAVE.	BALT	2MC-C	2120	01
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE					

DHMH-18 Rev 1/89



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4	Py I	, or Item 23 shows any injury, or other traumatic event, the medical examiner must be not	
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TO THE HIGH THE MINING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or at	TO THE FUNE TO THE TOTAL After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Deor, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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1 -	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF H CERTIFICATE OF		19434
1. 0	Reba Hoos	Payahman	2. DATE OF DEATH DAY YEAR	3. TIME OF DEATH

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEATI	1		3. TIME OF DEATH
	Reba	nan					монтн 06	24	93	2:05 PMM			
	4. SOCIAL SECURITY NUMBER 218-80-484		5. SEX	6. AGE (In yrs. las	GE (In yrs. last birthday) IF MOH		1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Yea.	, 1011	8. BIRT	HPLACE (State or Foreign try)
	9e. FACILITY NAME (If not institution, give street and number)					Ob CITY	TOWAL	DIOCATI	21.05.05				nnsylvania
DIRECTOR	Calvert Manor Nursing Home						Pb. CITY, TOWN OR LOCATION OF DEATH  Rising Sun  Cecil					DEATH	
S	10e. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN C	R LOCAT	TION					10d, INSIDE CITY
- DIR	Maryland	Ceci	1		Ri	sing	_						1 YES 2 X NO
¥	10e. STREET AND NUMBER	1 0					10	. ZIP CODE			1070		WHAT COUNTRY?
FUNERAL	1881 Teleg	raph K						2191				S.A.	
BY	1 Never Married 2 3 Widowed 4 Divo	Like a real control of the second	FORCES? 1	IT EVER IN U.S. AR			f yes, sp		n, Mexica	NIC ORIGIN? (Specify in, Puerto Ricen, etc. y:		14. RAC Blac Spec	E — American Indian, ik, White, etc. "My: White
	15. DEC	EDENT'S EDUC	CATION			USUAL O				16b. KIND OF	BUSINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0	1	College (1-4 or 8	+) Ho.	Do NOT U	se retired.)	ouring mo	st of workin	g				
8	17. FATHER'S NAME (First, M	iddle, Last)						16. MOTH	ER'S NA	ME (First, Middle, Mai	den Surname)	_	
BEC		ert L.	Hogg							Myrtle	Wilkey		
2	Mrs. Joyce	. ,	Dowell	191						Oxford,		ip Code) L9363	3
	20e. METHOD OF DISPOSIT 1	n 3 🗆 Remo	oval from State	20b. PLACE comenna Prest	AND DATE	OF DISPOS	TION (Na	me of		1/-	LOCATION -		own, State
	21. SIGNATURE OF EUNERA		ENSEE	_ I Fresi	yrea					Funer			msyrvania
	· Da	lph	6.	Nuc	ks		103 E1kt	West	Sto MD	ckton St 21921-55	reet 21		
	23. PART i. Enter the d ahock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eert fallure. I	List only one cau	caused the deuse on each line	e 1	Ka	the mo	Hai	lu Lu	h es cerdisc or re	epiratory a	reet,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST						many year						
_ 11	PART il. Other aignifice	nt conditions	s contributing to	deeth but not r	esuiting	in the un	deriving	1 COUSE O	iven in	Part I 24e WEG	AN AUTOPSY	244	. WERE AUTOPSY FINDINGS
: MEDICAL	COPI	M	Odia	betes	m	eli	iti	N		PER	FORMED?		AAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
A	25. WAS CASE REFERRED TO	O MEDICAL					28 PI	ACE OF O	EATH /Ch	ack only one)			
2	EXAMINER?		HOSPITAL:	ED/Outpetlant 2	□ DOA	OTHER	t:			, , , , ,			
PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5	Pending	26e. DATE OF (Month, D	INJURY	26b, TIM		28c. INJ WO			8 Other (Specify) 28d. DESCRIBE HO	W INJURY OC	CURED	
ED BY	3 Suicide 8	Could not be determined	28e, PLACE O building,	F INJURY — At ho	me, farm, :	atreet, tect			, 110	281. LOCATION (Str. City or Town, St		or or Rural i	Route Number,
4	290. CERTIFIER	minus a series											
COMPLETED	(Check only									to the cause(e) end time, date end place			e) end menner ee stated.
296. SIGNATURE AND TITLE OF CERTIFIER  Flage R, Dayle MD  296. LICENSE NUI  D36							36	18ER 238	29d. DA	TE SIGNED	27,1993		
	FAYER D	BY LE	= MD I	133 60	CUS	Print)	ST.	0	XF	ORDP	A 1	930	63
	JIN 28 93	Year)	32. REGISTRA	don fand	02								

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		Page
		permit.
0.	n 24 hours after death. Page 6 may be retained by the hospital or attending physician.	y filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
0	듄	3
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BALTIMORE, MARYLAND 21215-0020	etained	shoul
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

examiner must be notificated and the state of the state o	IMPURIANT: If tiem 28 is marked, or item 23 snows any injury, or other traumatic event, the medical TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notifi-	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notifi
the funeral director, page 5 showal.	TO THE PURERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sho be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
er death. Page 6 may be retain	TO THE HOSELAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retain

	1 - STATE REGISTRAR	STATE OF MARY		MENT OF HE		MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH DA	Y YEAR	3. TIME OF DEATH
	Daniel Wayne Bar					June 24,	1993	5:23 A. M
	219-44-6232	1X M 2 🗆 F	45 YRS.		HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 12/21/1947	Count	re de Grace,
DIRECTOR	32 Colonial Circ			North	East	ATH	Se COUNTY OF C	MD MD
EG		DESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION						10d, INSIDE CITY
	Maryland	Cecil		North E	ast			LIMITS? 1 TES 表図 NO
FUNERAL	32 Colonial Circ	le		10f.	21901		10g. CITIZEN OF	
B	11. MARITAL STATUS 1 Never Married 242 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 VEI IF YES, GIVE WAR OR	B 2 NO	If yes, spec		IC ORIGIN? (Specify Yes , Puerto Rican, etc.)	or No- 14. RAC Blac Spec	E — American Indian, k, White, etc.
包	15. DECEDENT'S EDU (Specify only highest grad	CATION completed)	16a. DECEDENT'S US	k done during most		16b. KIND OF BUS		VIIICC
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+) N/A	Equipme	nt Oper	ator	Com		
O O	17. FATHER'S NAME (First, Middle, Last)	N/A	Equipme	ne opera		ME (First, Middle, Maiden :	Structio	on
BE C	Walter Barrow				Grace	Fell		
10	Ruth Ann Barrow					oute Number, City or Town		
9	20a, METHOD OF DISPOSITION		32 CO	lonial (		North East	MD 21	901
E E	1 Burial 2 M Cremation 3 Ren 4 Donation 5 Other (Specify)	novel from State	R.A. Ferr	r placa)	e or	6/28 Wes		·
in in in in in in in in in in in in in i	21. SIGHATURE OF FUNERAL SERVICE L			22. NAME AND	ADDRESS OF FAC	ILITY	t Gheste	I. FA
Exa	1/1008 4	4			Funeral Main St	North E	ast. MD	21901
other traumstic event, the medical examiner must be notified at once.  TIFICATION  TO BE COM	23. PART I. Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions.	a. DUE TO (OR AS	each lina.  OSIS O  A CONSEQUENCE OF):  TO ME A			malete		Approximate Interval Between Onset and Death
injury, or other traumatic	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):						
AN: MEDICAL	PART II. Other significant condition	ns contributing to desth	but not resulting in	tha underlying	ceuse given in f	Part I. 24e. WAS AN PERFORI	MED?	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	CE OF OEATH (Che			
5 ×	1  YES 2  NO  27. MANNER OF OEATH  1  Netural	1 Inpetient 2 ER/Ou 28a, DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. INJUI	K?	B C Other (Specify) 28d. OESCRIBE HOW IN	JURY OCCURED	
28 is marked, TED BY PH	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUF building, etc. (Sp	AY — Al home, farm, atra		S 2 NO	28I. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,
		ICIAN: To the best of my kno						
E W	29b. SIGNATURE AND TITLE OF CERTIFIE	R	on and/or investigation,		1th occured at the I		1 due to the cause(cause	
TO B	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type, Pr	rint)	D-26	183	<b>&gt;</b> 6/	24/93
	M. Sach de V. 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	CPCII A	ve, 1	10Hh	tast 1	nd. ¿	21901
	JUN 25'93	32. REGISTRAN'S SIG	n-Aandell					

	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Las		CERTIF	ICATE OF		REG. NO		
	THOMAS EDWA		T		2	June 21,	ľ993 '	3. TIME OF DEATH 6:30 P.
	187-05-4395	15€ M 2 🗆 F / 7	(In yrs. lest birthday) 2 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. 7	DATE OF BIRTH (Month, Day, Year)	1920	BIRTHPLACE (State or Foreign Country) Pennsylvania
OR	9a. FACILITY NAME (If not Institution, give Capezio Boarding		White:	or location of deat Eord	Н		y of DEATH rford	
DIRECTOR	10a. STATE 10b. COUNTY Maryland Harford			ry, town on loca Bel Air	TION			10d. INSIDE CITY LIMITS? 1 TYPES 2 NO
FUNERAL	950-D Richwood F	load		10	M. ZIP CODE 2 10 14			N OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 VES IF YES, GIVE WAR OR D	2 NO	If yes, sp	CENDENT OF HISPANIC pecify Cuban, Mexican, I S 2 NO Specify:	ORIGIN? (Specify Yes Puerto Rican, etc.)	s or No 14	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed)  College (1-4 or 5+)  A				166. KIND OF BUI	siness/indus Marke	STRY
BE COM	17. FATHER'S NAME (First, Middle, Last) Edward Olive	er McCrosky			18. MOTHER'S NAME Margaret			htbill
10 8	190. INFORMANT'S NAME (Type/Print)  Donna L. Clauer		19b. MAILING 1909	Wheel R	end Number or Aural Rou oad, Bel A	te Number, City or Tow	n, State, Zip Co 21015	ode)
	20a. METHOD OF DISPOSITION \$\( \) Burlal 2  \text{Cremation } 3  \text{Rs} \\ 4  \text{Donation } 5  \text{Other} \( (Specify) \)		D. PLACE AND DATE	other place)		DATE   20c. LO		cannon, Pa.
	21. SIGNATURE OF FUNERAL SERVICE	Me Car	nos III	22. NAME A	nd address of facility of the McCom	as III F	uneral	Home, P.A.
	23. PART I. Enter the diseases, o shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	Liat only one cause on e	each line.	not enter the mo	arch a	s cardisc or resp	fratory arres	t, Approximate interval Betwee Onset and De
TION	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST							tru
RTIFICA	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events		A CONSEQUENCE O	Teey P:	du	erre		
MEDICAL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	d. AS	C U	DF):	g cause given in Pa	rt I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDIN ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions to the condition of the cause of the	ons contributing to death the	Dut not resulting	in the underlyin	LACE OF DEATH (Check	PERFOR	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are supported by the condition of the cause of th	HOSPITAL: 1   Inpetient 2   ER/Out	out not resulting	26. P  OTHER: 4   Nursing Hon	LACE OF DEATH (Check	PERFOR	RMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 - YES 2 WAR
D BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions to the condition of the cause of the	HOSPITAL:    Impetion 2   ER/Outs	Dut not resulting	26. P OTHER: 4 Nursing Hon MC OF 28c. IN. JURY W M 1	LACE OF DEATH (Check ne 5   Residence 6   JURY AT PK? YES 2   NO	PERFOR	RMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 AMA
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are successful to the significant conditions are successful.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation are successful to determined.  29a. CERTIFIER (Check only)	HOSPITAL: 1   Inpatient 2   ER/Out  28a. DATE OF INJURY (Month, Day, Year)	patient 3 DOA  28b. TIM IN.  7 — At home, farm, city)	26. P OTHER: 4 Nursing Hon BE OF JURY M 1  street, factory, office	LACE OF DEATH (Check ne 5   Residence 6   DURY AT DRK? YES 2   NO	only one)  Other (Specify)  Id. DESCRIBE HOW I  St. LOCATION (Street City or Town, State)  the cause(a) and mai	RS CR D NJURY OCCUI	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 WAR  PLACE HOME  RED  Rural Route Number,

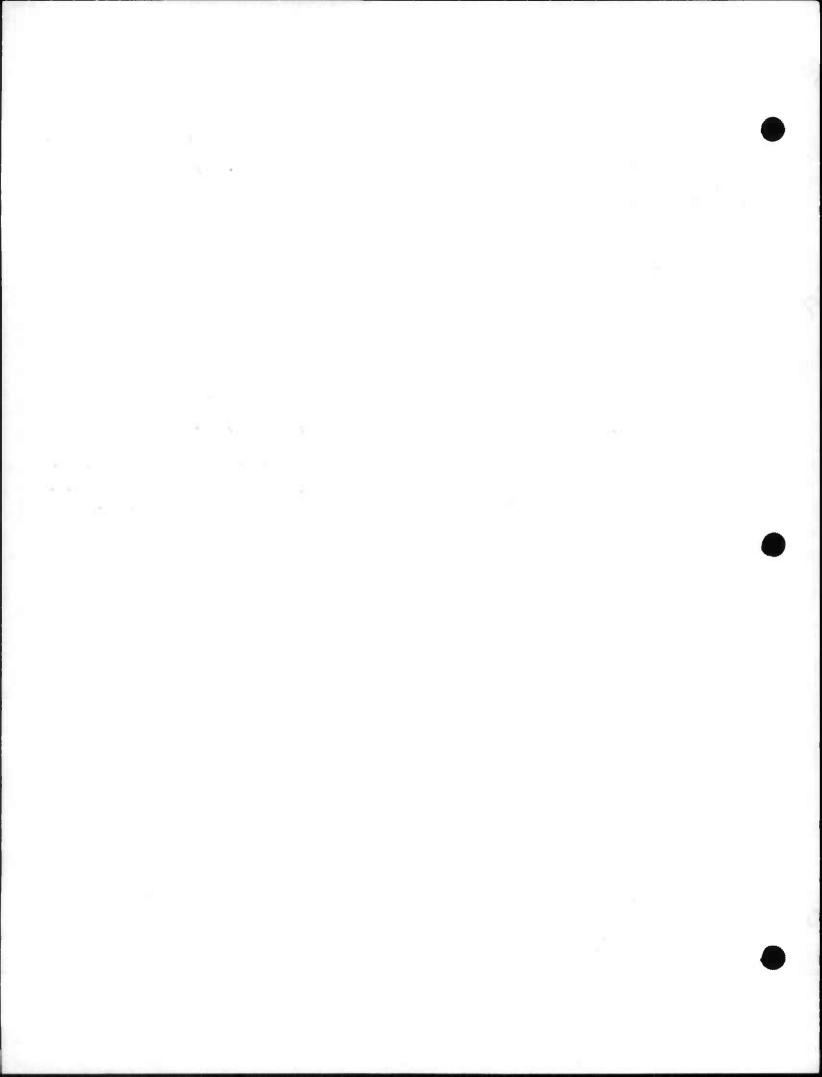
BALTIMORE, MARYLAND 21215-0020

ION OF VITAL RECORDS, P.O. BOX 68760,

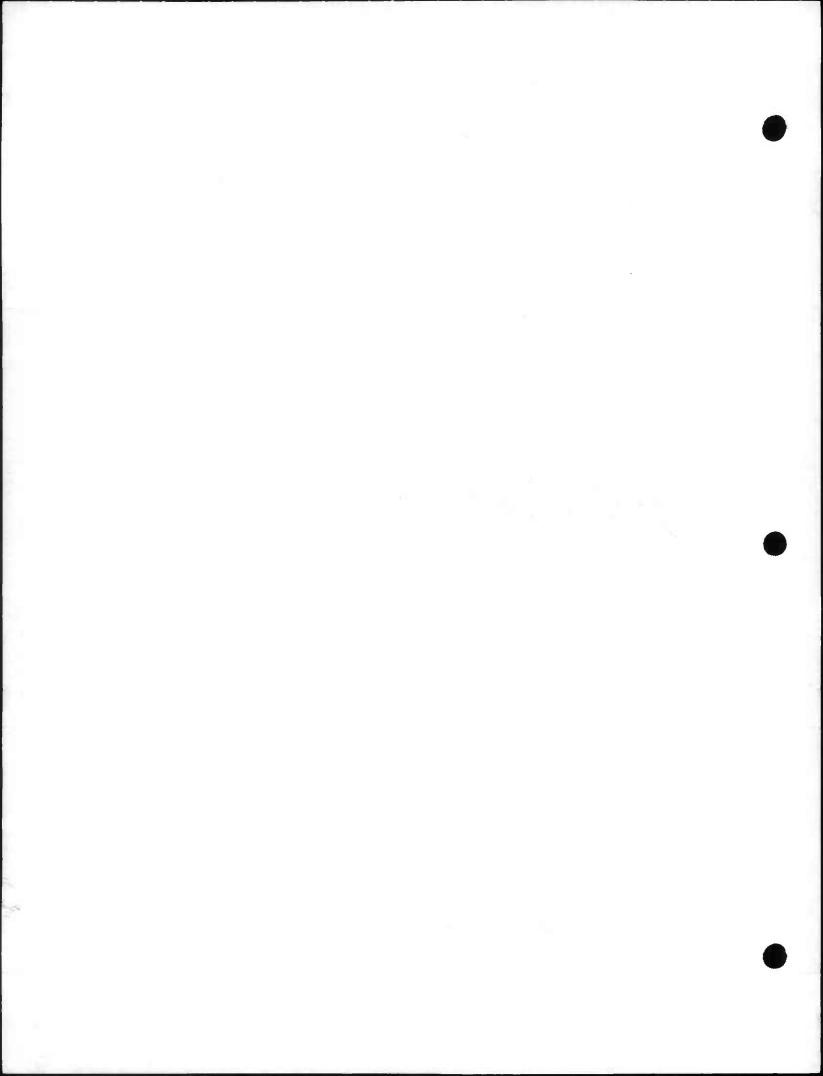
31. DATE FILED (Month, Day, Year)

JUN 23 93

32. REGISTRAR'S SIGNATURE



	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	ENT OF H	EALTH AND DEATH	MENTAL	HYGIENE REG. NO.	93	15	3437	
	1. DECEDENT'S NAME (First, Middle, Last)	SADIE B. E	BENNINGTO	N		2. DATE MONTH 06	OF DEATH DAY 2 1		EAR	5:00 p	
	4. SOCIAL SECURITY NUMBER 213-68-4:987	1 🗆 M 2 💢 F	yrs. lest birthdey)	NDER 1 YEAR THE DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	DE BIRTH Day, Year) 1/1/191		Country)	LAND	
TOR	9a. FACILITY NAME (II not institution, give some cities of the cities of		100		DE GRA			9c. COUNTY HA	RFOE		
DIRECTOR	10a. STATE 10b. COUNT	FORD		TOWN OR LOCATION  ARLINGTON						d. INSIDE CITY LIMITS?  YES 2 \ NO	
FUNERAL	2110 FRANKLIN	Church Road			21034			10g. CITIZEN		T COUNTRY? STATES	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2 NO			ENDENT OF HISPA ecify Cuben, Mexic. 2 X NO Speci	an, Puerto R		ir No.— 14.	RACE — Black, W Specify: WH ]		
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USUA (Give kind of work of Me. Do NOT use redi-	one during mo ed.)	DN st of working	16b.	OWN H				-
BE COMPL	17. FATHER'S NAME (First, Middle, List)  JOHN H. FRAS	HOTILTIF	KLK	10. MOTHER'S NA							
TO B	190. INFORMANT'S NAME (Type/Print) LINDA K. FOX		2110 F	RANK		JRCH	ROAD	DAR	LING	sтом, MD	
	20e. METHOD OF DISPOSITION 1	ovel from State Carrie	PLACE AND DATE OF DIS	MORI	AL GDNS	6/2		L AI		State D	
	Heffung	P. Lovel	lidge	HARK		ERAL				DELTA, P	
	23. PART I. Earer the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused List only one cause on se a. Due to (or as a	ch line.		election of dying, such	1	lac or respira	itory arrest	•	Approximate Interval Between Onset and Death	
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	С,	CONSEQUENCE OF):								_
IAN: MEDICAL	PART II. Other aignificant condition	a contributing to death bu	t not resulting in th	underlying	g cause given in	Part I.	24a. WAS AN AI PERFORM 1 - YES 2	ED?	CO OF	ARE AUTOPSY FINDINGS ARLABLE PRIOR TO MIPLETION OF CAUSE DEATH?  YES 2 No	
PHYSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 MAR	HOSPITAL: 1   Inpatient 2   ER/Outpe	tient 3 DOA 4 2	MER:	ACE OF DEATH (C						-
ву РНУ	27. MANNER OF DEATH  1 Metural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJ WO		T	CRIBE HOW INJ	IURY OCCUR	ED		-
ETED B	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, atc. (Specif	28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)		•	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			Number,		
COMPLE		ICIAN: To the best of my knowle							euse(a) an	nd manner ee stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	2 Ju	2		29c. LICENSE NU	MBER 218	0	P 6	(2)	2/23	
	TO NAME AND ADDRESS OF PERSON WI	D YUN	M	D	A	em	ed	e 1	Br	4. M	-
	31. DATE FILED (Month, Day, Year)	1. Paindson-Ra									



DIVISION OF VITAL RECORDS, P.O. BOX 68760,  TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriar-transit.	BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	In by the funeral director, page 5 should be detached for use as the burial-transit
무를	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	NERAL DIRECTOR! After this certificate has been signed by the attending physician and completely fills

	1 - STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTM	ENT OF HEALTH AN	D MENTAL HYGI		13430		
)	1. DECEDENT'S NAME (First, Middle, Lest)	Magie	B	atsolv	2. DATE OF DEATH		3. TIME OF DEATH P		
	4. SOCIAL SECURITY NUMBER  219- 03-6521	1 - M 2 XF	81 YRS. MONT		7. DATE OF BIRTH (Month, Day, Year 6-24-	1 11	BIRTHPLACE (State or Foreign Country)		
HOT	9a. FACILITY NAME (If not Institution, give HARFORD ME RESIDENCE OF DECEDENT	morial Hosp	1 1 1	CITY, TOWN OR LOCATION O		1	R FOR d		
DIRECTOR		rford		wn or location e de Grace			10d. INSIDE CITY LIMITS? 1 XYES 2 NO		
NERAL	100. STREET AND NUMBER  515 Warren St			10f. ZIP CODE 21078			N OF WHAT COUNTRY?		
BY FUNE	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS OECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	J.S. ARMED 2 100 ES	13. WAS DECENDENT OF HIS If yes, specify Cuben, Me 1 YES 2 NO S			. RACE — American Indian, Black, White, etc. Specify: Black		
LETED	15. OECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION 1 le completed) College (1-4 or 5+)	16e. DECEDENT'S USU/ (Give kind of work of life. Do NOT use retir	lone during most of working	16b. KIND OF	BUSINESS/INDUS			
COMPL	10 17. FATHER'S NAME (First, Middle, Last)		house		NAME (First, Middle, Mei	len Surname)			
BE at	James Warfiel	<u>d</u>			ow Sheppa				
TO B	Charlotte Rose			RESS (Street end Number or Re					
3	20a, METHOD OF DISPOSITION	20b. P	LAGE AND DATE OF DIS	CClain Ln.		LOCATION - CH			
must	1 Suriel 2 Cremation 3 Ren 4 Densition Cremation 3 Ren	- O V2	ny crematory or other pl	ted Meth		perdeer			
examiner examiner	22. NAME AND ADDRESS OF FACILITY  Arnold Beard Funeral Service  P.O. Box 188 Havre de Grace, MD  23. PART I. Enter the diseases, or complications that coused the death. Do not anter the mode of dying, such as cardiec or respiratory arreat,  Approximate								
mental systems prior to outles, centation, or terroval jury, or other traumatic event, the medical of CERTIFICATION	23. PART L enter the diseases, or shock, Dr heart failure.  IMMEDIATE CAUSE (Finel disease Dr condition resulting in death)	a. DUE TO (OR AS A C	en lina.	onter the mode of dying,		spiratory arrea	t, Approximate interval Between Onset and Death		
other traumatic en	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Sequentially list conditions, for any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):							
or other traumatic	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A Co	CONSEQUENCE OF):						
Item 28 is marked, or item 23 shows any injury, or PETED BY PHYSICIAN: MEDICAL CE	PART II. Other significant condition	ns contributing to death but	not resulting in the	a undarlying cause given	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 2 YES 2 NO		
23 sh							. 42,115		
r Item 23	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	28. PLACE OF DEATH	(Check only one)				
PHYS	1 VES 2 NO	1 Inpatient 2 ER/Outpati		Nursing Home 5 Resider  28c. INJURY AT		W III II II II OOOU	1-0		
marked, BY Pt	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?	28d. DESCRIBE HO	W INJUHY OCCUP	RED		
m 28 is mar ETED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e, PLACE OF INJURY — building, etc. (Specify)	At home, farm, street,		281. LOCATION (Stre City or Town, St		Rural Route Number,		
2 = 5		SICIAN: To the best of my knowled ER: On the basis of examination s					euse(e) and manner es stated.		
MPORTANT.	296. SIGNATURE AND TITLE OF CERTIFIE	:R		29c. LICENSE		29d. DATE S	IGNED (Month, Day, Year)		
O B	Wumam	M			2609	<b>&gt;</b> 6	123193.		
	30. NAME AND ADDRESS OF PERSON WI	than; my	703 R	evelutionst	· Harre De	Gran	MD 21678.		
	JUN 24 93	Titha Davidson-	gandelle.				-		

	pern	
physician.	burial-transit	
r aftending	use as the	
he hospital o	detached for	
retained by t	should be	
that the death certaincate be executed within 24 hours after beath. Page b may be retained by the hospital or attending physical process.	ed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perrit and Mental Hydiene prior to burial, cremation, or removal.	
mer death. Pa	the funeral or	
24 nours a	filled in by tion, or rem	
ecuted within	nd completel burial, crema	
Uncare be ex	ed by the attending physician and completely filled in by the th and Mental Hydiene prior to burial, cremation, or removal.	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
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Mar	ed by	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

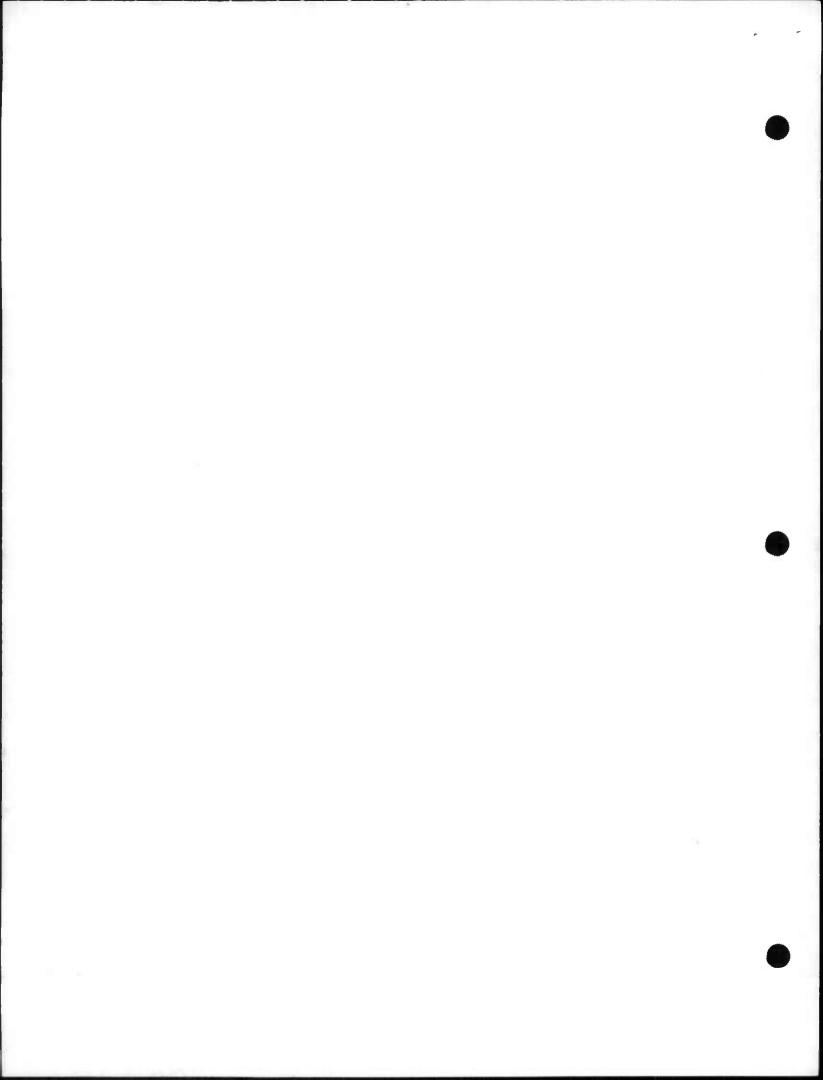
nit. Pages 1, 2, 3 should TO THE HOSPITAL OF MELLOUS PHISICANI. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hoss TO THE FUNERAL ORIENTOR After the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is married, or film 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month Day, Year) 93

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randale

	OWIC							93	13433
	1 - FOR STATE REGISTRAR	STATE OF M			TMENT OF I		MENTAL HYGIE REG. N		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TIME OF DEATH
	RONALD  4. SOCIAL SECURITY NUMBER	WAYNE			THWAIT			8	199312:30 A M
	233-50-9608	1√2 M 2 □ F	6. AGE (In yrs. Is 58	yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Aug. 13,	1934	BIRTHPLACE (State or Foreign Country)     West Virginia
	9e. FACILITY NAME (If not institution, give s	street and number)			9b. CITY, TOWN	OR LOCATION OF D	EATH		NTY OF DEATH
стон	HOME-ROUTE (		271			LaPLAT	Α		CHARLES
DIRECTOR	Maryland 10b. count	charles			y, town on Local La Plata	TION			10d. INSIDE CITY LIMITS?  1 YES 2 NO
	100. STREET AND NUMBER HWY 6 Box 271-E				10	f. ZIP CODE		1 1	IZEN OF WHAT COUNTRY?
W W						20646			USA
BY FUNERAL	11. MARITAL STATUS 1  Never Married 2  Married 3  Widowed 4 Divorced	IF YES, GIVE W	YES 2	RMED NO	If yes, s		NIC ORIGIN? (Specify ) an, Puerto Rican, atc.) fy:	es or No—	14. RACE — American Indian, Black, White, etc. Specify:
	15. DECEDENT'S EDU {Specify only highest grade	CATION	18e. D	ECEDENT'S	USUAL OCCUPATI work done during m	ON ast of working	16b. KIND OF B	USINESS/INC	White
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +	)		irector	•	County	Schoo	ol System
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, Middle, Maid		1 Dystell
S	Hugh Braithwaite			Burton	Garrierno,				
BE	19a. INFORMANT'S NAME (Type/Print)		11	9b. MAILING	ADDRESS (Street		Route Number, City or To	wn. State. Zic	Code)
5	Therese L. Braitw	<i>v</i> aite					, Waldorf,		
	20a, METHOD OF DISPOSITION  1X Burial 2 Cremation 3 Rem  4 Donation 6 Other (Specify)	ioval from State	cemetery, cr	ematory or o	of DISPOSITION (Nather place)	eme of 5' Cem.			City or Town, State
	21. SIGNATURE OF HUNERAL SERVICE LIK	CHISEE		Tariq	22. NAME A	ND ADDRESS OF FA	CILITY	rtenn	am, MD
	Benjamin M		100053	7		Funeral Box 156		БМ	20604-0156
	23. PART I. Enter the diseases, pr	complications that	caused tha d	leath. Do r	not anter the me	oda of dying, suc	ch ss cardisc or rea	piratory an	reat, Approximata
	shock, or haart fallure.  IMMEDIATE CAUSE (Final			Interval Batween Onset and Death					
	disease or condition	a. Muli	tiple	Gu	shot V	Vound-			Onset sild Death
	resulting in death)	DUE TO	OR/AS A CONSE	EOUENCE O	F):	our as			
N	Sequentially list conditions,	b							
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSE	EOUENCE O	F):				
FIC	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSE	OUENCE O	F):				
ERT	resulting in death) LAST	d							
	PART II. Other significent condition	as contributing to	deeth but not	reculting	in the underlyin	a ceues alven in	Part I 24- MBC	N AUTOPSY	
PHYSICIAN: MEDICAL		_			the underly in	g couse given in	PERF	ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
밀							1 XYES	2   NO	OF DEATH?
2							_		1 ☐ YES 2 ☐ NO
NA I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. P	ACE OF DEATH (Ch	eck only one)		
Sic	1 YES 2 NO	HOSPITAL: 1   Inputient 2	ER/Outpetient	3 🗆 DOA	OTHER: 4  Nursing Hon	e 5 🗆 Rasidence	6 Other (Specify)		
E	27. MANNER OF DEATH	28a, DATE OF (Month, Da		28b, TIM		JURY AT DRK?	26d. DESCRIBE HOW	INJURY OC	CURED
BY	1 Natural 5 Pending 2 Accident Investigation	6 1	7 199	B 9:	30°P ¹□	YES 2 X XIO	CUR	LECT	CUOT
	3 Suicide 6 Could not be 4 Homicide datarmined	28a. PLACE Of building,	INJURY — At h	ome, farm, s	street, factory, offic	•	28t. LOCATION (Street City or Town, State	t and Number	or Rural Route Number,
4 N Homicide determined HOME-ROUTE 6, BOX 271									
길							to the cause(s) and m	enner as stat	
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basis of ex	emination and/or	investigatio	n, in my opinion, o	leath occured at the	time, data and place,	end due to th	e cause(s) and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	1 11	,			29c. LICENSE NUI	MBER	29d. DAT	E SIGNEO (Month, Day, Year)
10 B	Nennis	J. Chuit	I ars			OCM	ΙE	▶ 6	18 1993
F	30. NAME AND ADDRESS OF PERSON WH	Ø COMPLETEO CAUS						/a.x7	
			111	Penn	Stree	τ, Balt	imore, N	naryl	and 21201



YEAR

3. TIME OF DEATH

4:20p.

DHMH-16 Rev 1/89

2. DATE OF DEATH DAY 26, 1993

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

JUN 2 8 1993

Patsy

JoAnn

DIVISION OF VITAL RECORDS, P	quires that the death	
TAL R	The law re	
OF V	BAYSICIAN	8
VISION	ATTENDING!	- Company
۵	HOSPITAL OF	Die Campaign
	뿚	-

	1 7	4. SOCIAL SECURITY NUMBER	8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.							DATE OF BIRTH 8. BIRTHPLACE (State or Foreign				
-		218-34-4093	5. SEX 1 M 2 M F	b. AGE (III )	55 YAS.	MONTHS	DAYS	HOURS	24 HRS. MIN.	(Month, D	Day, Year)	1938	Country)	
3 should		9a. FACILITY NAME (If not institution,	give street and number)			9b. CITY,	TOWN (	OR LOCATIO	ON OF DE		10,		Y OF DEAT	
1, 2, 3 s	ECTOR	Washington Co		tal		Н	lage	rstow	מת.				hing	
	Ä	10a. STATE 10b. CD		10c. CIT	Y, TOWN D	R LOCAT	ION					10	d. INSIDE CITY	
E.	DIR	Maryland	Washing	ton		Smith	sbui	2				LIMITS?		
erm.	AL	10e. STREET AND NUMBER						. ZIP CODE		<del></del> :		10g. CITIZE		T COUNTRY?
physician. burlal-transit permit. Pages	<b>E</b>	21948 Holiday			21783								S.A.	
	BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 🖺 NO	1	f yes, sp	ENDENT O ecity Cuber 2 (2) ND	n, Maxicas	n, Puerto Rici	ORIGIN? (Specify Yes or No—  14. RACE — American Indian, Black, White, atc.  Specify:  White			Thite, atc.
Se	TED	15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	16	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  18b. KIND OF BUS						SINESS/INDU	STRY		
	COMPLET	Elementary/Secondary (0-12) 0-12	College (1-4 or 5 d	-)										
detached once.		17. FATHER'S NAME (First, Middle, Las	ПОП	nemak	er	40. 14071								
at of the		Jose				18. MOTH	IEH'S NAI	ME (First, Mide						
ponid be	TO BE	19e. INFORMANT'S NAME (Type/Print)						_	Weave					
5 should be		Mr. Harold L. H	lakor									n, State, Zip C		1 01700
be d		20a. METHOD OF DISPOSITION	akei						ve,		_	g, Mar		
ector, p		1 Buriel 2 Cremetion 3 4 Donation 5 Other (Specify)	Ramoval from State	cemete	ACE AND DATE	ther place	TTION (Na	meor ioli	20 20 12	OATE	20c. LO	CATION - CI	ly or Town,	iaryland
rage 6 may il director, pa ner must b		21. SIGNATURE OF FUNERAL SERVICE	dal La	22 1	NAME AN	E ADDRES	S OF FAC	PLITY M	inni	ersto	νп, M	aryland		
e funeral dir		> Fred	22. NAME AND ADDRESS OF FACILITY Minnich Funeral Ho 415 East Wilson Blvd., Hagerstown, M											
the t														, MD 2174
the writin 24 hours are ream. Fage o may be completely filled in by the funeral director, page inal, cremation, or removal.  c event, the medical examiner must be		23. PART i. Enter the diseases, shock, or heert fall iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	ire. List only one ceu	se on eech	n line.					,	c or reepi	ratory arrec	et,	Approximata interval Between Onset and Death
ending physician and Hygiene prior to bur or other traumati	CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  a. Cardio pul mongru arvest  DUE TO (DR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d. Curdio pul mongru arvest  DUE TO (OR AS A CONSEQUENCE OF):												
has been signed by the att Dept. of Health and Menta 23 shows any injury.	MEDICAL	PART ii. Other significent cond	not rasulting in the undarlying cause given in Par				PERFOR	MEO?	CO DF	RE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION DF CAUSE DEATH?				
S be by	PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICA											1 10	YES 2 NO
cate h State j	S	EXAMINER?	HOSPITAL:	Somethers		OTHER	1:			ck only one)				
e de	¥	1 VES 2 NO	1 Inpatient 2 28a. DATE OF		ont 3 DOA				idence i	Other (S				
r death with the State I is marked, or item	BY PI	1- Natural 5 Pending 2 Accident Investigat	(Month, Di	ny, Year)	1HJ	M		RK? ES 2 _	NO	28d. OEŞCH	IBE HOW IN	IJURY OCCU	REO	
RECTOR Ins after de m 28 is	8	3 Suicide 8 Could no defarmine	building,	F INJURY — atc. (Specify)	At home, ferm, s	streef, facto	ory, office	1		281. LOCATII City or 1	DN (Street a lown, State)	nd Number or	Rural Route	Number,
FUNERAL DIRECTOR  Within 72 hours after of  RTANT: If item 28 is	COMPLET		HYSICIAN: To the best of an											d manner se stated.
TO THE FUNER TO THE FUNER TO FILED WITHIN	8	296. SIGNATURE AND TITLE DF CERT	Hews	vai	~Ja	OPV	1.0	29c. LICE D17		BER		29d. DATE S	IGNED (Mo	onth, play, Year)
	5	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUS	E OF OEATH	I (ITEM 27) <i>(Тур</i> е,	Print)							,	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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TO THE HOSPITA OF VITAL RECORDS, P.O. BOX 68/bu,

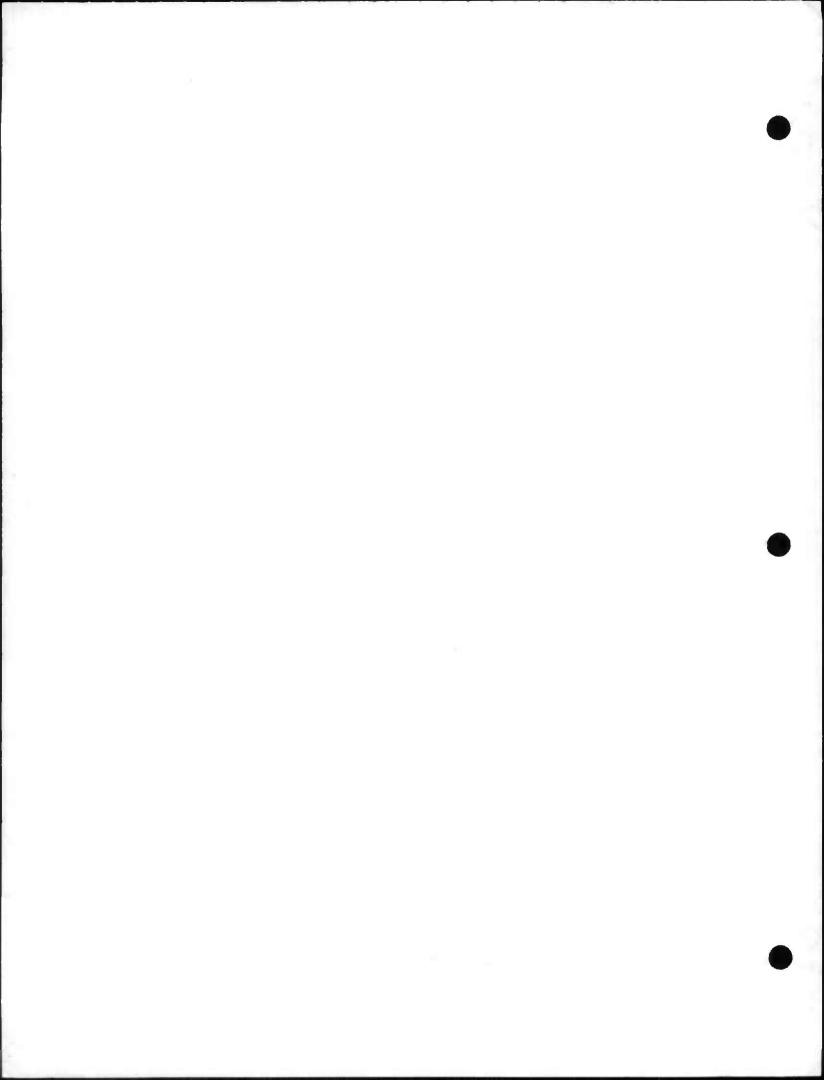
TO THE HOSPITA OF MENTION PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FLICENAL MENTION or this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 25 marked, or fleath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT II Imm 25 is marked, or fleath 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR BALTIMORE, MARYLAND 21215-0020 TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYLAND /	<b>DEPARTMENT</b>	0F	HEALTH	AND	MENTAL	HYGI	ENE
		CE	ERTIFICATE	0	F DEAT	TH		REG.	NO.

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF I	HEALTH AND	MENTAL	HYGIEN REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)  Ruby Ca	rson BARTH				MONTH	OF DEATH	AY	YEAR	3. TIME OF DEATH
	5. SEX 6. AGE (I		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE C		1	Country	LACE (State or Foreign
9a. FACILITY NAME (If not institution, give street	et and number)		b. CITY, TOWN	OR LOCATION OF D		24,13	9c. COUNT		Virginia ATH
14601 Strite Roa	d		Hage	erstown			Washington		
10a. STATE 10b. COUNTY		19c. CITY, 1	OWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
	hington	H	agerst	own					1 YES 2 K NO
10e. STREET AND NUMBER			10	f. ZIP CODE			10g. CITIZE	N OF W	HAT COUNTRY?
14629 Strite Road				21742				U.S	S.A.
1 Never Merried 2 Merried 3 Never Merried 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 KNO	If yes, sp	CENDENT OF HISPA Healty Cuben, Mexic 1 2 X NO Speci	an, Puerto Ri	(Specify Yealican, etc.)	or No- 1	4. RACE Black, Specify	- American Indian, White, etc. White
15. DECEDENT'S EDUCAT (Specify only highest grade co	TION mpleted)	16a. DECEDENT'S US	UAL OCCUPATI	ON ost of working	16b.	KIND OF BUS	SINESS/INDU	STRY	
	College (1-4 or 5+)	(Give kind of world life. Do NOT use in assemb		or working		ai	rcraf	t	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Mi				
Robert Ne	wton Heare						Shank		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	ODRESS (Street	and Number or Rural					
Mr. Robert A. Bart	hlow	14601	Strite	Road, Ha	agerst	own,	Mary1	and	21742
20s, METHOD OF DISPOSITION 1 ☐ Burlel 2 ☐ Cremetion 3 ☐ Remove 4 ☐ Donation 5 ☐ Other (Specify)	al from State 20b.	PLACE AND DATE OF I	DISPOSITION (N.	ON (Name of DATE 29c, LOCATION — City or Town, State					
21. SIGNATURE OF FUNERAL SERVICE LICEN				ND ADDRESS OF FA					al Home
SCOTT	Menn	ch							m, MD 2174
23. PART i. Enter the diseases, or conshock, or heart failure. List iMMEDIATE CAUSE (Finel disease or condition resulting in death)	autions one cause on ea	ch iine.	high?	1	ch ss cerdi	sc or respi	ratory stres	et,	Approximate interval Between Onset and Death
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		CONSEQUENCE OF):							
PART II. Other significant conditions of	contributing to deeth bu	it not resulting in t	he underlyin	g cause given in		24a. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDINGS WARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL									
EXAMINER?	IOSPITAL:		THER:	ACE OF DEATH (Ch					
27. MANNER OF DEATH	26a. DATE OF INJURY	28b. TIME O		Residence	_		JURY OCCU	250	
1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	M 1 🗆	YES 2 NO	28d. DESC	HIBE HOW IF	NJURY OCCU	RED	
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Special	— Al home, farm, atre-	et, factory, offic		281. LOCAT	TION (Street a Town, State)	nd Number or	Rural Ro	ute Number,
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	N: To the best of my knowle								and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI					Month, Day, Year)
Ednus Mad				00185	>		>	a/	14/93
30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEA		nt)						
LLN 1 4 1993 7-	and Danders Ken	hack							



	be	906	3
	6 may	ector. p	must
	Page	dire	101
-	TO THE HOSP TALL ATTACHMENT PHISICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	TO THE FLACEMENT RECORDERATE THIS CONTINUES been signed by the attending physician and completely filled in by the funeral director, page be filed witness, and the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT IT THE 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be
	after	by the	lical
	SUOC	d in	med
	24	fille tion.	the
	withIn	TO THE FLYCHALL WESTION AND THE HIS SCALIFICATE has been signed by the attending physician and completely filled in by the fibe filed without any details and Mental Hygiene prior to burial, cremation, or removal.	vent,
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_		1 - STATE REGISTRAR			ERTIF	CATE	OF	DEATH	MENTAL HYGIEN REG. NO				
		1. DECEDENT'S NAME (First, Middle, Last)					4		2. DATE OF DEATH MONTH D	AY	YEAR	3. TIME OF DEATH	
		Calvin	Syl	vest	er	Coat	es		June 14	 199		1350 P M	
		4. SOCIAL SECURITY NUMBER		. AGE (In yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.			7. DATE OF BIFTH (Month, Day, Year)		8. BIRTHE	PLACE (State or Foreign	
		213-42-9673	1½ M 2 □ F	5	() YRS.			noons win.	Jan. 29,	1943	,	Maryland	
١,	~	9e. FACILITY NAME (If not institution, give si						R LOCATION OF DE		100	VTY OF DE		
6	ECTOR	Calvert Memor	Tal Hosp	oltal		Prin	ce	Freder	1CK	Cal	vert		
	E I	10a, STATE 10b, COUNTY	1		10c. CIT	Y, TOWN OF	LOCAT	ION				10d, INSIDE CITY	
		Maryland Cal	vert Chesape			apea	ake Beach	n		1 YES 2 X NO			
3	₹ I	10e. STREET AND HUMBER						ZIP CODE				HAT COUNTRY?	
	FUNERAL	6840 Old Bays									USA		
i	3	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF If yes, specify Cuban,					ENDENT OF HISPAN	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	or No-	14. RACE Black,	American Indian, White, etc.	
2	B	3 Widowed 4 Divorced					2 NO Specify	r.		Specify	· Black		
18		15. DECEDENT'S EDUC	CATION		DECEDENT'S				16b. KIND OF BU	SINESS/IND	USTRY		
1	Щ	(Specify only highest grade completed)  (Give kind of work done during most of working life. Do NOT use retired.)  Elementary/Secondary (0-12)  College (1-4 or 5 +)											
e 9	NP.	12	2	1	Pharma	icy	Tec	chnician					
once.	COMPLET	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, Middle, Maiden	Sumeme)			
TO	BE		Coates					Zara	a		Jon	es	
	2	19e. INFORMANT'S HAME (Type/Print)							Route Number, City or Tow				
e e		Zara Calhoun							shington,				
must		1 A Buriel 2 Cremation 3 Remo	oval from State	cemetery, c	E AND DATE (	of DISPOSIT	ION (Na	meol .	DATE 20c. LO	CATION —	City or Tow	n, State	
		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	St. Edmonds Church Cem. 6/					CLITY Sewell Funeral Home				
examiner		blue on	0	0 1	0.0								
- 5 Sal	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,												
wental hygene prof to bunal cremation, of removal jury, or other traumatic event, the medical companies of professional contractions.	ahock, or haert fallure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF)										Lori	Interval Between Onset and Death 3—4	
y, or other traumatic	CEMILLICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C										
		PART II. Other aignificent conditions					n Part I. 244. WAS AN AUTOPSY						
S S	2		s contributing to de	0 -	t resulting i	n the und	erlying	ceuse given in	Part I. 24a. WAS AN			WERE AUTOPSY FINDINGS	
=		CARDIO RE	S Contributing to de	REST	( resulting i	n the und	erlying	ceuse given in	Part I. 24a WAS AN PERSON	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
NOWS	žΙ	DCARDIO RE DASPIRATI	ON PI	REJ	MONI	A			PERSON	MED?		AVAILABLE PRIOR TO	
23 shows any in	N: ME		SP AR	REJ	MONI	A		Rome	PERSON	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
em 23 shows	CIAN: ME	3 ALGOHOL	ON PI WITH	REJ	MONI	ASY	N D 26. PL		1 YES 2	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
or item 23 shows	TSICIAN: ME	3 A L GO H O L 25. WAS CASE METERINED TO MEDICAL ENAMINERY 1 YES 2 HO	NON PI	REJ VEUN DRA	1 10 N/ W 2	S Y	N D 26. PL	ROME	1 YES 2	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
or item 23 s	PH TSICIAN:	3 ALGOHOL	NON PR	REJ VEUN DRA ER/Outpetlent	1 0 N/ W 2 2 DOA 28b. TIM	S Y OTHER:	26. PL  26. PL  99 Home	ROM CACE OF OEATH (Che	1 YES 2	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
in married, or item 23 s	ED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMPLE 1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	MOSPITAL: 1 Dispetient 2 = E 280. DATE OF IN	REJOURNA ALLENSON ALL	MON/ WZ 3 DOA	OTHER: 4   Nureli E OF   2	26. PL 26. INJI WO 1   Y	ACE OF OEATH (Che  5 Gresidence  JRY AT  NES 2 NO	1 YES 2	NJURY OCC	CURED	AMALBLE PRIOR TO COUNTY OF CAUSE OF DEATH?  1 VES 2 NO	
If The 28 is marked, or item 23 s	ED BY PHYSICIAN:	25. WAS CASE TEFERRED TO MEDICAL  25. WAS CASE TEFERRED TO MEDICAL  27. MANNER OF DEATH  1 Netural 2 Accident 3 Sufcide 4 Homicide  20e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	MOSPITAL: 1 Vinpettent 2 = E 28e. DATE OF IN (Month, Day, 26e. PLACE OF or building, etc.)	REJOURD IN A STATE OF THE PROPERTY OF THE PROP	3 DOA 26b. TIMI	OTHER:  OTHER:  OTHER:  UNY  M  A contract  A contract  M  A contract  A contr	26. PL og Homo 8c. INJI WO 1  Y y, office	ACE OF OEATH (Cha	1 YES 2  1 YES 2  1 YES 2  1 YES 2  1 YES 2  28d. Describe How I  28d. LOCATION (Street City or Town, State)	NJURY OCC	OVERED OF Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
INCOMINE IN THE TABLE OF THE TA	BE COMPLETED BY PATSICIAN:	25. WAS CASE REFERRED TO MEDICAL  25. WAS CASE REFERRED TO MEDICAL  27. MANNER OF DEATH  1 Notural 5 Pending Investigation  2 Accident Suicide B Could not be determined  20c. CERTIFIER (Check only)	MOSPITAL: 1 Vinpettent 2 = E 28e. DATE OF IN (Month, Day, 26e. PLACE OF or building, etc.)	REJOURD IN A STATE OF THE PROPERTY OF THE PROP	3 DOA 26b. TIMI	OTHER:  OTHER:  OTHER:  UNY  M  A contract  A contract  M  A contract  A contr	26. PL og Homo 8c. INJI WO 1  Y y, office	ACE OF OEATH (Cha	1 YES 2  1 YES 2  1 YES 2  1 YES 2  1 Other (Specify)  28d. DESCRIBE HOW I  28f. LOCATION (Street City or Town, State)  to the ceuse(e) and martime, date end place, en	NJURY OCC	or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
MPI ETED BY DHYSICIAN.	BE COMPLETED BY PATSICIAN:	25. WAS CASE TEFERRED TO MEDICAL  25. WAS CASE TEFERRED TO MEDICAL  27. MANNER OF DEATH  1 Netural 2 Accident 3 Sufcide 4 Homicide  20e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	HOSPITAL: 1 Unpetient 2 = E 28e. DATE OF IN (Month, Day, 26e. PLACE OF I building, etc.	REJOURANDER/Outpatient JURY Year)  NJURY — At I	3 DOA 28b. TIMI INJI	OTHER:  OTHER:  OTHER:  OTHER:  OTHER:  A line of the control of t	26. PL og Homo 8c. INJI WO 1  Y y, office	ACE OF OEATH (Che  5 Grasidence  JEY AT  RK?  ES 2 NO  end place, end due  seth occured at the	1 YES 2  1 YES 2  1 YES 2  1 YES 2  1 Other (Specify)  28d. DESCRIBE HOW I  28f. LOCATION (Street City or Town, State)  to the ceuse(e) and martime, date end place, en	NJURY OCC	or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO  oute Number,  and manner se stated.	
INCOMINE IN THE TABLE OF THE TA	BE COMPLETED BY PATSICIAN:	25. WAS CASE REFERRED TO MEDICAL  25. WAS CASE REFERRED TO MEDICAL  25. WAS CASE REFERRED TO MEDICAL  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL: 1 Impetient 2 = E 28e, DATE OF IN (Month, Day, 28e, PLACE OF In building, etc.  CIAN: To the best of m. R: On the basis of exam  COMPLETEO CAUSE Shi M.D.	REJOURD PROPERTY OF OEATH (IT P)	3 DOA  26b. Tilling  Above the service of the servi	OTHER: 4   Nursil URY M  street, factor ad at the tim n, in my opi	28. PL 28. PL wg Hom WO 1	ACE OF OEATH (Che  5   Residence  TRK?  ACE OF OEATH (Che  5   Residence  NO  end place, end due  path occured at the  29c. LICENSE NUM	1 YES 2  1 YES 2  1 YES 2  1 YES 2  1 Other (Specify)  28d. DESCRIBE HOW I  28f. LOCATION (Street City or Town, State)  to the ceuse(e) and martime, date end place, en	NJURY OCC	or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Pure Number,  and manner se stated.	
INCOMINE IN THE TABLE OF THE TA	BE COMPLETED BY PATSICIAN:	25. WAS CASE REFERRED TO MEDICAL  25. WAS CASE REFERRED TO MEDICAL  25. WAS CASE REFERRED TO MEDICAL  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL: 1 Impetient 2 = E 28e, DATE OF IN (Month, Day, 28e, PLACE OF building, etc.) 28e, PLACE OF many control of the building, etc.)	REJOURD PROPERTY OF OEATH (IT P)	3 DOA  26b. Tilling  Above the service of the servi	OTHER: 4   Nursil URY M  street, factor ad at the tim n, in my opi	28. PL 28. PL wg Hom WO 1	ACE OF OEATH (Che  5   Residence  TRK?  ACE OF OEATH (Che  5   Residence  NO  end place, end due  path occured at the  29c. LICENSE NUM	1 YES 2  ick only one)  6 Other (Specify)  28d. DE\$CRIBE HOW I  City or Town, State)  to the ceuse(e) and martime, date end place, en	NJURY OCC	or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Pure Number,  and manner se stated,	

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TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 Yours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	menograms. If hem 20 is marked or leam 23 shows any injury or other transmittle event the medical examiner must be notified at once
E'HOS	E FUN	OTAL
TO TH	TO TH	COST
	1	
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1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC			MENTAL	HYGIENE REG. NO.	93	19443	
1. DECEOENT'S NAME (First, Middle, Last) THURMAN TROC		DEN			2. DATE OF MONTH		1995	3. TIME OF DEATH  9:00 a. N	
4. SOCIAL SECURITY NUMBER  UNKNOWN  9.6. FACILITY NAME (If not institution, give	1 🔀 M 2 🗆 F	78 YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	JULY	Dey. Year) 14,191	4 MZ	SIRTHPLACE (State or Foreign Country) ARYLAND	
1315 NAYLORS MII			DETOUR	R LOCATION OF O	EATH		9c. COUNTY OF DEATH  CARROLL		
10a. STATE 10b. COUNT  MARYLAND CARE		10c. CITY, TO	OT IR	ON				10d. INSIDE CITY LIMITS? 1  YES & NO	
10a. STREET AND NUMBER 1315 NAYLORS MII				ZIP COOE 21725		10	g. CITIZEN	OF WHAT COUNTRY?	
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	3 2 XNO	If yes, spe	ENDENT OF HISPA belty Cuban, Mexico 2 XNO Speci	an, Puerlo R		No- 14.	RACE — American Indian, Black, White, atc. Specify: AUCASIAN	
15, DECEDENT'S EO (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re FOREMAN	done during mos			KIND OF BUSINE	SS/INDUST		
17. FATHER'S NAME (First, Middle, Last)		20112121		16. MOTHER'S N	1	iddle, Maiden Sun		HOTOKEK	
JOHN P.	COSDEN			MARY			TROGI		
19a. INFORMANT'S NAME (Type/Print) RALPH S. COSDEN				Number or Rural		ETOUR,	MARYI	LAND 21725	
20a, METHOD OF DISPOSITION 1	moval from Stata	ob. PLACE AND DATE OF of cemetary, crematory or SMITHSBURG	other place)		6/2			or Town, Stata	
21. SIGNATURE OF FUNERAL SERVICE L	in Judy	_		S FUNER	ACILITY 1	36 EAST	BALI	TIMORE STEET N, MD 21787	
23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Finst disease or condition resulting in death)	s. ASCUP	each lins.		cardi		1	ory screat	, Approximats interval Betwee Onset and Deat	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· Augul	A CONSEQUENCE OF):  A CONSEQUENCE OF):	gi.						
PART II. Other significant condition	ons contributing to daeth	but not resulting in t	ha underlying	g cause given in	Part I.	24a. WAS AN AUT PERFORME 1 YES 2	D?	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (C	beek only on	9)			
1 TYES 2 TYNO	1   Inpatient 2   ER/O	rtpatient 3 DOA 4		• 5 Rasidence	v ·				
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation		) INJUR	WO 1 🗆	res 2 NO	28d. OE\$	CRIBE HOW INJU	IRY OCCUR	ED	
3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE OF INJU building, etc. (S)	RY — At home, farm, stre pecify)	et, factory, offic			ATION (Street and or Town, State)	Number or I	Rural Route Number,	
cool only	SICIAN: To the best of my known NER: On the bests of axaminate							suse(a) and menner as stated.	
29b. SIGNATURE AND TITLE OF CERTIF	120021°	C	7.417	29c. LICENSE NO	JMBER 914	2	DATE S	IGNED (Morth, Day, Year)	
30. NAME AND ADDRESS OF PERSON V	Cied ac	DEATH (ITEM 27) (Type, Pr.	int) EQ in L	(-)	211	Tout	10	110	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	GNATURE	LEICE	31. 11	110	11000	1	MA	

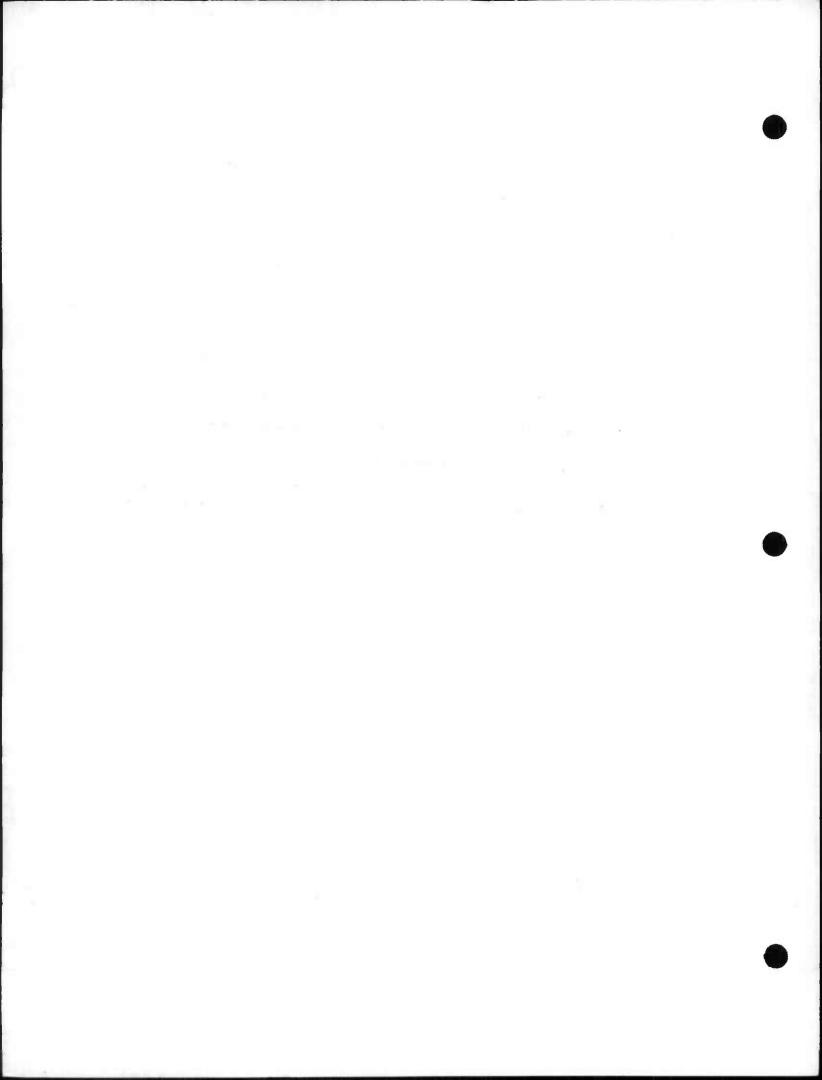
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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDED THE Law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION AND ACCOUNTS THE ACCOUNTS AND ACCOUNTS THE ACCOUNTS AND ACCOUNT

1	1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH	
	JOSEPH	н к.	CHISLEY							06 09	8:12PM			
	4. SOCIAL SECURITY NUMB	BER	5. SEX	6. AGE (In yrs. le:	st birthday)	IF UNDE	R 1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF BIRTH		93 a. Birthp	LACE (State or Ford	eign .
	579-48-4638		1 🔀 M 2 🗆 F	58	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	34	Wash	ington,	D.C
	9a. FACILITY NAME (If not in					9b. CITY			ON OF DE	ATN	14.7	NTY OF DE		11.5
6			S HOSPITA	AL CENTE	ER		CH	EVER	LY,		P	RINCE	GEORGE	S
E	RESIDENCE OF DEC	10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCAT	ION					IOd. INSIDE CITY	
DIRECTOR	Maryland	Princ	e George	's				Pleas	sant				LIMITS?	
	10e. STREET AND NUMBER				10f. ZIP CODE					10g. CIT			<u> </u>	
FUNERAL	7218 G S	treet							207	743		U.S.	A.	
2	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.						IIC ORIGIN? (Specify Yes	or No-	14. RACE -	- American Indian White, atc.	١,
BY	1 Never Married 2 XXV 3 Widowed 4 Divo		IF YES, GIVE W					2XXNO				Specify		ζ
		EDENT'S EDUC		16a, DE	CEDENT'S	USUAL O	CCUPATIO	ON.		16b. KIND OF BUS	INECC/INI	LIETOV		
E	(Specify only Elementary/Secondary (0	highest grade	completed) College (1-4 or 5 +	(G life	ive kind of v Do NOT us	work done se retired.)	during mo	st of working	ng					
MPL	12th grade			W	areho	ouse	Mana	ager		Howard	Unive	ersit	y Hospit	al
COMPLETED	17. FATHER'S NAME (First, MI							18. MOT	NER'S NAI	ME (First, Middle, Maiden beth Butle:	Surname)	-		
B	Leon Chisl		•											
၉	Betty B. Ch		(Wife)	7	5. MAILING 218 (	ADDRESS	S (Street a	nd Number	or Rural F	loute Number, City or Town	n, State, Zip	code)	20743	
	20a. METNOD OF DISPOSITE		(MITE)	20b. PLACE	-				ac I.					
	1 M Buriel 2 ☐ Crematio 4 ☐ Donation 5 ☑ Other		oval from Stata	cell tary					K	6/18/93	Lanc	dover	, State , Maryla	and
	21. SIGNATURE OF PUNERS	SERVICE LIC	ENSEE //			22.	NAME AN	PAPPE	SSTOF FA	eral Home,	. Inc.			$\dashv$
	100	Ta.	Is									.C. 200	)19	
	23. PART I. Enter the di	seeses, of c	ompilcationa that	caused tha de	ath. Do n	ot anter							Approximat	$\overline{}$
	iMMEDIATE CAUSE (Fin	art lanure. I	Liat only one cau	se on aach iine	i.					2	,	,	Interval Bet Onset and	ween
Ì	diseass or condition resulting in death)	<b>→</b>	Ca	OR AS A CONSE	Dul.	mou	our	1 (	an	en/t				
			DUE TO	OR AS A CONSE	QUENCE OF	F):	1	/	,					
NO N	Sequentially ilst condition		DHE TO	OR AS A CONSE	/(	an	mi	Aug	fe	ilue				
¥	if any, leading to immed cause. Enter UNDERLYII	NG	502.10	Cana	ISEOUENCE OF:									
Ĕ	CAUSE (Disease or Injusthat initiated eventa		OUE TO	OR AS A CONSE	NSEQUENCE OF):							-	$\dashv$	
CERTIFICATION	resulting in daath) LAST	T C	l	Mu	int	July	d	05	The	(2)				
. 11	PART II. Other significan	nt condition	contributing to	death but not r	eeuiting i	n the un	deriving	Ceusa (	alven in	Part I. 24a. WAS AN	AUTOPSY	24h W	YERE AUTOPSY FINE	DINGS
EDICAL			onBuce							PERFOR	MED?		MAILABLE PRIOR TO	
- H										1 _ YES 2	NO	0	F DEATH?	
ž										_			T LES STOLLE	'I
정	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					ACE OF O	EATH (Che	ck only one)				
PHYSICIAN:	1 TYES 2 NO		1 Inpatient 2	ER/Outpetient 3	□ DOA	OTHER 4 Nun		5 🗆 Re	sidence	8 Other (Specify)				
	27. MANNER OF DEATH	Pending	26a. DATE OF (Month, Da	INJURY ly, Year)	28b. TIME	E OF URY	28c, INJI WO	JRY AT RK?		26d. DESCRIBE HOW IN	JURY OC	CURED		
≧	2 Accident	nvestigation	26. DI ACE OF	E IAI II IIIV AA ba		M	1 🗆 Y		NO					_
		Could not be letarmined	building,	F INJURY — At ho etc. (Specify)	me, tem, a	nreet, tact	ory, omici	•		26t. LOCATION (Street a City or Town, State)	nd Number	or Rural Rou	ite Number,	- 1
9	290. CERTIFIER	FYING PNYSIC	TAN: To the heat of	mu knawladaa da		-d -d -d - d					-			
COMPLETED										to the ceuse(s) and men			and manner se stat	
	296, SIGNATURE AND TITLE		7			_			NSE NUM				(onth, Day, Year)	-
	4	14	1 Kg	1	ni	1)		7) 8	74-	7/2	D 6	1/12/	53	
임	30. NAME AND ADORESS OF	<b>.</b>			M 27) (Type,	Print)		- 0				1 0		
	651			VK AVE		Wer.	dele	M	d 20	737,	MK	140	ADM M	1/
	JUN 1 8 199		32. BEGISTRAI	A Pandell										
	TOME O 193'	1												



3. TIME OF DEATH

2. DATE OF DEATH

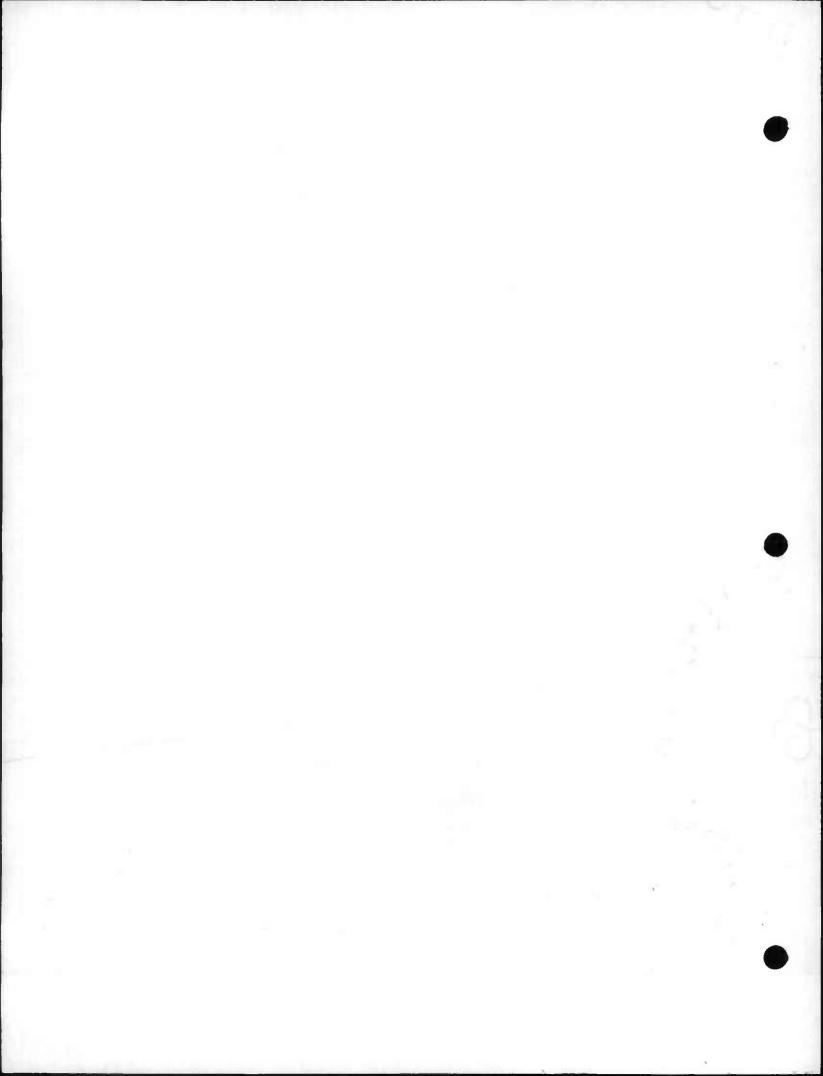
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JUN

AMPBELL

4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE /State or Foreign 1 M 2 D 578-28-3560 3-2-Washington, DO permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, givy) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HONTGONE Montgenery RESIDENCE OF DECEMENT DIRECTOR NE 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Prince Georges Maryland Rockville 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4022 Norbeck Square Drive detached for use as the burial-transit 20853 U.S.A. 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 25 Marri 1 TES 27 NO Specify BY 3 Widowed 4 Divorced Black. COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Private 4years Registered Nurse at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) director, page 5 should be Thomas Ollie BE Harley Sarah Catherine Proctor notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20853 0 William Campbell, Sr. 4022 Norbeck Square Dr. Rockville, MD 99 20s. METHOD OF DISPOSITION
1 CXBurlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Lincoln Cemetery 6/12/199 Suitland, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
J.B. Jenkins Funeral Home the funeral W)a 7474 Landover Rd. Landover, 20785 MD medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, HOSPITAL OR ATTENDING PAYSICIAN: The law requires that the death certificate be executed within 24 hours afti FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by it within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or remon Approximate shock, or heart failure. List only one cause on each lina. Interval Between IMMEDIATE CAUSE (Final Onset and Death traumatic event, the disease or condition\_ DUE TO (OR AS A CONDEQUENCE OF): cule resulting in death) UNDETER DIVISION OF VITAL RECORDS, P.O. BOX 68760, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 50 or-Rem 23 shows any Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 NO OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 | NO me 5 Residence 8 Other (Specify) 4 Nurs 27. MANNER OF DEATH DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Is marked. Netural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 28 4 Homicide Hem 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and menner as stated. TO THE HOSPITAL OF TO THE FUNERAL DE FIED WITHIN 72 ho MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to 29b. SIGNATURE AND TITLE OF CERTIFIER LICENSE NUMBER BE 68 9 ac 0 6-2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Votomis e 107 LCTO CH. Drive 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Randall 4 1993



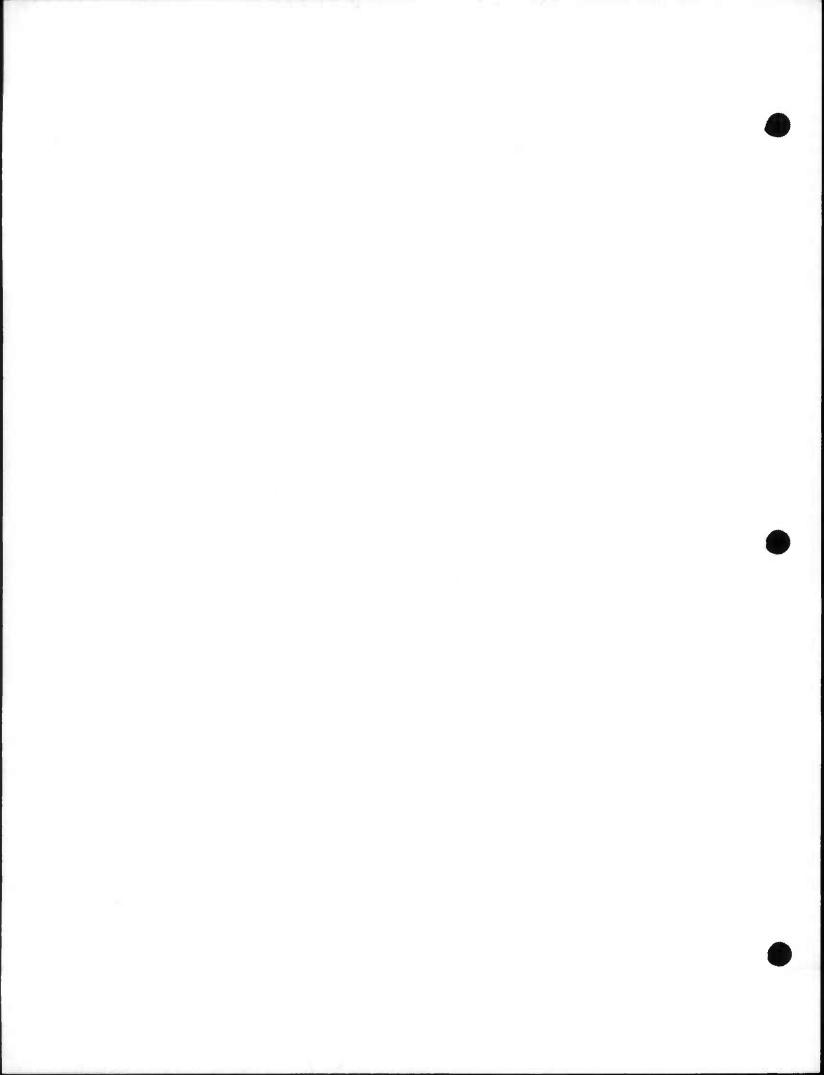
## DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIVISION OF VITAL HECORDS, P.O. BOX 68/60,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be marked, or leam 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN		13110
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Joseph	Roland	Cherr	V		June 15		2:15 PM M
		S. SEX 8. AGE (In	yrs. lest birthday) F	UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.1	BIRTHPLACE (State or Foreign Country)
	180-03-2841	M 2   F	HOURS MIN.	Aug. 7, 19	2-0	faryland		
	9a. FACILITY NAME (If not institution, give street	t and number)	96	CITY, TOWN	R LOCATION OF D		9c. COUNTY	
DIRECTOR	Memorial Hospit	al at East		Easto			Tal	bot
IRE	10a. STATE 10b. COUNTY	0	10c. CITY, TO	OWN OR LOCAT				10d. INSIDE CITY LIMITS?
	Maryland	Caroline		Ri	dgely			1 XYES 2 NO
FUNERAL	10e. STREET AND NUMBER			101	. ZIP CODE			OF WHAT COUNTRY?
NE	108 Maple Avenue				21660		U.S.	
5	11. MARITAL STATUS  1 Never Married 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO			NIC ORIGIN? (Specify Year, Puarto Rican, atc.)	s or No— 14.	RACE — American Indian, Black, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	res	1 🗌 YES	2 NO Specif	ly:		Specify:
	15. DECEDENT'S EDUCAT	ION T	16a. DECEDENT'S USI	IAL OCCUPATION	NA .	16b. KIND OF BU		aucasian
COMPLETED	(Specify only highest grade con Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo	st of working	IOD. KIND OF BU	SINESS/INDUST	HT
PL	11 HS grad.	2011ege (1-4 or 5 +)	Screen F	ainter		Sign Ma	nufact	uring
O	17. FATHER'S NAME (First, Middle, Last)		DCI CCII I	armeer		ME (First, Middle, Malden		di ing
C	George Lew	is Cherry				Sue Ella Sn		
BE (	19a. INFORMANT'S NAME (Type/Print)	LD CHCITY	19b. MAILING AD	DRESS (Street a		Route Number, City or Tow		fe)
9	Zelma W. Cherry					Maryland		
	20a. METHOD OF DISPOSITION	20b.	PLACE AND DATE OF D				CATION — City	or Town State
	P☐ Buriel 2 ☐ Cremetion 3 ☐ Remove 4 ☐ Donetion 5 ☐ Other (Specify)		tery, crematory or other censboro	Cemeta	rv			o, Maryland
	21. SIGNATORE OF FUNERAL SERVICE LICENS	SK 0.4	CCIRCLO	22. NAME AN	D ADDRESS OF FA	CILITY		o, Haryrand
	► V- 01.1.1	O / Ylana		Moore	Funeral	. Home, P.A	١.	
=	23 PARY   5-10	110009		Drawe	r B, Den	nton, Mary	land 2	1629
	23. PART i. Enter the diseases, or com shock, or heart silure. List	t only one cause on ea	the desth. Do not a ch line.	enter the mo	de of dying, suc	h ss cardisc or resp	iretory srrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Pom most	- 11	- o +		.0 0.		Onset and Death
	resulting in death) a	Corcycsu	CONSEQUENCE OF:	an	ray	une		24hs1
_		608 mg	811	2/08	in D	120020		yon81
<u></u>	Sequentially list conditions, if any, leading to immediate	-DUE TO (OR AS AL	CHERQUENCE OF	70000	4	Jules		
PA	cause. Enter UNDERLYING	Prour	nmia					12 weeks
Ĕ	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):	1	70 /	D-		
CERTIFICATION	resulting in death) LAST	urinar	4 120	ct	enfec	lion		week
	PART II. Other significant conditions c	ontributing to death bu	t not resulting in th	a underlying	course alven in	Part i. 24a, WAS AN		
CAL	Ch 8 mil	Domonti		ie undersynig	cause given in	PERFOI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	Carcinoma	2011 Color	O.	sector	-)	1 TYES 2	X NO	COMPLETION OF CAUSE OF DEATH?
Σ	_ COZCOTOTO	of Court	- Re	reco	Z .	_		1 TES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			20 84	105 OF 051TH (0)			
200	EXAMINER?	OSPITAL:		HER:	ACE OF OEATH (Ch			
Ϋ́	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF			6 ☐ Other (Specify)  28d. DE\$CRIBE HOW	N HIBY OCCUPE	- n
	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJURY	WO	RK? 'ES 2 NO		WOTT OCCURE	
BY	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY -	At home, farm, stree	t, factory, office		28f. LOCATION (Street	and Number or R	lural Route Number,
E	4 Homicide detarmined	building, atc. (Specifi	0			City or Town, State)		
7	29a. CERTIFIER (Check only 1) CERTIFYING PHYSICIAL	N: To the best of my knowle	dge, death occurred at	the time date	and place, and due	to the cause(s) and me		
COMPLETED	(Check only one)  2 MEDICAL EXAMINER: C							use(a) and manner as stated
	296. SIGNATURE AND STILE OF CENTIFIER	0						
#	MEJKalaking	B. M.	D.		29c. LICENSE NUN	HDEN	ANG. DATE SIG	GNEO (Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETEO CAUSE OF DEAT	H (ITEM 27) (Type, Prin	1)			6/	6/93
	M. Christadores	RATH	SINIGI	7				
	31. DATE FILED (Month-Day, Year)	32. REGISTRAR'S SIGNAT	TURE S	1				
	JUN 17 93	Gulla Da	udson-Randa	12				

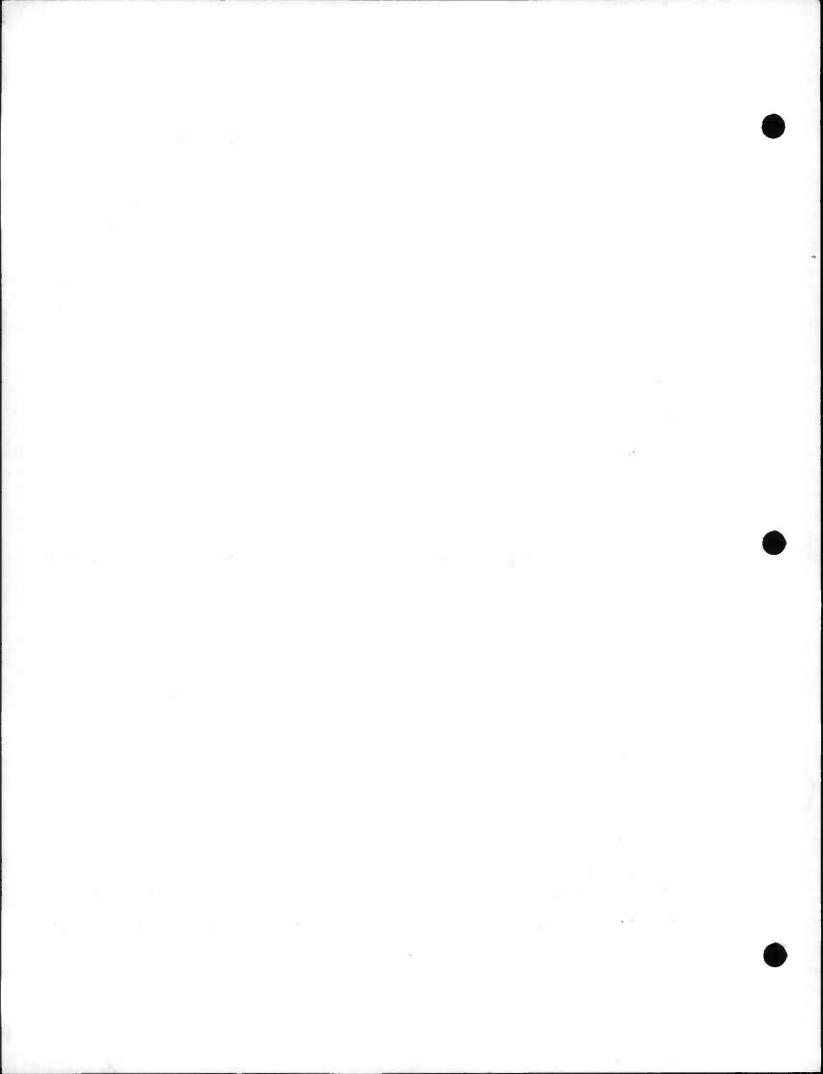


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ALTERAND 21215-0020

TO THE HOSPITAL OR ALTERAND HIGH AND PASSIGNATION OF THE LOSPITAL OR ALTERAND PASSIGNATION OF THE LOSPITAL OF THE CONTROL OF ALTERAND HIGH AND ALTERAND OF THE CONTROL OF ALTERAND HIGH AND ALTERAND H

	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF C	DEATH			3. TIME OF DEATH
	Marie J. Cro	ckett							MONTH DAY			2:00 PM 11
	4. SOCIAL SECURITY NUMBER 1.60-03-6671	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 YE MONTHS DA		ER 24 HRS.	7. DATE OF B (Month, Dec	HRTH ( Year)		8. BIRTH	PLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give	Se. FACILITY NAME (If not institution, give street and number)					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE					
6 R	73 Highland A	venue				E11	kton				Cec	cil
DIRECTOR	10s. STATE 10b. COUNT			10c. CIT	Y, TOWN OR L	CATION						10d. INSIDE CITY
1000	De.	Suss	ex		Le	wes						LIMITS7 1 YES 2 X NO
FUNERAL	10a. STREET AND NUMBER					101. ZIP CO				10g. CIT	IZEN OF W	WHAT COUNTRY?
NE	218 W. Bay Pa		IT EVER IN U.S. AR	4150			958	ma Panana an				S.A.
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE V	YES 2 VA	10	If yes	N apocity Cut	ban, Mexica	NIC ORIGIN? (Sp in, Puerto Rican y:	oecify Yes ( i, etc.)	or No	Black	- American Indian, K, White, etc. Wy: White
0	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL OCCU	PATION		16b. KIN	D OF BUSI	NESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	Ho.	Do NOT us	vork done durin se retired.) etary		rang	Adv	vert	isi	ng &	Church
COM	17. FATHER'S NAME (First, Middle, Last)					18. MC		ME (First, Middle	a, Maiden S	Surname)		
BE (	John Jamison	McHenry						ie Rok				
5	John J. Crocke	tt. Sr						Aoute Number, C				
	20s. METHOD OF DISPOSITION				OF DISPOSITIO			OII , MC			City or Tox	wn, State
	1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		R . A	A. F	therplace) erris	& C	o. I	nc.				er, Pa.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE				Filne		Home	25	9 E	. Ma	in Street
$\vdash$	23. PART I. Enter the diseases, or	/0										id. 21921
	Shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  List only one cause on each line.  Squam ous Cell Carcinana 4 The list of the list of									4	_	Onset and Death
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO	(OR AS A CONSEC	RUENCE OF	ŋ:					(	7	) mo
V: MEDICAL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	(OR AS A CONSEC	QUENCE OF	-): -):			Part i. 24e.	. WAS AN A PERFORM	UTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL	b	(OR AS A CONSEC	QUENCE OF	n the under	ying cause	given in	Part i. 24e.	. WAS AN A PERFORM	UTOPSY MED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	b. DUE TO c. DUE TO d	(OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF	DUENCE OF	n the under	ying cause  3. PLACE OF	given in	Part i. 24s. 1 [ eck only one) 8 [ Other (Spe	. WAS AN A PERFORM ] YES 2	UITOPSY AED?	246.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending	b. DUE TO c. DUE TO d	(OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF	DUENCE OF	other: 4 - Nursing E OF 28c	ying cause	given in  DEATH (Ch	Part i. 24a.	. WAS AN A PERFORM ] YES 2	UITOPSY AED?	246.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF OEATH  1   Natural 5   Pending	b. DUE TO c. DUE TO d	(OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF	DUENCE OF DUENCE OF DUENCE OF DOA 28b. TIMM	2 OTHER: 4   Nursing EOF URY M 1	s. PLACE OF Home 5 M WORK?	given in  DEATH (Ch	Part i. 24s. 1 [ eck only one) 8 [ Other (Spe	. WAS AN A PERFORM PERFORM YES 2	JURY OCI	24b.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF OEATH  1  Natural 5  Pending Investigation  3  Suicide 8 Could not be	b. DUE TO c. DUE TO d	(OR AS A CONSECTION OF THE CON	DOA 28b. TIME	2 OTHER: 4   Nursing E OF 28c URY M 1	ying cause  3. PLACE OF Home 5 MINJURY AT WORK? YES 2 office	DEATH (Ch. Residence	Part I. 24a.  1 [  seck only one)  8  Other (Spot 28d. DESCRIB  28f. LOCATION City or You to the cause(a)	YES 2	JURY OCC	24b.  CURED  r or Rural Rural Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	b. DUE TO c. DUE TO d	(OR AS A CONSECTION OF THE CON	DOA 28b. TIME	2 OTHER: 4   Nursing E OF 28c URY M 1	ying cause  S. PLACE OF  Home 5 NI  INJURY AT  WORK?  YES 2  office  dete and place  n, death occ	DEATH (Ch. Residence	Part i. 24e.  1 1   eck only one)  8   Other (Spe 28d. DESCRIB  28f. LOCATION City or Tow to the cause(e) time, data and	WAS AN A PERFORM  YES 2  PERFORM  YES 2  PERFORM  N (Street en wn, State)  and mann place, and	JURY Oct	24b.  CURED  r or Rural Ri	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	b. DUE TO c. DUE TO d	(OR AS A CONSECTION OF AS A CONS	DOA 28b. Time, lerm, seth occurrencestigation	or the underly and the underly and the underly and the time, n, in my opinic	S. PLACE OF Home 5 NIJURY AT WORK? YES 2 Viffice  29c. Li  29c. Li	DEATH (Ch. Residence   NO	Part i. 24e.  1 1   eck only one)  8   Other (Spe 28d. DESCRIB  28f. LOCATION City or Tow to the cause(e) time, data and	WAS AN A PERFORM  YES 2  PERFORM  YES 2  PERFORM  N (Street en wn, State)  and mann place, and	JURY Oct	24b.  CURED  r or Rural Ri	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Noute Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	b. DUE TO c. DUE TO d	(OR AS A CONSECTION OF AS A CONS	DOA 28b. Time, lerm, seth occurrencestigation	other:    Cother:   Cother	S. PLACE OF Home 5 NIJURY AT WORK? YES 2 Viffice  29c. Li  29c. Li	DEATH (Ch. Residence   NO	Part I. 24e.  1 [  eck only one)  8 [ Other (Special City or Towns to the cause(a) time, date and #BER	WAS AN A PERFORM  YES 2  PERFORM  YES 2  PERFORM  N (Street en wn, State)  and mann place, and	JURY Oct	24b.  CURED  r or Rural Ri	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Noute Number,



-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIEN REG. NO
1. 0	DECEDENT'S NAME (First, Middle, Last)		2. DATE C	F DEATH

	1. DECEDENT'S NAME (First, Middle, Last)									2. DATE OF DEATH NONTH 23 1993 6:30 A			
	4. SOCIAL SECURITY NUM		5. SEX	6 AGE (In vis	Inst hirthday)	IF UNDER	1 VEAD	IF UNDER	24 MBC	7. DATE OF BIR		1	6:30 A
	4. SOCIAL SECURITY NUMBER  5. SEX  162=05=9159  1 \( \text{M} \) A 2 \( \text{LF} \)  78  YRS.  4. SOCIAL SECURITY NUMBER  5. SEX  1 \( \text{M} \) A 2 \( \text{LF} \)  78  YRS.						HOURS	MIN.	(Month, Day, 9-5-1		Country	ryland	
	9a. FACILITY NAME (If not		street and number)	10		9b. CITY,	TOWN C	OR LOCATION	ON OF DE			OUNTY OF DE	
OR	3131 High	Stree	et			Mar	che	ster				Carro	11
ECT	RESIDENCE OF DE	10c CIT	Y, TOWN O							10d. INSIDE CITY			
DIRECTOR	Maryland			Bel							LIMITS?		
	10e. STREET AND NUMBE	R					101	. ZIP CODI	E		10g. (		HAT COUNTRY?
ER	Apt. 245	300 St	inflower I	r.				2	1040		U	.S.A.	
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 [ 3 Widowed 4 December 1.5]	_	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	YES 2	NO	H	yes, sp	ectly Cuba	OF HISPANI In, Mexican Specify:	C ORIGIN? (Spe., Puerto Rican, o	offy Yes or No-	- 14. RACE Black, Specify	- American Indian, White, etc.
9	15. DE (Specify o	ECEDENT'S ED	UCATION de completed)	16a	. DECEDENT'S (Give kind of	USUAL OC	CUPATIO	ON ast of working	207	16b. KIND	OF BUSINESS/	INDUSTRY	111200
COMPLETED	Elementary/Secondary		College (1-4 or 5+	,	life. Do NOT u	se retired.)		or works	~			T 8	
MP	10 17. FATHER'S NAME (First,	4.00 day - 0 - 14			Floor	raci					arment		try
	David C.									E (First, Middle, : Lotte J		,	
BE	19a. INFORMANT'S NAME				19b. MAILING	ADDRESS	(Street a			oute Number, City			
2	Dolores M	dcGrew								hester			
	20a. METHOD OF DISPOS 1 Burlal 2 Creme	ITION tion 3 - Re	moval from State	20b. PLA	CE AND DATE	OF DISPOSI	TION (Ne				Oc. LOCATION		
	4 Donation 6 Oth	er (Specify)		Me	tro Cr				_	1993	Balti	more,	MD.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Eckhardt Funeral Chapel  3296 Charmil Dr. Manchester, MD. 21102												
CERTIFICATION	immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  List only one cause on sach line.  Interval E Onset in Inc.  List only one cause on sach line.  List only one cause on sach line.  Interval E Onset in Inc.  List only one cause on sach line.  Interval E Onset in Inc.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									6 and			
MEDICAL CE	PART II. Other aignificant conditions contributing to death but no malnutu tron					uiting in the underlying cause given in				PERFORMEO? AM		WERE AUTOPSY FINDS MAILABLE PRIOR TO COMPLETION OF CAU OF GEATH?	
	-			Ю		-		4		_			1 TES 2 TO NO
IAN	25. WAS CASE REFERRED	TO MEDICAL		1			28. PL	ACE OF O	EATH (Che	ck only one)			
SIC	EXAMINER?		HOSPITAL: «	DiOutpetien	R 3 TO DOA	OTHER		e 5 □ Re	sidence (	(Dother (Spec	n 50	r's he	me
BY PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 2 Accident	Pending Investigation		iy, Ybar)	IN.	28b. TIME OF INJURY AT WORK?  M 1 YES 2 NO 28d. DESCRIBE HOW INJURY OF INJUR						OCCURED	
ETED	4 Homicide	Could not be determined								281. LOCATION City or Town	Street and Num , State)	ober or Rural Ro	oute Number,
COMPL	10.000		SICIAN: To the best of										and manner as stat
	29b. SIGNATURE AND TITE	LE OF CENTUR	ER / 1/201	let	N	20		29c. LICE	15 2	BER 269	29d. C	DATE SIGNED	Month, Dal. Year)
O BE	1110	LO LO	11.16					0				4	3/13
TO BE COMP	30. NAME AND ADDRESS  Nich  31. DATE FILEO (Month, De	clas	COMPLETED CAUS	e of Death		Print)	2	20 €	. E	269 ager S	+ 1	Balt	Md

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TO SECTION ARE THE SECONDARY OF THE SECONDARY OF THE ATTENDING PHYSICIAN AND COMPOSED FINE OF THE PROPERTY. If I ten 28 is marked, or liter 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. Inspiral OH ATTENDAG PHYSICIAN: The law requires that the death certificate be executed within 2.

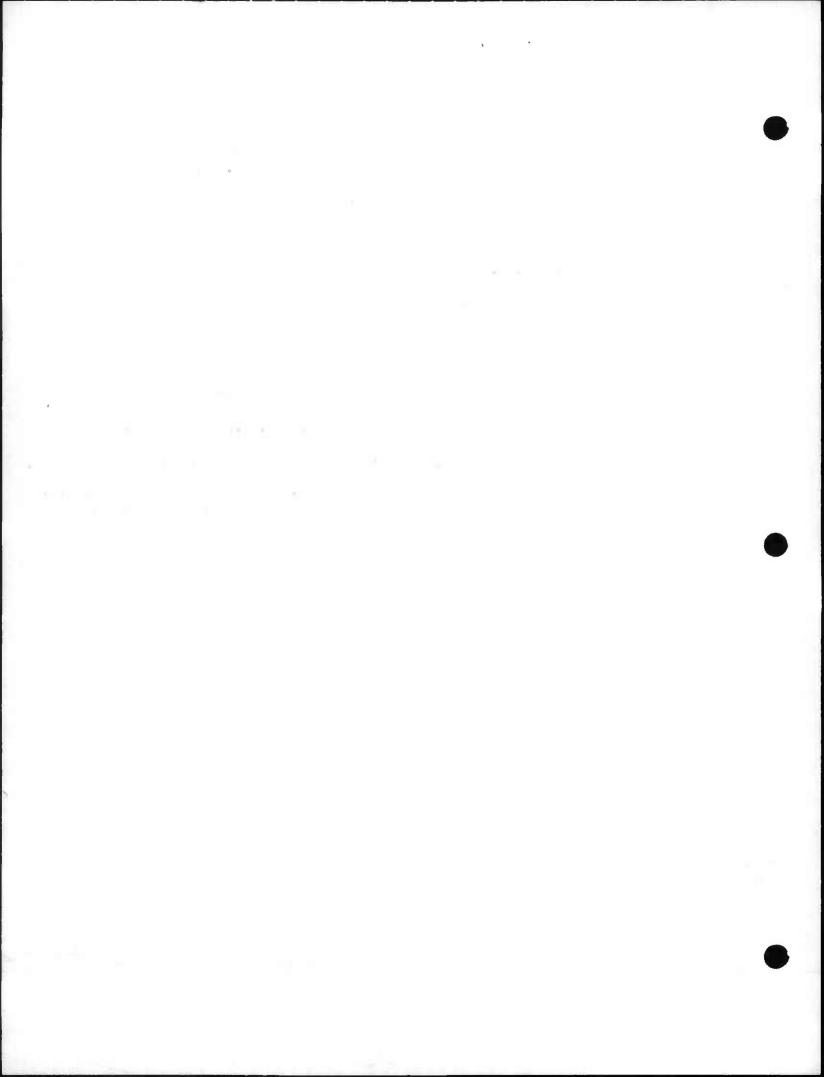
STATE OF MARYLAND / DEPARTMENT (	OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE	OF DEATH		REG. NO.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH
	Danie James Collins June 19 1993 11. 6 p M  4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. Issi Dirthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign
	218-40-5658 1 × M 2 = 50 YRS. MONTHS DAYS HOURS MIN. 4-6-1943 Country) Some set
١	9e. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH
2	RESIDENCE OF DECEDENT KD WESTOVET MD. JOMESSET
DIRECTOR	100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 100. INSIDE CITY LIMITS? 1 YES 2 XNO
	10c. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY?
LONERAL	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No.   14. RACE - American Indian,
	1 Never Merried 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)  Specify: Spec
בני פו	15. DECEDENT'S EDUCATION 164. DECEDENT'S USUAL OCCUPATION 166. KIND DF BUSINESS/INDUSTRY
	(Specify only highest grade completed)  Elementary/Secondery (0-12)  College (1-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)  A LANKY  Purity Farms
COMPLE	17. FATHER'S NAME (First Middle Lest)  18. MCTHER'S NAME (First Middle Maiden Surname)
2 2	DOSEPH E. Collins Sr. Louise 3. WATERS
2	196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  293.73 FAIRMOUNT Rd. 21871
	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State
	4 Donation 5 Other (Specify) S/1 SAMES CIMENARY WESTOURY INC.
	Halloy E. Ware 103 Hampden Ave. Princess Anne Md.
	23. PART 1. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line.
	IMMEDIATE CAUSE (Finel disease or condition
	resulting in death)  a. Due TO (DR AS A CONSEQUENCE OF):
20	Sequentially list conditions,  DUE TO (DR AS A CONSEQUENCE OF):
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury
	that initisted events resulting in death) LAST
_	d.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part J. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
CAL	PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	0F DEATH? 1   YES 2   NO
HYSICIAN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)
2	EXAMINER?  1
1	27. MANNER OF DEATH  28c. DATE OF INJURY (Month, Dey, Year)  28c. INJURY AT WORK?  M 1 YES 2 ND
1 10	2 Accident Investigation 3 Suicide 6 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  281. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLETED	4 Homicide determined
MF	29a. CERTIFIER  (Check only one)  2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFICIA 29d. DATE SIGNED (Month, Day, Year)
O BE	1/1/10 129347 16/2/93
	DY. Robins RT.50 East Main St. Salisbuly TVD. 21801
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE
_	JUN 23 '93 Julie Savidson-Bands Co.

ng and the grantes and a special grant of ongan engan teligipag til film and til film The same of the sa and the contract to the 3

TO THE MEAN PARTICION PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE MEAN PART THIS certification principle by the transfer proprietely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STATE REGISTRAR	STATE OF MARY		CATE OF		MENTAL HYGIEN REG. NO.	EJU	13430			
1. DECEDENT'S NAME (First, Middle, La. William )	William Ha	rold Cla	rk		2. DATE OF DEATH DO	4-9	3. TIME OF DEATH  3 3 A M			
4. SOCIAL SECURITY NUMBER 706–16–6668	1 M 2 - F	(In yrs. last birthday) 7(4) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan. 20,19	919	BIRTHPLACE (State or Foreign Country) New York			
98. FACLITY NAME (If not institution, gives FALCS TON C	ENERAL H	Cospital	96. CITY, TOWN	CL LS 70			Y OF DEATH ALFORD			
RESIDENCE OF DECEDENT  10a. STATE  10b. COU  Maryland  Ha	erford		TOWN OR LOCA	ITION			10d. INSIDE CITY			
	ar rora	Bel 2		M. ZIP CODE		10g, CITIZE	1 TYES 2 THO			
1 Wye Oak Drive	Apt. L.			21015		1100	SA			
10. STREET AND NUMBER 1 Wye Oak Drive 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 VES IF YES, GIVE WAR OR	3 2 NO	If yes, s	CENDENT OF HISPAN pecify Cuban, Mexica S 3 NO Specify		or No- 1	RACE — American Indian, Black, White, etc. Specify: White			
15. DECEDENT'S E (Specify only highest on Elementary/Secondary (0-12)  11  17. FATHER'S NAME (First, Middle, Last) TOTATIO	DUCATION	16a. DECEDENT'S U (Give kind of w life. Do NOT use	ork done during n	ost of working	166. KIND OF BUS	siness/indu	STRY			
17. FATHER'S NAME (First, Middle, Last) Lewis — C	Lark		7 0001		ME (First, Middle, Maiden					
199. INFORMANT'S NAME (Type/Print) Mark Turska					Number, City or Tow L., Bel A					
20a. METHOD OF DISPOSITION  1. Burial 2 Cremation 3 R.  4 Donation 5 Other (Specify)	1 General 2 □ Cremation 3 □ Ramoval from State Complete company or other place)									
21. SIGNATURE OF FUNERAL SERVICE_LICENSEE 22. NAME AND ADDRESS OF FACILITY										
Howard K	Mc Como	DUI	1317	rd K. McC Cokesbur	Comas III I V Road. Ai	Tunera	l Home, P.A.			
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):									
PART II. Other significant conditions of the Con	ons contributing to death	but not resulting in	the underlyle	Part I. 24a, WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
9 6 7 60		1   YES 2   1 ANO								
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
1 TYES 2 NO 27. MANNER OF DEATH	1 ☐ Inpetient 2 DER/Ou 28e. DATE OF INJURY	tpatient 3 DOA		ne 5 🗆 Residence		HIEN COOL	950			
1 Netural 5 Pending 2 Accident Investigation	YES 2 NO	CAMA FRANCOUS								
3 Suicide 6 Could not I	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)									
	YSICIAN: To the best of my kno						cause(e) and manner as stated.			
29b. SIGNATURE AND TITLE OF CERTIF	Wy 1	10		29c. LICENSE NUM			SIGNED (Month, Day Year)			
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,	Print)				7			



	Control of the contro
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
lei .	be filed within 72 hours after geath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached for use	TO THE FUNEFAL DIMECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use
r death. Page 6 may be retained by the hospital or atte	TO THE HOSPITAL OR ATTANDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atte

	1 - FOR STATE REGISTRAR	TATE OF MARYLAN	ID / DEPARTM	MENT OF H	EALTH AND !	MENTAL HYGIEN		19451	
1/3	1. DECEDENT'S NAME (First, Middle, Last)	Lyes (	ochra	N		2. DATE OF DEATH	AY 93EA	3. TIME OF DEATH	
	ZT1-TZ-3300 V	M 2   F 7		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3/6/19/	Co	RTHPLACE (State or Foreign suntry) Carolina	
TOR	90. FACILITY NAME (II not ipatitution, give street, a ldarfor o nemotion mediate of necessary mediates)	ial Hospit	DOLCO	A Qr-F					
FUNERAL DIRECTOR		rford	10c. CITY, TO	10c. CITY, TOWN OR LOCATION Aberdee			en		
NERAL	100. STREET AND NUMBER 174 Allenda				2100		S .A .		
B	1 Never Married 2 V Merried	WAS DECEDENT EVER IN U. FORCES? 1 1 YES : F YES, GIVE WAR OR DATE	NO	If yes, spi	ENDENT OF HISPAN Icity Cuben, Mexical 2 NO Specify	ItC ORIGIN? (Specify Yet n, Puerto Rican, atc.) :		ACE — American Indian, llack, White, etc. pocity: White	
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp. Elementary/Secondary (0-12) Col	completed) (Give kind of work done during most of working life. Do NOT use retired.)				16b. KINO OF BUS			
8	17. FATHER'S NAME (First, Middle, Last)		Carpe	ner	18 MOTHER'S NAI	ME (First, Middle, Maiden		decton	
BE C	Floyd Spen	cer Co	hran		Ily			Dixon	
10 B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street e		loute Number, City or Tow	n, Stete, Zip Code	)	
-	Naney J. Cochran same as #10								
	20c. METHOD OF DISPOSITION  1 ABuriel 2 Cremation 3 Removal from State  4 Donetton 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory prother place)  Baptist View Cemetery 5/24 Forest Hill, Md.								
	21. SIGNATURE OF FUNERAL SERVICE LICENSE    Ullill	2 Runt	111	Ku		neral Hon		d	
CERTIFICATION	23. PART I. Enter the diseases, or comp shock, or heart feliure. Liet of limits and the condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	disease or condition resulting in death)  a. Due to for as a consequence or:  Sequentially list conditions, if any, leading to immediate course. Enter UNDERLYING c.  Due to for as a consequence or:  Due to for as a consequence or:  Due to for as a consequence or:  Due to for as a consequence or:							
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II.  PA						IMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHTSICIAN:		SPITAL:	on	26. PL	ACE OF DEATH (Che	ick only one)			
2	1 YES 2 JAG 1 1 27. MANNER OF DEATH	impatient 2 ER/Outpatie 26e. DATE OF INJURY	nt 3 DOA 4		5 Residence	6 Other (Specify)  26d. OESCRIBE HOW to	MILIEV OCCUBE		
	1	(Month, Day, Year)	INJURY		RK? ES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, stree	t, factory, office		281, LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,	
COMPLEIED	290. CERTIFIER (Check only one) 1 DERTIFYING PHYSICIAN: 010) 2 MEDICAL EXAMINER: On							ee(s) end manner es stated.	
	290/SIGNATURE AND TITLE OF CONTIFIER				29c. LICENSE NUM	BER	29d. DATE SIGN	MED (Month, Day, Year)	
O BE	A Dug to - Koly	Un. S			0151	03	18/	21/93	
2	50. NAME AND ADDRESS OF PERSON WHO COM	MILETED CAUSE OF DEATH	GITEM 27) (Type, Prin	5/	letter 1	que He	ovre d	CTMCO, K	
	31. DATE FILED (MONTH, Day, Year)	32. REGISTRAR'S SIGNATU	RE	0 40			2107	8	

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certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perr	
attending	se as the	
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the hospital	detached f	
2	8	
retained	bluods	
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Page 6 rr	director,	
death.	funeral	
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within	npletely	cremati
executed	and con	burial,
8	lan	Dr 14
pificate	physic	ene prik
Les Ce	Dugo	H Z

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

(Month, Day, Year 25 93

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mit. Pages 1, 2, 3 should TO THE PROPERTY OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp THE FUNCTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / D	EPARTMI RTIFICA	ENT OF	HEALTH AND	MENTAL HYG	IENE	3	9452	
3	1. DECEDENT'S NAME (First, Middle, Last) ( 1. DECEDENT'S NAME (First, Middle, Last) ( 1. SOCIAL SECURITY NUMBER	arthur	2. Dust birthday   Funder 1 Year   Funder 24 Hrs. 7. DA   MONTHS   DAYS   HOURS   MINN. (M						3 YEAR	3. TIME OF DEATH	
1	217-36-4589 9a. FACILITY NAME (If not institution, give st	1 M 2   F	TM 2 F 63 YRS, MONTHS DAYS HOURS MIN.						Country	ryland	
DIRECTOR	HARFOLD MAN	actors Memorial Hospita				edeGo	40	Harford			
JIRE	Maryland 10b. COUNTY	Harford		10c. CITY, TOV					10d, INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	паттога			-	Jarrett	sville	100 0		1 YES 2 NO	
ER/	1221 Baldy	win Mill	Road			210	84	log. Ci	TT C	Y A	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIYE WAR OR	R IN U.S. ARME	ED	If yes, s	CENDENT OF HISPA pecify Cuban, Mexica S 2 NO Specific	NIC ORIGIN? (Special, Puerto Rican, etc.		Black, Specify	- American Indian, Whita, atc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	16a. DECE (Give life. Do	CENT'S USUA kind of work do NOT use retin	one during n ed.)	ION post of working	16b. KIND O	F BUSINESS/IN	OUSTRY			
Ö	17. FATHER'S NAME (First, Middle, Last)			raime	2 L	18. MOTHER'S NA	ME (First, Middle, M	Farn	ling		
BE (	Harry E.	alary			Eve	lyn		Hark	ins		
2	19a. INFORMANT'S NAME (Type/Print)		19b. I			and Number or Rural	Route Number, City of	r Town, State, Z	ip Code)		
	Betty Jane Calary same as #10										
	20a_METHOD OF DISPOSITION 1 ABurtal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20b. PLACE AND DATE OF DISPOSITION (Name of camelery, crematory or other place) Bethel Cemetery 6/23 Madonna, Mary and										
	21. SIGNATURE OF FUNERAL SERVICE LIG	les Rurs	Bethe		22, NAME / Ku	artz Fu	neral H	lome Maryl	and	aryland_	
	23. PART 1. Enter the disesses, or c ahock, or haart fellure. I IMMEDIATE CAUSE (Final disesse or condition resulting in death)	lat only one cause en	J.	e gen	lar the m	ode of dying, aud	h sa cardiac or i	reapiratory a	rest,	Approximate Intarval Batween Onaet and Death	
CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
PHYSICIAN: MEDICAL	PART II. Other significant conditions  a was case hereined to medical examinent  1 ves 2 ho	HOSPLINE:	Work Vone	uz)	Ent.	PLACE OF STATE OF	S Mills	S AN ALTOPSX RECRIMED?	and	WERE AUTOPSY FINDINGS BARLADLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
B≼	27. MANNESLOF DEATH  1. Matural 5 Pending 2 Accident Investigation	28s. DATE OF INJUST (Month, Day, War.		SE TIME OF BUJURY	10	JURY AT ORK? YES 2 WO	384. DESCRIBE H				
MPLETED	3 Suicide 6 Could not be determined  29a. CERTIFIER 4 CERTIFICATION PROPERTY.	26s. PLACE OF INJUI building, str. (%)	HCH)	_	1	A	201, LOCATION (S City or Town,	Statu j		ute Number	
MP	(Check only	IAN: To the best of my kno						f manner as ste	nted.		

29c. LICENSE NUMBER

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Julia Savidson-Randalle

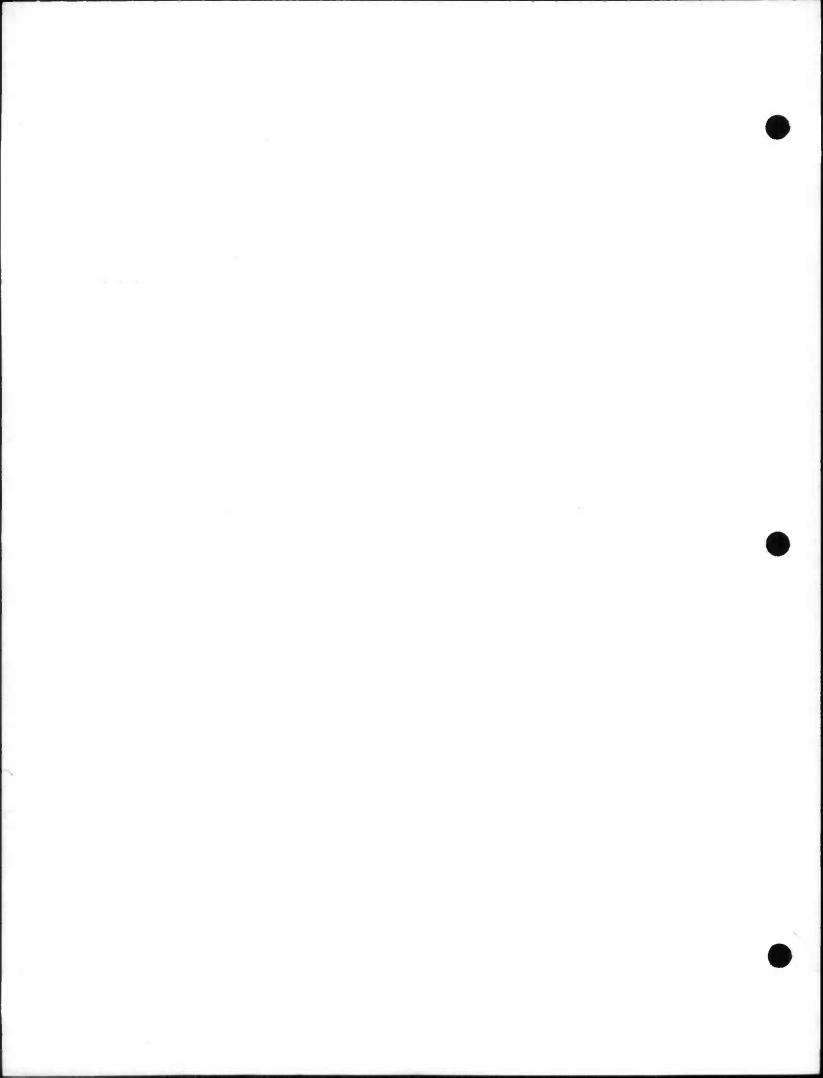
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THE INSTRUCT OF ALT NOING PHYSICIAN: The law requires that the death certificate be executed within 24mours after death. Page 6 may be retained by the hospital or attending physician.	THE PLINE CONTROLLS After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	filed with it is not beath with the State Dept, of Health and Merital Hygiene prior to burial, cremation, or removal.	PORTANT. Il Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HI OF	H OL	be file	IMPO

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			TENTAL HYGIEN REG. NO.	E		
4	1. DECEOENT'S NAME (First Middle, Last WIIIIS	Leroy Chilc	ote			June 25	1993	YEAR 3. T	IME OF GEATH
	4. SOCIAL SECURITY NUMBER 210-12-1425	1× M 2 □ F 68	YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 06/16/19	25	a. BIRTHPLAC Penns	eylvania
HO CH	Washington Con	unty Hospit	al H	agers	TOWN	ATH	Washing ton		
Penna   Huldtidddd Fulton Hustontown   "									. INSIDE CITY LIMITS? YES 2 X NO
								EN OF WHAT	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 X YES IF YES, GIVE WER OR D	2 NO	If yes, sp	ENDENT OF HISPANI ocity Cuban, Mexican 2 NO Specify:		or No- 14. RACE — American Indian, Black, White, etc. Specify: te		
15. OECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Sacondery (0-12)  16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Cheif Engineer  17. FATHER'S NAME (First, Middle, Last)  Markin  Chilcote  Reha									1
BE COM	17. FATHER'S NAME (First, Middle, Last) Martin		Chilcote		16. MOTHER'S NAM	AE (First, Middle, Maiden	Surname)	Le	eader
0	Evelyn M. Chi	lcote	HCR 73	BOX	nd Number or Rural R 50A Hus	tonto Number, City or Tow	Pa.	1722	29
20s. METHOD OF DISPOSITION  LLS Burlsi 2 Cremation 3 Removal from State  4 Donation 6 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cametery, crematory or Hustontown, State Hustontown, Page 10 Donation 1 Donation 1 Donation 1 Donation 2 Donation 3 Removal from State Hustontown, Page 2 Donation 3 Removal from State Hustontown, Page 3 Donation 1 Donation 1 Donation 1 Donation 1 Donation 2 Donation 2 Donation 3 Removal from State Hustontown, State Hustontown, Page 3 Donation 1 Donation 1 Donation 1 Donation 1 Donation 2 Donation 2 Donation 3 Removal from State 1 Donation 3 Removal from State 1 Donation 1 Donation 1 Donation 1 Donation 1 Donation 1 Donation 1 Donation 2 Donation 2 Donation 2 Donation 3 Removal from State 1 Donation 1 Donation 1 Donation 2 Donation 2 Donation 2 Donation 2 Donation 3 Removal from State 1 Donation 2 Donation 3 Removal from State 1 Donation 2 Donation 3 Removal from State 1 Donation 2 Donation 3 Removal from State 1 Donation 3 Removal from Stat									
	21. SIGNATURE OF UNERAL SERVICE	Buren		103/	er fran Dual P rstown,	ervic lace Md. 217			
	IMMEDIATE CAUSE (Final disease or condition	r complications that cause e. List only one cause on a		enter the mo	de of dylng, such	n se cardiac or resp	iratory arm	est,	Approximate interval Between Onset and Death
_	but TO (OR AS A CONSEQUENCE OF):  b. Pulmanay fibrosis								
RIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	A CONSEQUENCE OF):						
CERTIF	that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF):						
MEDICAL	PART II. Other eignificent conditi	ons contributing to death	but not resulting in	the underlyin	g ceuse given in	Part i. 24s. WAS AMPERFO	RMED?	AMA CO OF	RE AUTOPSY FINDINGS UILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Che	eck only one)			
PHYSICIAN:	1  YES 2  NO  27. MANNER OF DEATH  1  Netural 6  Pending	1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)		Nursing Hor	JURY AT DRK?	6 ☐ Other (Specify)  28d, DE\$CRIBE HOW	INJURY OCC	CUREO	
Natural   Continue								Number,	
COMPLE	(Critick Unity	YSICIAN: To the best of my know							d manner as stated.
O BE	29b. SIGNATURE AND TITLE OF CERTIF	IER			29c. LICENSE NUN		29d, DAT	E SIGNED (Md	onth, Day, Year)
F	71100	TRED, MD.	EATH (ITEM 27) (Typo, P	rint)	HillA	VE. HAGI	ER &T	OHN.	mo
	31. DATE FILED (Mointh, Day, Year)  JUN 2 8 1993	32 REGISTRAR'S SIG							

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HOSPITA	FUNERAL	within 72
置	黑	filed
2	2	8

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	EALTH AND I	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	- E.	Chris	stoch	erson	2. DATE OF DEATH MONTH D	3 8	3. TIME OF DEATH A	
	245 40 4042	SEX 6. AGE (1) 7.	in yrs. lest birthday)  2 vrs.	IF UNDER TYEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 19,1	8.	BIRTHPLACE (State or Foreign Country) Duisiana	
	9e. FACILITY NAME (If not institution, give street				R LOCATION OF DE			OF DEATH	
CTO	Washington County F	lospital	stown		Washi	ington			
DIRECTOR	Maryland Washir	ngton	7.5	y, town on Locati agerstow				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER				ZIP CODE		_	N OF WHAT COUNTRY?	
N.	14014 Marsh Pike 21742 U.S.A.  11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No.— 14. RACE—								
B	3 3 Wildowed 4 □ Divorced IF YES, GIVE WAR OR DATES 1 □ YES 2 NO Specify: Specify:								
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com Elementary/Secondary (0-12)	npleted)	18a. DECEDENT'S (Give kind of viite. Do NOT us	USUAL OCCUPATION work done during most se retired.)	N it of working	16b. KIND OF BUS	SINESS/INDUS	TRY	
MPL		College (1-4 or 5+) Cears	Enginee	r		Postal	Servic	æ	
CO	17. FATHER'S NAME (First, Middle, Last)  Eugene Miller					ME (First, Middle, Maiden			
BE	190. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street or		Kate McCor	_	ods)	
TO BE	Susanne E. Bartles							Maryland21742	
	20a. METHOD OF DISPOSITION 1 December 1 December 2 Dece	from State	PLACE AND DATE	OF DISPOSITION (Nan	ne of	DATE 20c. LO	CATION — City	y or Town, Stata	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENS	Re	st Haver	Cemeter	y June 2	25,1993 Had	ersto	wn Maryland	
	Douglas A. Fier		A. Full	Dougla 1331 F	as A. Fie	ery Funera	l Home Hager	e 21742 estown MD	
	23. PART I. Enter the diseases, or cpm shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	A there &	clelroti	ic Lleae			ratory arrest	t, Approximate Interval Batween Onaet and Death	
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
	resulting in death) LAST								
CAL	PART II. Other significant conditions of Service Devi	neutia to death be	ut not reaulting i	n the underlying	cause given in i	Part I. 24a. WAS AN. PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC	Hiastal He	egma.				_  ,	24.10	0F DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	antis		28 Pt 4	ACE OF DEATH (Che	ork only one)			
Sic		OSPITAL: Inpatient 2 ER/Outpe	Itlent 3 DOA	OTHER:	5 Residence				
E	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM		IRY AT	28d. DESCRIBE HOW IN	JURY OCCUR	ED	
8	2 Accident Investigation	28a. PLACE OF INJURY	— At home, farm, a		ES 2 NO	28f. LOCATION (Street a	nd Number or	Drond Decelo Monthers	
120	4 Homicide 8 Could not be determined	building, atc. (Speci	ify)			City or Town, State)	nd Number of I	rurai noute kumber.	
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: OI							suse(a) and manner as stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	e Mai			29c. LICENSE NUM	BER		IGNEO (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Time	Print)	D276°	94		. 27.93.	
	MEER S. AC	LIMD:	20311	LAPPE	ims Ro	AD, BOON	SBUR	0 MD 2/7/3	
	JUN 2 9 1993	32. REGISTRAR'S SIGNA	TURE						



BALTIMORE, MARYLAND 21215-0020	24 nours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	iori, or removai.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSEITAL OR, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	R: After this	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA			IENTAL HYGIEN REG. NO.	E				
1. DECEDENT'S NAME (First, Middle, Last)  Mando E Coffmon					2. DATE OF DEATH DA	v vi	EAR	ME OF DEATH		
	1 □ M 2 🛛 F	37 YRS. MG	DAYS DAYS D. CITY, TOWN C	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DEA	7. DATE OF BIRTH (Month, Day, Year) May 10, 1	6.	BIRTHPLAC Country) MARY	E (State or Foreign		
Coffman Nursing	fman Nursing Home HAGERST									
10e. STATE 10b. COUNTY MARYLAND	WASHINGTON	ION THSBURG		10d. INSIDE CITY LIMITS?  1 X YES 2 \( \text{NO} \) NO						
100. STREET AND NUMBER 63 WEST WATER ST						.783 U				
	BTATUS  12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 [ IF YES, GIVE WAR OR DATES]				, Puarto Rican, etc.)	RIGIN? (Specify Yaa or No— 14. RACE—Black, V Specify:				
(Specify only highest grade of	HE DO MOT			ON st of working	16b. KIND OF BUS	BINESS/INDUS		WHITE		
Elementary/Secondary (0-12)	College (1-4 or 5+)	SUPE	RVISOR		CLOTHIN	G MANU	FACT	URING		
17. FATHER'S NAME (First, Middle, Last)					IE (First, Middle, Malden					
CALVIN E. LONG  19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AC	ODRESS (Street a		NIE FORRES oute Number, City or Tow		rde)			
RICHARD COFFMAN					REAT FALLS			6		
20s. METHOD OF DISPOSITION 1 DATE OF CHEMICAL SERVICE LICENSEE  20s. PLACE AND DATE DISPOSITION (Name of cometary, cremation of cometary, crematical cometary, cremation of cometary, cremation of cometary, cremation of cometary, cremation of cometary, cremation of cometary, cremation of cometary, cremation of cometary, cremation of cometary, cremation of cometary, cremation of cometary, cremation of cometary, cremation of cometary, cremation of cometary, crematical cometary, cremation of cometary, cremation of cometary, cremation of cometary, cremation of cometary, cremation of cometary, cremation of cometary, cremation of cometary, cremation of cometary, cremation of cometary, cremation of cometary, cremation of cometary, cremation of cometary, cremation of cometary, crematical cometary, cremation of cometary, cremation of cometary, cremation of cometary, cremation of cometary, cremation of cometary, cremation of cometary, cremation of cometary, cremation of cometary, cremation of cometary, cremation of cometary, cremation of cometary, cremation of cometary, cremation of cometary, crema										
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (DR AS A	CONSEDUENCE OF):  CONSEDUENCE OF):  CONSEDUENCE OF):								
PART H. Other significant conditions	contributing to deeth bu	nt not resulting in	the underlyin	g ceuse given in i	Part I. 24a. WAS AN PERFOR		AMA	E AUTOPSY FINDI		
	Congestive HEART failure						DF	IPLETION OF CAUS DEATH? YES 2 NO		
	HOSPITAL:	tient 3 DOA 4		ACE OF DEATH (Che						
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. IN.	URY AT ORK? YES 2 NO	28d. DESCRIBE HDW	NJURY OCCUP	RED			
3 Suicide 6 Could not be datarmined	28e. PLACE OF INJURY building, atc. (Speci	At home, farm, stre	eet, factory, offic		28f. LOCATION (Street City or Town, State)		Rural Route	Number,		
CONDON ONLY	IAN: To the best of my knowle On the basis of examination							I manner as state		
.,	how, mo	P.C.		29c. LICENSE NUM 1) 3665		29d. DATE S	11/93	nth, Day, Year)		
30. NAME AND ADDRESS OF PERSON WHO  Dr. Samuel ( 31. DATE FILED (Mogning Day, Ybar)	COMPLETEO CAUSE OF DEA	1t. Aetna		1) 3665.		<i>▶ 6/.</i> 1740	11/93			

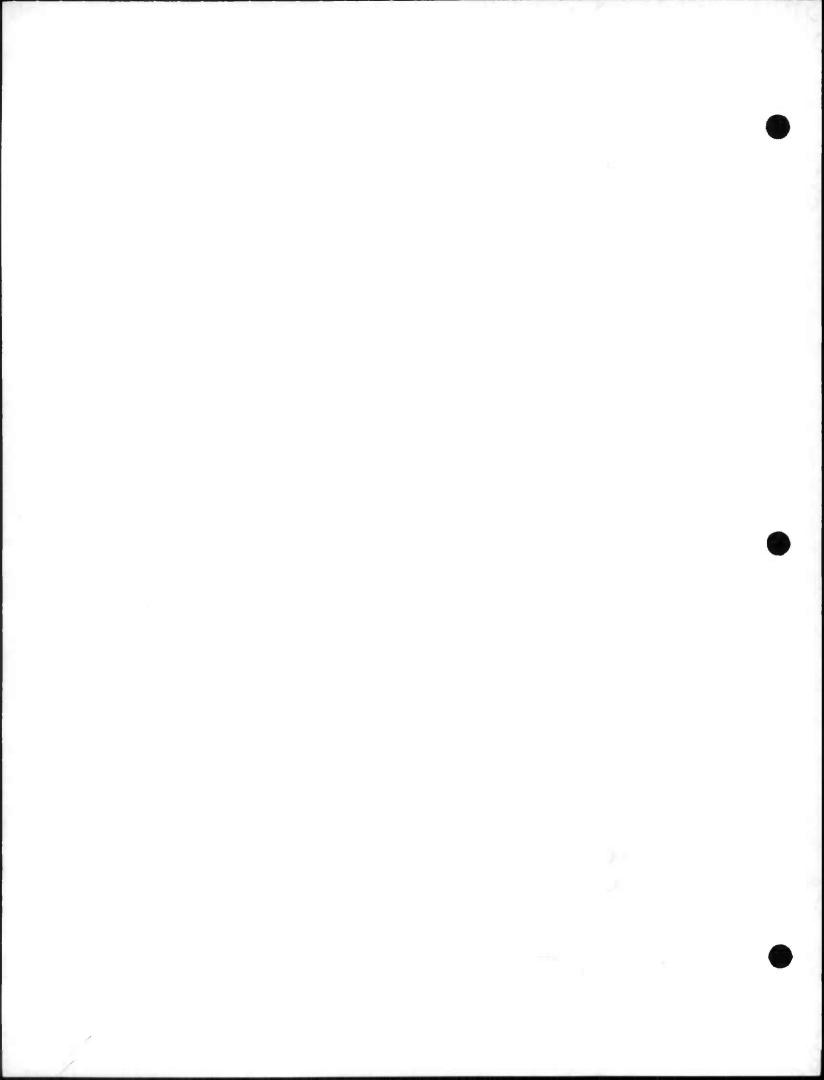
- 47, 2

THE PUSHIZEL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

The PURETOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made when 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR		STATE OF MA			ENT OF H		MENTA	AL HYGIEN	E			
1. DECEDENT'S NAME (I		LY	NN		cos	ENS	2. DAT MON U G	E OF OEATH	3 9		TIME OF OEATH  1:30 A	
4. SOCIAL SECURITY NO. 218-62-8	3855	1 M 2 D F	AGE (In yrs. les	YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Mar	e of sirth oth, Day, Year)	953 H	country) lager	stown, Md	
WASHINGT RESIDENCE OF D	ON COUR		ITAL		96, CITY, TOWN OR LOCATION OF DEATH HAGERSTOWN					9c. COUNTY OF DEATH WASHINGTON		
Maryland		hington			Boonsboro					10d. INSI LIMI 1 YES		
21005		tional Pike			101. ZIP CODE 21713					10g. CITIZEN OF WHAT COUNTRY? U. S. A		
11. MARITAL STATUS 1 Never Merried 2: 3 Widowed 4 1	Married	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES A				ecity Cuben, Mexic 2 XNO Speci	an, Puerto	IN? (Specify Yea Rican, atc.)	or No — 14	Black, W Specify:	American Indien, Thite, etc. White	
(Specify	(Specify only highest grade completed) (Give kind life. Do NO:				T'S USUAL OCCUPATION of work done during most of working T use retired.)  Employed  None					STRY		
17. FATHER'S NAME (Firs.	77. FATHER'S NAME (First, Middle, Lest)  Clarence A. Cosens, Jr.  18. MOTHER'S NAME (First, Middle, Meldle, Me							Sumeme) P Zep	p p			
Mary C.	190. INFORMANT'S NAME (Type/Print)  Mary C. Cosens  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21005 National Pike, Boonsboro, Md. 21713								21713			
206. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory of other place) ROSE H111 Cemetery 6-1-93 Hagerstown, Md. 21740  22. NAME AND ADDRESS OF FACILITY TO COME OF The Part of the place of the pl												
A HOLL	Habel F	John H.	Bast	, Jr.	1.5			760 Æ, <sub>Bool</sub>	6 OLd	Nati , Ma	onal Pike ryland 21	
23. PART Nentar the diseasea, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Liet only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a.								Approximate Interval Between Onset and Death				
PART II. Other signif	cant conditions	ditions contributing to deeth but not resulting in the underlying					iying cauea given in Part I. 24a. WAS AN AU PERFORME				D? AMILABLE PRIOR TO	
25. WAS CASE REFERRED EXAMINER?		HOSPITAL:	/Outpatient 3		HER:	ACE OF DEATH (Cr				I		
27. MANNER OF DEATH	Pending Investigation	28e. DATE OF INJ (Month, Day, )	URY	28b, TIME OF	28c. INJ			SCRIBE HOW IN	JURY OCCUP	RED		
3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, ferm, street, factory, office 28f. LOCATION							CATION (Street or or Town, State)	nd Number or	Rural Route	Number,		
		AN: To the best of my On the best of exami									d manner as stated.	
29b. SIGNATURE AND TH	LE OF CERTIFIER	5 A C	Mut	NY		29c. LICENSE NUI	MBER		29d. DATE S		nth, Day, Year)	
30. NAME AND ADÓRESS	OF PERSON WHO	COMPLETED CAUSE O				eet, Ba	alti	more,	Mary	lan	d 21201	
JUN 1 0 1		1 32. REGISTRAR'S		L			-					



3. TIME OF DEATH

REG. NO

DAY

2. DATE OF OEATN

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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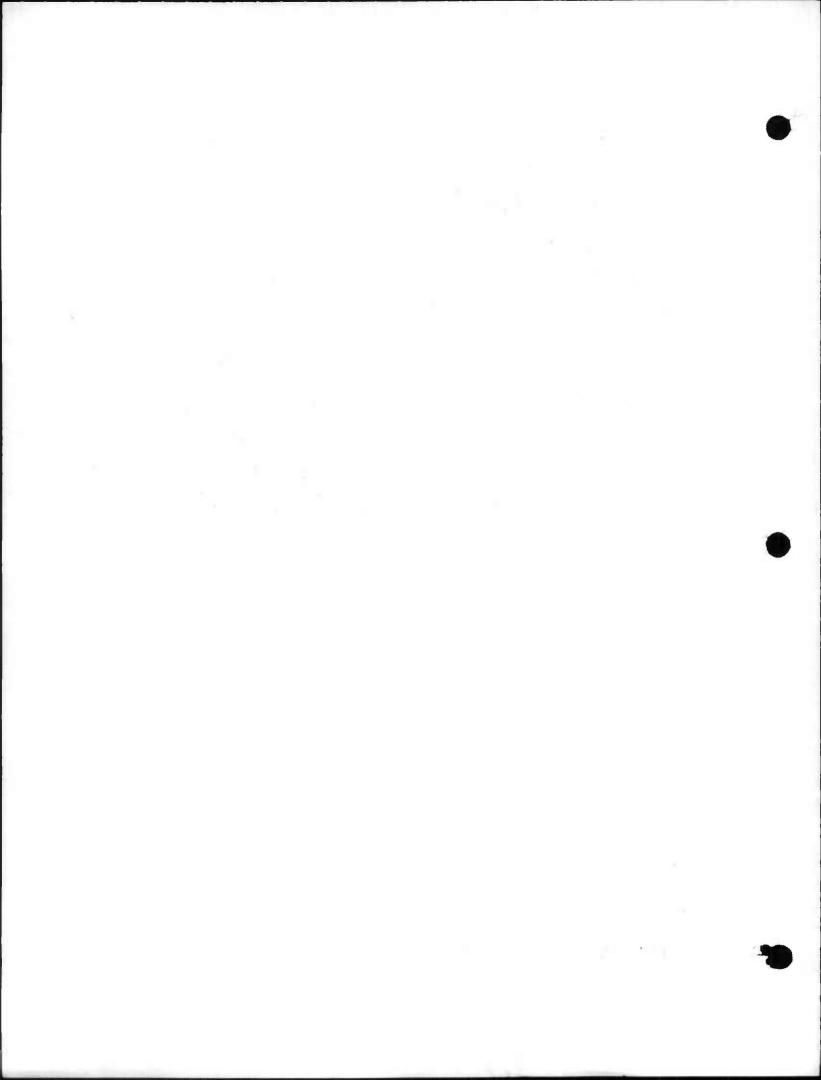
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Ram (DRORGE Unning 0847 93 6 6. AGE (In yrs. lest birthday) 4. SOCIAL SECURITY NUMBER 5. SFY IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign Country) IF UNDER 24 HRS. 80 7742 213-12 YRS 10 108 filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN lashington HAGERS HOWN FUNERAL DIRECTOR WASHING toN 10c. CITY. TOWN OR LOCATION 10d. INSIDE CITY Jashing MD Hagerstown 1 E YES 2 NO 10e. STREET AND NUMBER 101, ZIP CODE IOg. CITIZEN OF 21740 U.S.A. within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 10 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE Black, 1 Never Married 2 Merrie If yee, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR OATES В 3 Midowed 4 Divorced nite BE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gi Elementary/Secondary (0-12) College (1-4 or 5+) Railroad aborer notified at once. 17. FATHER'S NAME (First, Middle, Last) 18, MOTHER'S NAME (First, Middle, Meiden Surname) unringham ohn ORMANT'S NAME 196. MAILING ADDRESS Stefn. Zip Code) 2 nam 21722 pe I 206. PLACE AND DATE OF DISPOS must DATE 5 3 examiner 22. NAME AND AS 310 medical 23. PART i. Enter tha diseasea, or complications that caused the daeth. Do not enter tha mode of dying, such as cardiec or res Approximata shock, or haert failure. List only one ceuse on each line. interval Between ŏ IMMEDIATE CAUSE (Final Onset and Death the cremation, disease or condition\_\_\_ 60 FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely virthin 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, crematic resulting in death) other traumatic event, DUE TO (OR AS CONSEQUENCE OF): executed CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING 8 certificate CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSPOUENCE OF): resulting in death) LAST Injury, or PART II. Other significant conditions contributing to death but not resulting in the underlying PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 18c tenue vous Worn shows any 1 YES 2 NO OF DEATH? romer 1 YES 2 NO 23 OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL Item 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpetient 3 | DOA 1 YES 2 NO OTHER: 4 - Nursing N e 5 🗆 Residence 6 🗀 Other (Specify) 6 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify) 3 Suicide -COMPLETED 8 Could not be 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) 4 Nomicide 28 datarmined If Item 2 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(s) end menner as stated. MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner es stated. MPORTANT 29b. DATITLE OF CERTIE TO THE P. TO THE BE 29c. LICENSE NUMBER 93 D41780 2 enitar ven JUN 2 8 199

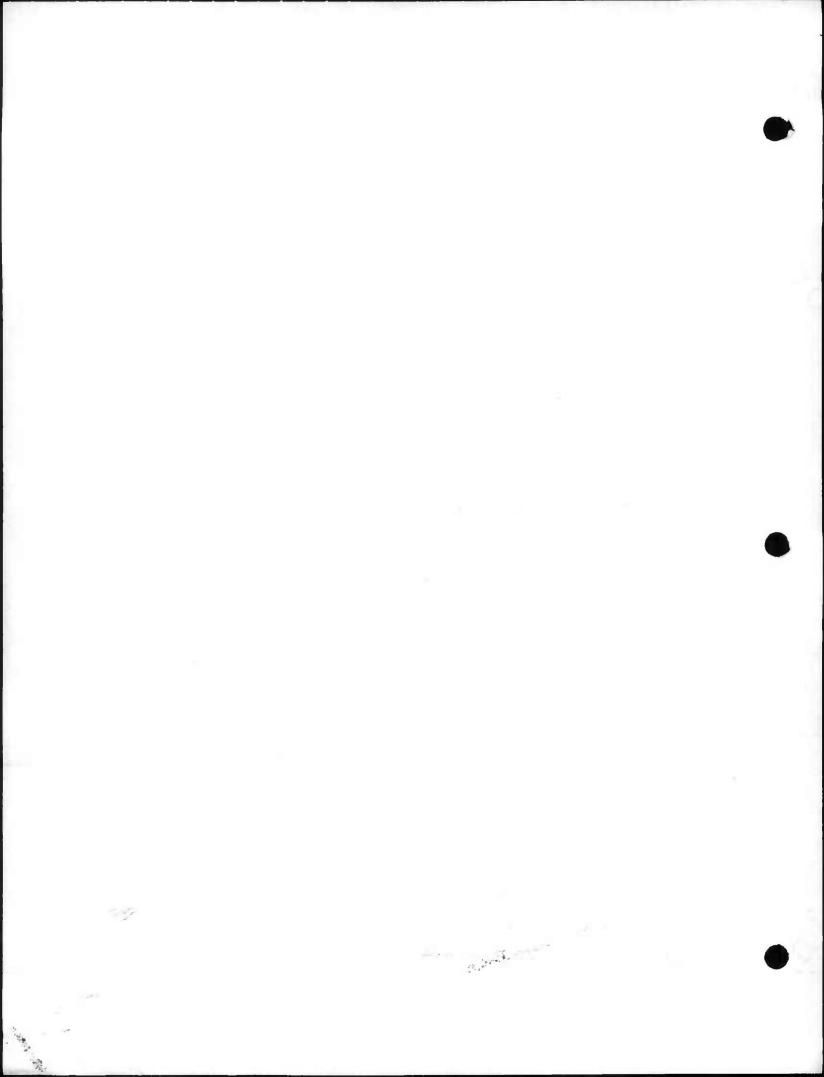
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending phys	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burning the find within 72 hours after death with the State Deer, of Health and Mental Horisene prior to burial, command on common	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

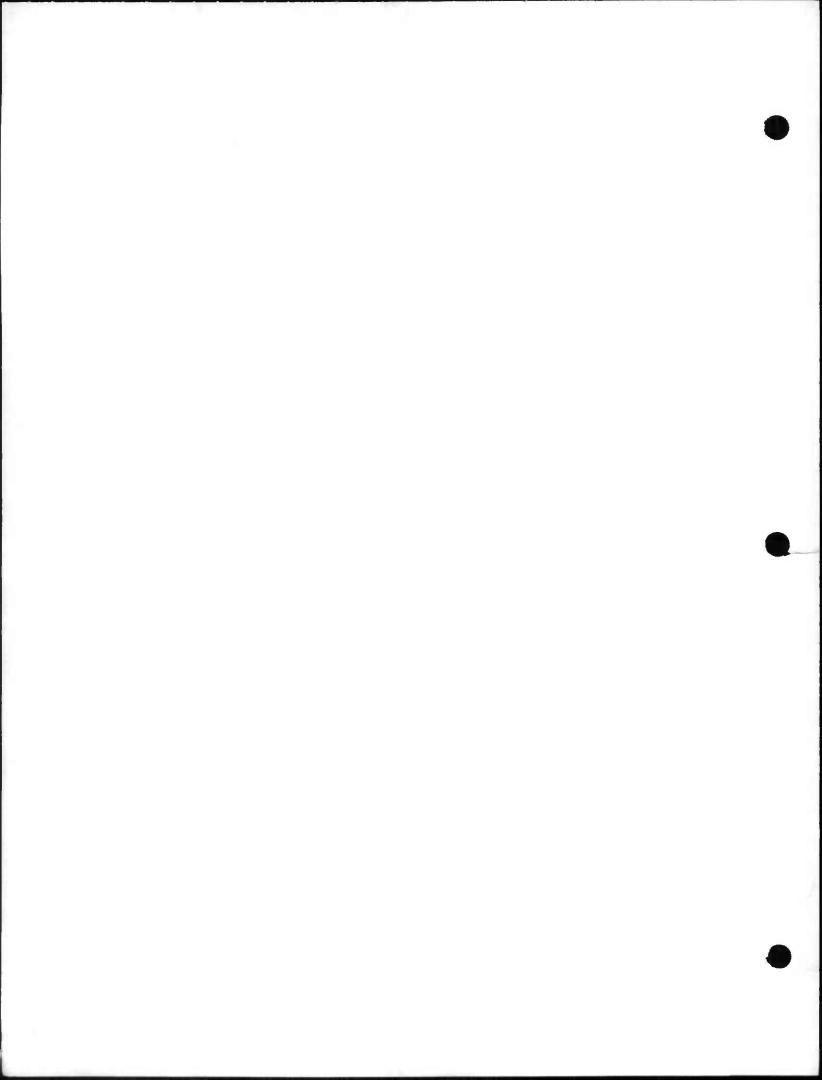
	1 - FOR STATE REGISTRAR		STATE OF I		) / DEPAI					MENT/	AL HYGIEN REG. NO.	E		9458
	1. DECEDENT'S NAME (First,	Middle, Last)	Hoke	R. C	rouse					2. DAT MON Ju		19	9 <sup>YEAR</sup>	3. TIME OF DEATH 2055 M
	4. SOCIAL SECURITY NUMBER 222-18-973	7	5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs	",	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.		7. DATE OF BIRTH (Month, Day, Year) Aug. 7, 1925		Count	IPLACE (State or Foreign ry) th Carolina			
OR	96. FACILITY NAME (# not ins 975 Kirk R	oad	treet and number)				kton	OR LOCATI	ON OF D		. /, 1.	Sc. COUNTY OF DEATH  Cecil		
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY		0.1	ry, town lktor		TION				10d, INSID			
FUNERAL	100. STREET AND NUMBER 975 Kirk R	10e. STREET AND NUMBER 975 Kirk Road					10	7. ZIP COO					S.A.	1 YES 2 X NO
ВУ	11. MARITAL STATUS 1 Never Married 2 💢 ( 3 Widowed 4 Divor		IF YES GIVE WAD OR DATES			13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Moxica 1  YES 2 NO Specify			sn, Puerto Rican, etc.)			Blac	E — American Indian, k, White, etc.	
TO BE COMPLETED		highest grade	est grade completed)  College (1-4 or 5+)			NT'S USUAL OCCUPATION d of work done during most of working OT use retired.) r/Operator					Heating and Exc	g, Ai	r Co	onditioning
	17. FATHER'S NAME (First, Middle, Last)  Lonnie M. Crouse							18. MOT	HER'S NA		Middle, Maiden		ls	
	Marjorie B		ıse						ad - Elkton, MD 21921					
	20s. METHOD OF DISPOSITION 1 M Burtal 2 Ceremetion 3 Removal from State 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE					emet	ery			119		r Hi	11,	wn, State Mary land
	22. NAME AND ADDRESS OF FACILITY Funerals, P.A. 103 West Stockton Street Elkton. MD 21921-5521  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate													
	23. PART I. Enter the dis shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	est failure.	List only one can	t caused the	line.	Lo	r the mo	ode of dy	ing, suc	h as ca	rdiac or respi	ratory an	reat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST													
PHYSICIAN: MEDICAL CE	PART II. Other algnificer	nt condition	s contributing to	death but n	ot resulting	in the u	nderlyin	g ceuse	given in	Part i.	24a. WAS AN PERFOR	MED?	246	. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CIA	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 MG	MEDICAL	HOSPITAL:			OTHE	R:	LACE OF D	-					
HYS	27. MANNER OF DEATH		1 Inpetient 2 28a. DATE OF	INJURY	28b. TH	ME OF	28c. IN.	JURY AT	peldence		er (Specify)	NJURY OC	CURED	
ВУР		Pending nvestigation	(Month, E	lay, Year)	_ IN	JURY M		ORK? YES 2	□ NO					
		Could not be letermined	26s. PLACE of building,	OF INJURY — A etc. (Specify)	t home, larm,	street, fac	tory, offic	en .			CATION (Street a y or Town, State)	and Number	or Rural i	Route Number,
COMPLETED			CIAN: To the best of											s) and menner as stated.
B	296. SIGNATURE AND TITLE	-	-	1	nux	,		29c. LIC	ENSE NUI	MBER		29d. DAT	E SIGNED	(Month, Day, Year) 4 / 9 3
5	MOSeph G.	Lanzi					et -	Elk	ton,	MD	21921			
4	JUN 2 4'93		32. REGISTRA	AR'S SIGNATUR										



TO THE FUNCTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

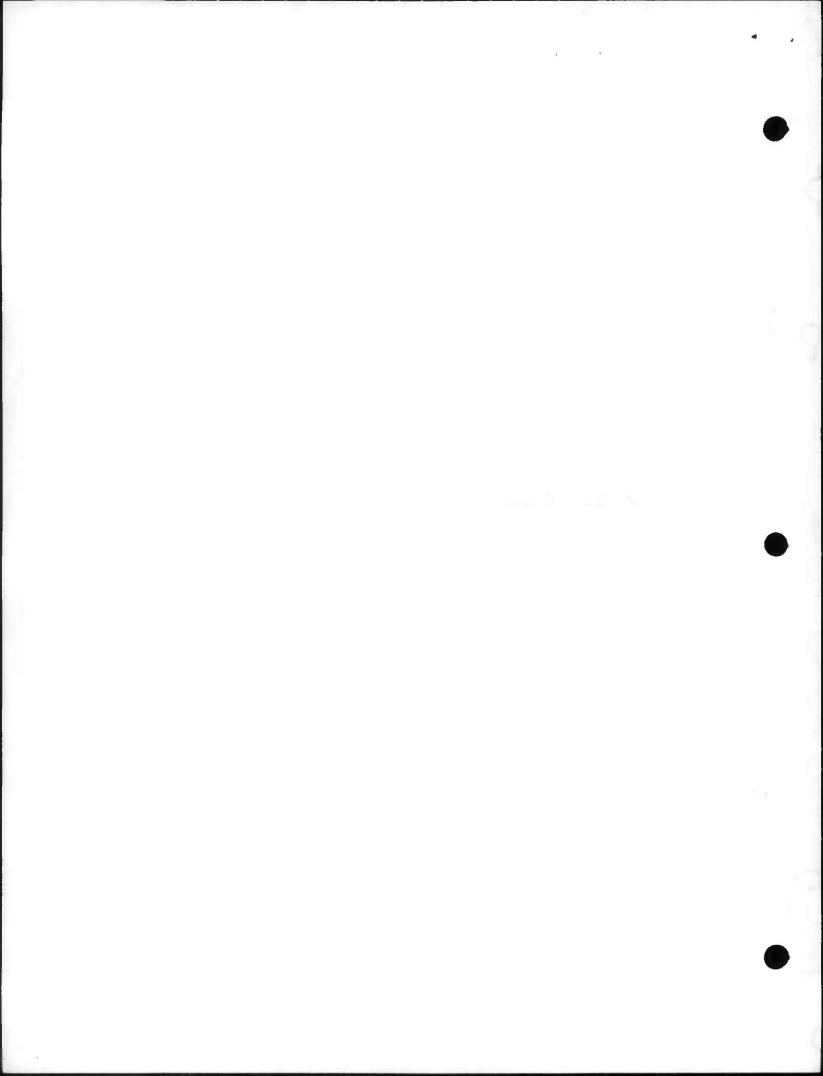
IN PORTANT: If them 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR THE CONTRACT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION 11 IN 2 8 1993

1 - FOR STATE REGISTRAR	×	STATE OF I		D / DEPAR CERTIF					MENTAL HYGIEN REG. NO.			1 3 . 0 3
1. DECEDENT'S NAME (First Harold	t, Middle, Last)	Harold	Riley						2. DATE OF DEATH MONTH DATE OF 21	T 1	993	3. TIME OF DEATH  OZIZAM
4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In yr.	s. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	-	8. BIRTH	IPLACE (State or Foreign
219-12-1426	ń	1- M 2   F	7:	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	0.00	Count	(γ)
9a. FACILITY NAME (If not in	nstitution, give s				9b. CITY,	TOWN C	R LOCATI	ON OF D	LAPR 28, 19	920	LMary UNTY OF D	zland EATH
Washingt		inty Hosp	oital ———			На	agers	stow	n	Wa	shing	gton
10a. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN O	R LOCAT	ION					10d. INSIDE CITY
MD  10e. STREET AND NUMBER	<u> </u>	lashingto	n		lager							LIMITS?
905 Gui		Ave				101	21 21P	740		10g. Cl1		NHAT COUNTRY?
11. MARITAL STATUS		12. WAS DECEDEN			13. V	MAS DEC	ENDENT (	OF HISPAI	NIC ORIGIN? (Specify Yes	or No-	14. RACI	E — American Indian,
1 Never Married 2 3 Widowed 4 Divo	and the second second	FORCES? 1 IF YES, GIVE V					2 R NO		in, Puarto Rican, etc.) y:		Speci	k, White, etc.
15. DEC	EDENT'S EDU	CATION		DECEDENT'S	USUAL OC	CUPATIO	N N		16b. KIND OF BUS	IMFSS/IN	OUSTRY	
(Specify only Elementary/Secondary (0	y highest grade 3-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u.) Watch	se retired.)	luring mo	st of worki	ng				
				water	Illian					itui	ce	
17. FATHER'S NAME (First, M		les Doyl	e				18. MOT	HER'S NA	ME (First, Middle, Maiden Betsy L. H	,		
19a. INFORMANT'S NAME (7	ype/Print)			19b. MAILING	ADDRESS	(Street a	nd Numbei	or Rural	Route Number, City or Town	r. Stata Z	in Corde)	
Gloria J.									Hagerstown,			0
20s. METHOD OF DISPOSITI	ION on 3 🗆 Remo	oval from State	cemetery	CEAND DATE	ther plece)	1.1		6/	DATE 20c. LOG 28/93 Hag			
21. SIGNATURE OF FUNERA		ENSEE	Cod	ar Law	m Mor	NAME AN	ark D ADDRE	SS OF FA	CLUTY Minnich	Fin	ovii,	Homo
· In	ul L	Neste	P									n, Md 21740
23. PART I. Enter the di ahock, or h IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart tenure.	List only one sau	t coused that ise on sach	ilne.		\		t	has cardiac or reapi			Approximeta Intarval Between Onset and Daath
Sequentially list condition if any, leading to immediate. Enter UNDERLYI CAUSE (Disease or injuthat initiated events resulting in deeth) LAS	diste ING Iry		OR AS A CON				) kç	ton	Me Gin	my		(delvoy
PART II. Other significa	of Drow	e contributing to	deeth but n	ot resulting	in the und	ierlying io C	couse (	given in	Part i. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Ch	eck only one)			
1 YES 2 NO		1 Inpatient 2			4 🗆 Nursi		5 🗆 Re	sidence	8 Other (Specify)			
	Pending Investigation	28a. DATE OF (Month, D		28b. TIM	E OF URY M	28c. INJU WOI 1   Y	JRY AT RK? ES 2	] NO	28d, DESCRIBE HOW IN	JURY OC	CUREO	
3 Suicide 8	Could not be	28a. PLACE O building,	F INJURY — At atc. (Specify)	t home, term, s	street, facto	ry, office	)		281, LOCATION (Street a. City or Town, State)	nd Numbe	r or Rural R	loute Number,
29a. CERTIFIER 1 ACENT	IFYING PHYSIC	AN: To the heat of	my knowledge	death non-	ad at the M-	na dete	and class	and do	to the cause(a) and man			
									time, data end place, end			) and manner as stated.
29h, SIGHAFURE AND THE	OF CENTIFIER	(11)	)				29c. LICE	INSE NUM	1786	29d, DA1	E SIGNED	(Month, Day, Year) 27-93
20-NAME THO ADDRESS OF	PERMION WHO	COMPLETED CAUS	2 8 2	TEM 27) (Type,	Prige)	100	11	7017	140	200	nto	Zh



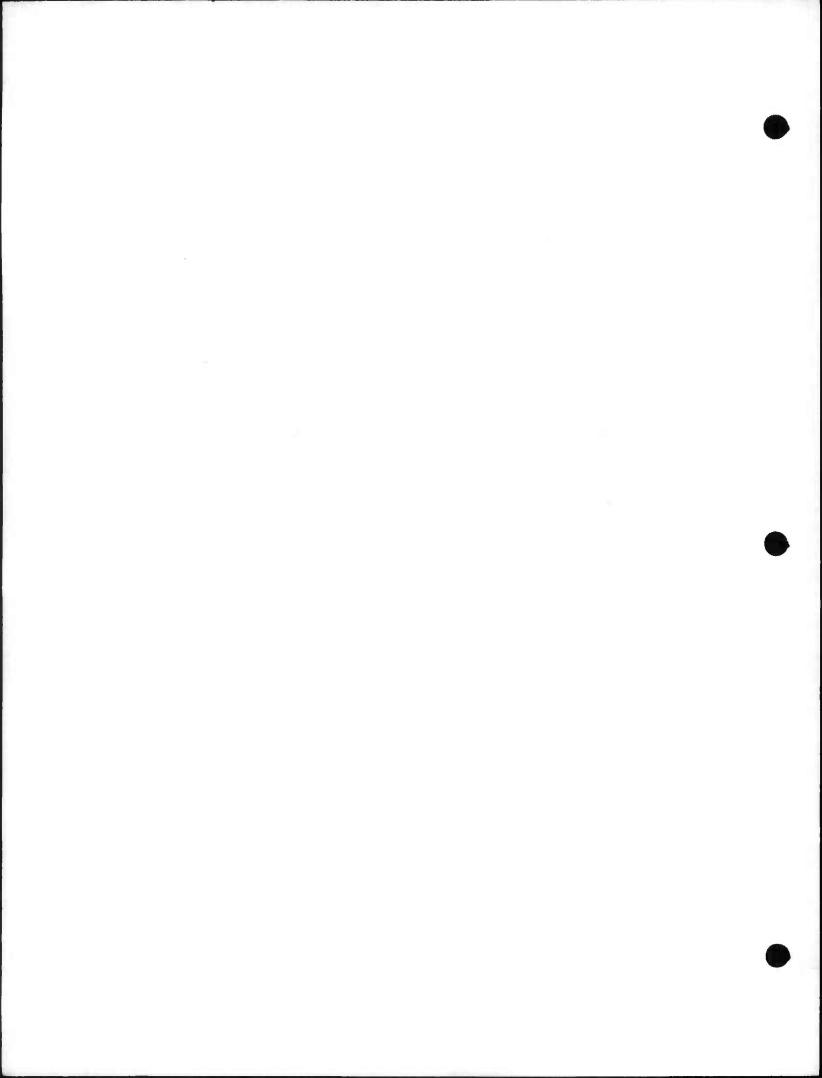
	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1: 2: 3 should	with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	rked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	SICIAN: The law require	certificate has been sig	the State Dept. of Hea	I, or item 23 shows
	AL OR ATTENDING PHY	AL DIRECTOR: After this	72 hours after death with	if item 28 is marked
A CALL	TO THE HOSPIT	THE FUNERA	be filed within 7	IMPORTANT:

	1 - STATE REGISTRAR	OINIE OF MINITE		RTMENT OF H		MENTAL HYGIEN REG. NO	-	93 19460	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D		3. TIME OF DEATH	
		cker					i 993	11:30 p M	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)	
	231-24-7189 9a. FACILITY NAME (If not institution, give	1x M 2 □ F 63	YRS.		100	Aug. 31,	1929	VA	
œ					OR LOCATION OF DI	EATH	A7 . 1 . 5	OF DEATH	
DIRECTOR	214 Somerset S	treet		Ocean	City		wor	cester	
R	10e. STATE 10b. COUNT		10c. CI	TY, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?	
		ester	Oc	ean City				1 XYES 2 NO	
M. M.	10e. STREET AND NUMBER				I. ZIP CODE			N OF WHAT COUNTRY?	
FUNERAL	214 Somerset	12. WAS DECEDENT EVER I	IN II C ADMED		21842		USA		
4	1 Never Married 2 Married	FORCES? 1 X YES	2 NO	If yes, sp	ecify Cuban, Mexics	NIC ORIGIN? (Specify Yea on, Puerto Rican, etc.)	or No —   14	Black, White, etc.	
BY	3 Widowed 4 Divorced	Korean/Art	ny	1 Ly Yes	2 X NO Specif	y.		Specify: White	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	(Give kind of	USUAL OCCUPATION		16b. KIND OF BU	SINESS/INDUS	TRY	
Ä	Elementary/Secondary (0-12)	College (1-4 or 5+)	We. Do NOT u	rse retired.)			0.1.		
ME	9 17. FATHER'S NAME (First, Middle, Last)		Army C	abinet M				net Maker	
	Emmet Decker				Alma	Swartz	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or Tow	n. State. Zio Go	ode)	
5	Catherine M. D	ecker				cean City		21842	
	20a. METHOD OF DISPOSITION	novel from State	D. PLACE AND DATE	OF DISPOSITION (Ne	ame of	DATE 20c, LO	CATION — CIT	y or Town, Stata	
	1 Donation 5 Other (Specify)		unset M			y 25,1993	Berli	in, Md.	
	21. SIGNATURE OF PANERAL SERVICE L	CENSEE			ND ADDRESS OF FA		100	Williams St.	
	1 Nik /	Julage			n, Md.		, 100	Williams St.	
	23. PART I. Enter the diseases, or shock, or heert fellure.	complications that cause List only one cause on a	d the death. Do	not anter the mo	da of dying, suc	h as cardiac or respi	ratory arres		
	IMMEDIATE CAUSE (Fine)	Mi	, ,	Cone				Interval Between Onset and Death	
	resulting in death)	· Metesta	TIC		n				
_		DUE TO (OR AS	A CONSEQUENCE O	NF):					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	NF):					
S	cause. Enter UNDERLYING CAUSE (Disease or injury							457	
TIF	that initiated events resulting in death) LAST	CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF):							
1 11	I resurting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	NF):					
ᄬ	resulting in death) LAST	DUE TO (OR AS ,	A CONSEQUENCE O	PF):					
	PART II. Other aignificant condition	d			g cause given in			24b. WERE AUTOPSY FINDINGS	
AL		d			g cause given in	Part I. 24a. WAS AN PERFOF	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL		d			g cause given in	PERFOR	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE	
MEDICAL	PART II. Other significant condition	d		in the underlying		PERFOF	MED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d	out not resulting	in the underlying	ACE OF DEATH (Ch	PERFOR	MED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	PART II. Other aignificant condition	d	out not resulting	in the underlying 26. PL OTHER: 4 \( \text{Nursing Hom} \)	ACE OF DEATH (Ch	PERFOR  1   YES 2	MED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN: MEDICAL	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	d	petient 3 DOA	26. PL OTHER: 4 □ Nursing Hom BE OF 28c. INJ. WO	ACE OF DEATH (Ch	PERFOR	MED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
BY PHYSICIAN: MEDICAL	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	HOSPITAL: 1   Impetient 2   ER/Outs 28e. PLACE OF INJURY 28e. PLACE OF INJURY	petient 3 DOA  28b. Till IN	26. PL OTHER: 4 Nursing Hom BE OF 28c. INJ URRY WO M 1 1	ACE OF DEATH (Ch.  5 Desidence USY AT HK7 YES 2 NO	PERFOR  1   YES 2    October (Specify)  28d. DESCRIBE HOW I  28f. LOCATION (Street	MED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO	
ED BY PHYSICIAN: MEDICAL	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	HOSPITAL: 1   Inpatient 2   ER/Out (Month, Day, Year)	petient 3 DOA  28b. Till IN	26. PL OTHER: 4 Nursing Hom BE OF 28c. INJ URRY WO M 1 1	ACE OF DEATH (Ch.  5 Desidence USY AT HK7 YES 2 NO	PERFOR  1 VES 2  Peck only one)  6 Other (Specify)  28d. DESCRIBE HOW I	MED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO	
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BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only One) 2 MEDICAL EXAMIN	HOSPITAL: 1   Inpettent 2   ER/Out (Month, Dey, Year)  28e. DATE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY building, etc. (Spe	patient 3 DOA  28b. Till  T — At home, farm, city)	26. PL OTHER: 4   Nursing Hom M   1   Nursing Hom Street, factory, office red at the time, date on, in my opinion, d	ACE OF DEATH (Ch	PERFOR  1 VES 2  October (Specify)  28d. DESCRIBE HOW I  28f. LOCATION (Street City or Town, State)  to the cause(a) and main time, data and place, and MBER	NJURY OCCUPANT AND A STATE OF THE STATE OF T	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Rural Route Number,  seuse(s) and menner as stated.  HGNED (Month, Dig., Year)	
E COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suleide 6 Could not be detarmined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	HOSPITAL: 1   Inpettent 2   ER/Out (Month, Dey, Year)  28e. DATE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY building, etc. (Spe	patient 3 DOA  28b. Till IN  At home, farm, orly)  At MICEM 2D (from	26. PL OTHER: 4 Nursing Hom BE OF 28c. INJ. JURY WO 1 \( \)	ACE OF DEATH (Ch	PERFOR  1 VES 2  October (Specify)  28d. DESCRIBE HOW I  28f. LOCATION (Street City or Town, State)  to the cause(a) and main time, data and place, and MBER	NJURY OCCUPANT AND A STATE OF THE STATE OF T	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Rural Route Number,  seuse(s) and menner as stated.  HGNED (Month, Dig., Year)	
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	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND DEATH	MENTAL HYGIEI				
	1. DECEDENT'S NAME (First, Middle, Last)	Devine-				2. DATE OF DEATH MONTH	-	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 578–42–0485			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV . 2,	8.	BIRTHPLACE (State or Foreign Country) Shington, D.C.		
	9e. FACILITY NAME (If not institution, give s			Db. CITY, TOWN O	R LOCATION OF D		9c. COUNTY			
1 E	St. Agnes Hospital Baltimore Baltimore									
DIRECTOR	10e. STATE 10b. COUNTY	ce George's		TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 🔯 YES 2 🗌 NO		
ZA Z	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN	N OF WHAT COUNTRY?		
FUNERAL	920 Quietview Di				20743			S.A.		
BY FU	1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 THO	If yes, spe		NIC ORIGIN? (Specify Youn, Puerto Rican, etc.) by:	s or No— 14	. RACE — American Indian, Black, White, atc. Specify: White		
once.	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16b. KIND OF BU	JSINESS/INDUS	TRY					
MPL	12		Homema	aker		N/A	1			
S 3	17. FATHER'S NAME (First, Middle, Lest)  Ross Murray					ME (First, Middle, Maide				
iffed a	19e. INFORMANT'S NAME (Type/Print)	DDRESS (Street or	Mary and Number or Rural	Deeniha  Route Number, City or To		cle)				
TO TO	William A. Devine	e, Jr.				apitol Hei		,		
must	20e. METHOD OF DISPOSITION  1 1 Burlel 2 Cremetion 3 Remove from State  4 Donatton 5 Other (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of cemetary, cremetory or other place)  Resurrection Cemetery 6/15/93 Clinton, Maryland									
i examine	22. NAME AND ADDRESS OF FACILITY George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md. 20745									
Injury, or other traumatic event, the medical examiner must be notified at once.  AL CERTIFICATION  TO BE COM	23. PART I. Enter the decess, or complication that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Respiratory  Failure									
atic eve	DUE TO (OR AS A CONSEQUENCE OF):  Terminal Employeema.									
CATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	OUE TO (OR AS A (	CONSEQUENCE OF).							
ry, or other traumatic	that initiated events resulting in death) LAST	DUE TO (OR AS A O	CONSEQUENCE OF):							
Injury,	PART II. Other eignificant condition	a contributing to death bu	t not resulting in	the underlying	cause given in	Part I, 24a. WAS AI	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
MEDIC.						1 TES	2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
show						_		1 TYES 2 NO		
or item 23 shows any YSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Ch	eck only one)				
PHYSICI	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpat		THER:	5 Residence	8 Other (Specify)				
marked, BY PH	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (	Y WOF		28d. OEŞCRIBE HOW	INJURY OCCUR	ED		
28 is TED	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specifi	At home, farm, stre	et, factory, office		281. LOCATION (Street City or Town, State	end Number or I	Rural Route Number,		
MPORTANT: If Item O BE COMPLE		CIAN: To the best of my knowle						suse(s) end menner es stated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER  HOOM Shi	Hone	r		29c. LICENSE NUM	WBER	29d. DATE SI	GNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, P							
1	31. DATE FILED (MOON). GOV. 14 1993		TURE Randall	Hosp	-					



permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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and the state of t	AL DIFFERENCE Mare this certificate has been signed by the attenting physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-time. The State has a detached for use as the burial-time.		If tem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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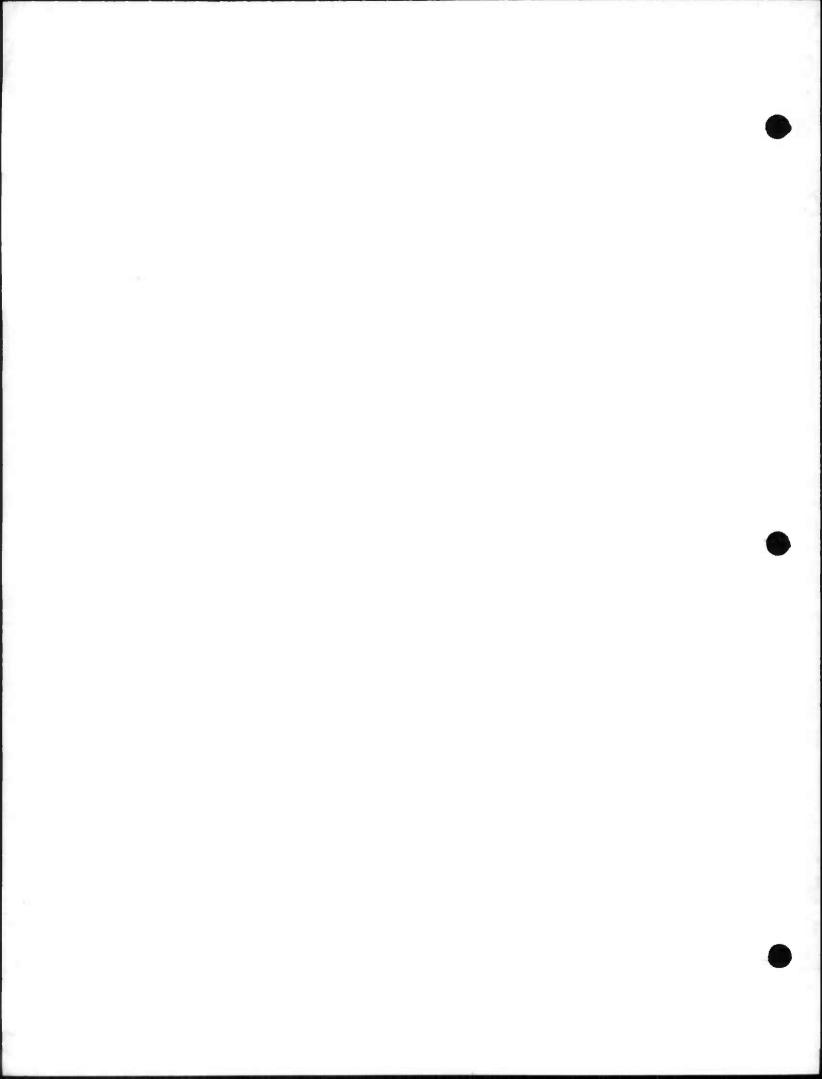
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DANELAMD. 4404

32. REGISTRAR'S SIGNATURE a Davidson-Randell

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH John Lee Dixon 6 12 93 3:05 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7 DATE OF BURTH 8. BIRTHPLACE (State or Foreign 1.XXM 2 | F HOURS 8/9/1939 260-58-2471 YRS. 53 Georgia 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Doctors Community Hospital Lanham PG RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Prince Georges Landover XX YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7717 Bender Road 20785 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—II was assectiv Cuban, Mexican, Puerto Rican, stc.) 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2000 14. RACE — American Indian, Black. White, atc. II yes, specify Cuban, Mexican, Puerto Ri 1 YES A NO Specify: 1 Never Married 2 No Merried IF YES, GIVE WAR OR DATES BY Specify: Specify: 3 Widowed 4 Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EQUICATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Built Coling Management Elementary/Secondary (0-12) College (1-4 or 5+) 11th Government Specialist 17. FATHER'S NAME (First Middle Leet) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Carl Dixon, Sr. Rosa Lee Willis 194. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Bobbie C. 7717 Dixon Bender Rd. Landover, MD 20785 20s. METHOD OF DISPOSITION
1/ Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State Har mony or or Cemetery 6/19/93 Landover, MD 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY
J.B. Jenkins Funeral Home
7474 Landover Rd. Landover, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE MD20785 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. interval Between kut wan **IMMEDIATE CAUSE (Final** Onset and Death disease or condition lan resulting in death) Carohel CERTIFICATION Sequentially list conditions, COUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediata cause. Enter UNDERLYING Sto CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 - YES 2 - NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ng Home 5 - Residence 8 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Yeer) 27. MANNER OF OEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO 1 Netural
2 Accident 5 Pending Investigation м 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide
4 Homicide 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) ETED a Could not be determined 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner ee stated. COMPL (Check only one) MEDICAL EXAMENDS: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 29b, SIGNATURE NO TITLE OF GERDIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day,

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ITEMS: 23 PART I, II, 27, PER MEO G-701 7/8/93 t.t

rSIGIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	are then 22 chairs on other frammely second the modifical aversaline second to second as according as
PHYSICIAN: The law re	this certificate has bee with the State Dept. or	thad or item 23 ch

BALTIMORE, MARYLAND 21215-0020

ON OF VITAL RECORDS, P.O. BOX 68760,

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31. DATE FILED (Month, Day, Year)

no

5 1993

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE Julia Daydoon-Randoll

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR Newport Daniel 06 1993 0436 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 1 M 2 | F DAYS HOURS 264-13-6137 40 23, Feb. 1953 Syracuse, N.Y Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH DIRECTOR 12000 Livingston Road Ft. Washington Prince Georges RESIDENCE OF DECEDENT 10b. COUNTY 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Gaithersburg 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9924 Brookridge Court 20879 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, 1 Never Married 2 Married If yes, specify Cuben, Mexican, Pu 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced Black 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 3 Years Medical Records Tech Government 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle Meiden Surname) Raymond Newport BE Altamease Edwards 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 James Robinson 113 Balmoral Drive West. Oxon Hill. Maryland 20a. METHOD OF DISPOSITION
1 № Burial 2 □ Cremation 3 □ Removat from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State Oakwood Cemetery 4 Donation 5 Other (Specify) 6/12/9B Syracuse, N. Y. TUNE OF BUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY STEWART FUNERAL HOME 4001 Benning Road, N. E., Washington, 23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata ahock, or haart fellura. List only one cause on each line. Intarvai Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) ACUTE BRONCHOPNEUMONIA DUE TO (OR AS A CONSEQUENCE DF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (DR AS A CONSEDUENCE OF): PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY WERE AUTOPSY FINDINGS FOCAL MYOCARDIAL SCARRING PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE DF DEATH (Check only one) HOSPITAL: OTHER 1X YES 2 NO 1 | Inpatient 2 | ER/Outpetient 3 | DOA ne 5 🗆 Residence 6 💢 Other (Specify) 4 Nursing F At scene 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Netural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 6 Could not be 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner se stated. 2 💹 MEDICAL EXAMINER: Dn the beele of exemination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) · Chritino

O.C.M.E

111 Penn Street, Baltimore,

06

Maryland

07 1993

2	9	
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by	INFLICE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should by	
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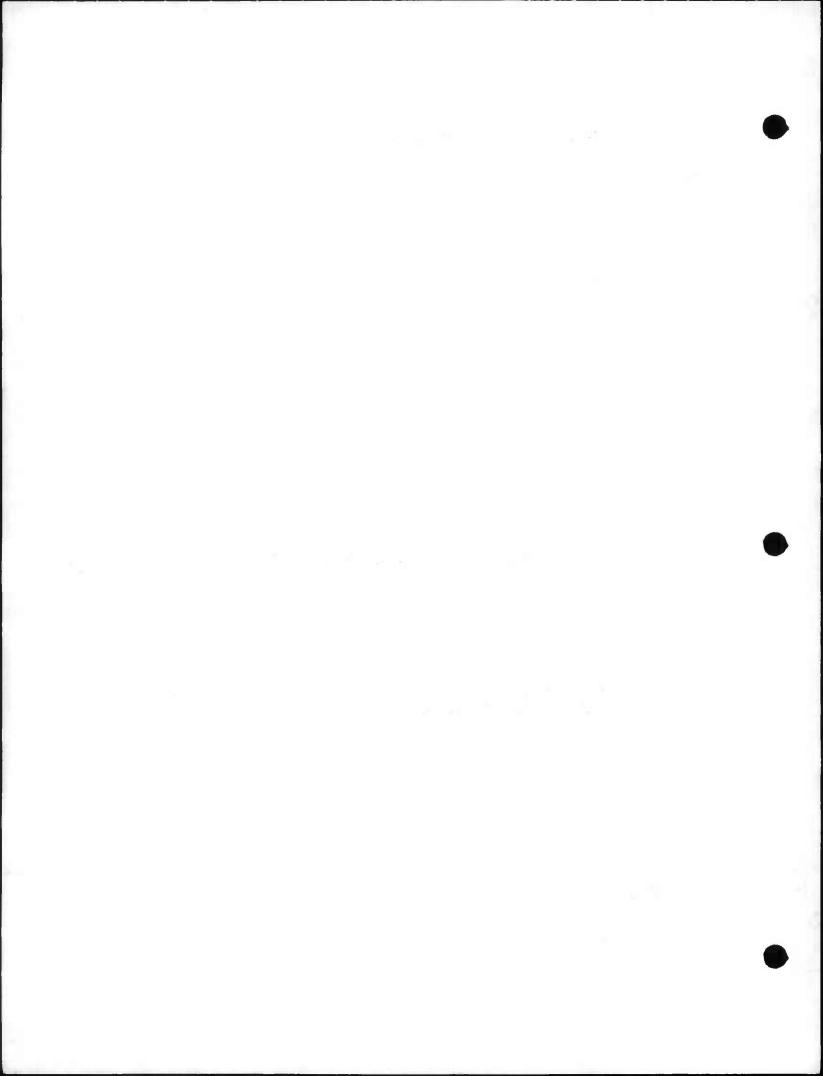
B. M. NEDZIBA : A

31. DATE FILED (Month, Day, Year)

JUN 0 8 1993

	FOR	OTATE OF 1							93	ì	9404	<u>l</u>
	1 - STATE REGISTRAR	STATE OF N			TMENT OF I	HEALTH AND I		IYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)  FRANCE	:-	7.0				2. DATE OF MONTH		<u>بر</u> ر	AR 3	TIME OF DEATH	A
	4. SOCIAL SECURITY NUMBER	. I S. SEX	6. AGE (In yrs. las	SE	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	4			ACE (State or Fore	м
	577-26-3815	12 M 21日F	68	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Da	y, Year)		Country)		
	9a. FACILITY NAME (II not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF OEATH											
TOR	SOUTHERN MAI	RYLAND	Hospit	AL	CLINT	ton, r	nd.		PRIN	66	GEORG	38
DIRECTOR	10e. STATE 10b. COUNT Maryland Prince	v ce George	Georges' Ft. Washington								Od. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	ocorge	-	Ft.		E ZIP CODE			10g. CITIZEN	OF WH	AT COUNTRY?	0
FUNERAL	2500 Brinkley Ros	ad				20744	4		T	JSA		
l S	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. AR			ENDENT OF NISPAN	HC ORIGIN? (S			RACE -	- American Indian, White, etc.	,
BY	7 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES X			2 NO Specify		1, 916.)		Specify:		
ED	16. DECEDENT'S EQU	CATION	16a OE	CEDENT'S	USUAL OCCUPATION	ON	T see Vin	ID OF BUILD	INESS/INDUST	BLA	CK	
1	(Specify only highest grade Elementary/Secondary (0-12)		(G		ork done during mo		IOU. KIN	ID OF BOS	INESS/INDUS I	HV		
를	8th			Bric	klayer		At	lanti	c Maso	ner	v	
COMPL	17. FATHER'S NAME (Byst, Middle, Last)					18. MOTNER'S NA					,	
BE	Daniel E. Don	sey				Tela	Butle	-Dor	sey			
2	19a. INFORMANT'S NAME (Type/Print)  19b. MAILINO ADDRESS (Street and Number or Rural Poute Number, City or Town, State, Zip Code)											
	Eunice Butler /wife 2500 Brinkley Road Ft. Washington, Maryland 20744  20s. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of DATE)  20c. LOCATION — City or Town, State											
	1X Buriel 2 Cremation 3 Rem	oval from State	cemetery, cre-	matory or oth	her place)						•	
	21. SIGNATURE OF FUNERAL SERVICE LA	CENSEE	narmo	niy M	emorial 22. NAME A	PATK NO ADDRESS OF FA		3 L	andove	er,M	Ш	
	1 + Hari (1)	יימון	#91	7		G. Masc						
	23. PART I Errer the diseases, or	complications that	caused the de	ath. Do n	1661 (	Good Hope	Road	S.E.	Wash	L.D	C 20020	
	immediate cause (Final	List only one cau	se on each line	4		or aying, cac		or respir	albiy arreat,	,	interval Bet	ween
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. END Stage Chairs of STRUCTURE LIVE N'SEM!  Due to (or as a consequence of):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate  b. Due to (or as a consequence of):											
5	cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c	OR AS A CONSEC	DUENCE OF	):						_	
E	resulting in death) LAST	-	1000000		,-						1	
	DART II Ostar algelii aasta a salai	u.									1	
PHYSICIAN: MEDICAL	PART II. Other significant condition			_	n the undariyin	g cause given in	Part I. 24	PERFORI		A	ERE AUTOPSY FINE WAILABLE PRIOR TO OMPLETION OF CAL	)
0	Typit Dink	ATAC A	11 4 W	•			_ 1[	YES 2	₽ NO	0	F DEATH?	
W.	Type Dine	77.	4.11,14	2			-			1	YES 2 NO	1
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PI	LACE OF DEATH (Ch	ack only one)					
SIC	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3		OTHER:	ne 5 🗆 Residence	6 Other (Sp	ecify)				
PH	27. MANNER OF DEATH	28a. DATE OF (Month, Da	INJURY ny, Ybar)	28b. TIME	OF 28c. INJ	JURY AT DRK?	28d. DEŞCRI	BE HOW IN	JURY OCCUR	ED		
BY	1 Natural 5 Pending 2 Accident Investigation					YES 2 NO						
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE Of building,	F INJURY — At holetc. (Specify)	me, farm, si	treet, factory, offic	•	281. LOCATIO City or To	N (Street ar wn, State)	nd Number or F	lural Rou	te Number,	
J.E	29a. CERTIFIER 1 CERTIFYINO PHYS	CIAN: To the best of	my knowledge, de	ath occurre	d at the time, date	and place, and due	to the causele	) and man	ner as stated			
JMC	(Check only one) 2 MEDICAL EXAMINE									use(a) a	nd manner as stat	led.
	29b. SIGNATURE AND TITLE OF CERTIFIE					29c. LICENSE NUM					fonth, Day, Year)	_
) BE	R.m. nu	Thele	MO			0073		1	D 6 -	4 -	93	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITER	4 27) (Type,	Print)	, , ,	5 6'		-	-		

4B. 11701 LIVINGSTON RV. FT. WISH. Md. 30744 32. REGISTRAR'S SIGNATURE in Davidson-Pandall



BALTIMORE, MARYLAND 21215-0020

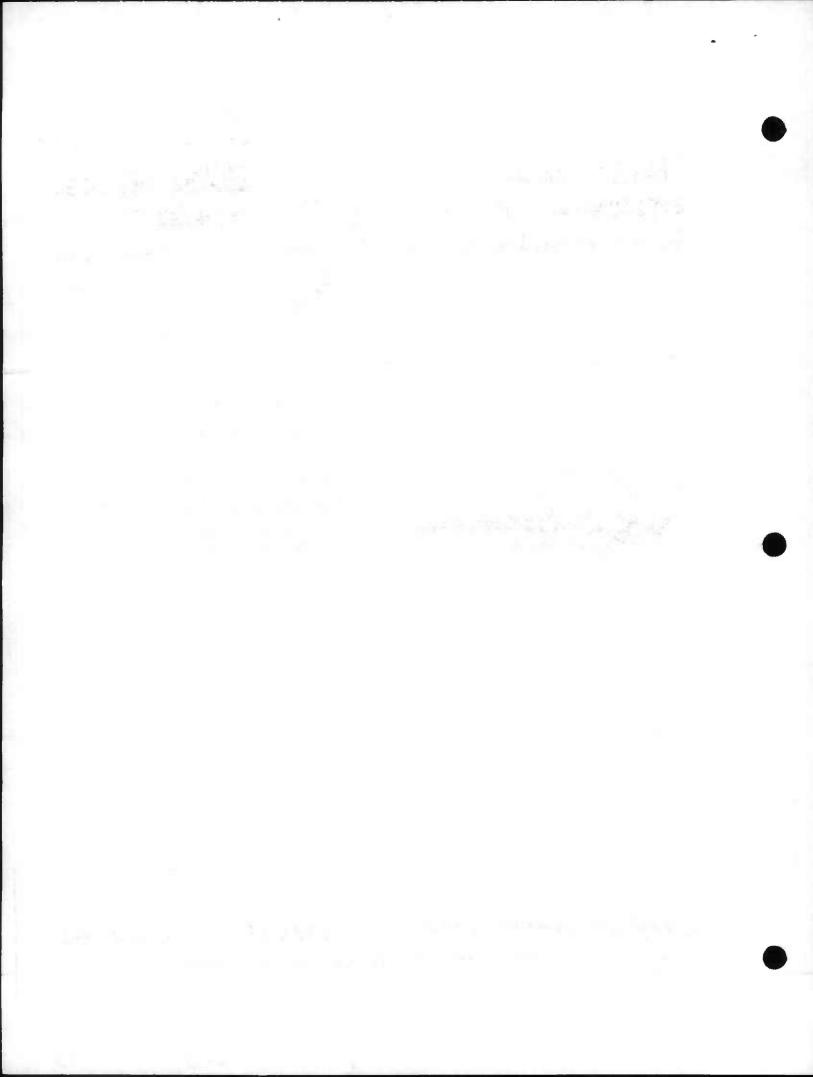
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TOWING THOUSE PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	FIG. THE FAMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the being within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)			OATE OF	DEATH	2. DATE OF DEATH		3. TIME OF DEATN		
amen and a	Lloyd	Ivan D			nrod	June 16	1993	1835 M		
			In yrs. lest birthday)	IF UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	a. BIRT	HPLACE (State or Foreign		
	469-16-5307  9a. FACILITY NAME (If not institution, give stree	1 ☑ M 2 ☐ F 77 YRS. MONTHS DAY			HOURS MIN. (Month, Day, Year) 9-13-1915			Country) MN		
œ	Calvert Memori	,			R LOCATION OF DE		9c. COUNTY OF			
DIRECTOR	RESIDENCE OF DECEDENT	ar nospit	nce Fre	rederick Calvert						
Ä	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY		
				ring Va	lley			LIMITS?		
\¥	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
FUNERAL	545 Pleasant Avenu	e			55975		US	A		
3	11. MARITAL STATUS  1 □ Never Married 2 ☑ Married  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 □ YES 2 ☑ NO			13. WAS DEC	ENDENT OF NISPAN	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No- 14. RAC	E — American Indian, ck, White, etc.		
B	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES				2 NO Specify			Specify: White		
	15. DECEDENT'S EDUCAT	TION	18a. DECEDENT'S U	SUAL OCCUPATION	DN .	165 KIND OF BU	SINESS/INDUSTRY			
	(Specify only highest grade co	mpleted) College (1-4 or 5 +)	(Give kind of wo	ork done during mo	st of working	IGU. KIND OF BU	IOSINESS/INDUSTRY			
릴	8		truck d	lriver		transp	portation			
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	7. FATNER'S NAME (First, Middle, Last)					n Sumame)			
BE (	John Edwar	d Dotz	enrod		Alice	Irene	Mi1	ler		
2	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING A	ODRESS (Street a	nd Number or Rural I	Route Number, City or Tow	n, State, Zip Code)			
-	Lorraine R. Dotzen	rod	same	as # 10	above					
	20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 ☐ Cremation 3 ☒ Remove	of from State cem	PLACE AND DATE OF	ar place)		1	CATION — City or T	own, Stata		
	4 Donation 5 Other (Specify)	S	oring Val	ley Cem			ing Vall	alley, MN		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  20736  Rausch Funeral Home, P.A., Owings, MD									
	23. PART I. Enter the disease, or cor	nplicetione that caused	the deeth. Dp no	t enter the mo-	de of dying, auci	h as cerdiec or respi	ratory errest.	Approximate		
	snock, or neert tellugs List only one cause on each line.									
	disease or condition resulting in death) e. Cardiosenic Shock									
	OUE TO (OR AS A CONSEQUENCE OF):									
Z	Onset and Death  Onset and Death  Oue To (OR AS A CONSEQUENCE OF):  Sequenticity list conditions, if any, leading to immediate  Due To (OR AS A CONSEQUENCE OF):									
Ϋ́	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF)							
CERTIFICATION	CAUSE (Diseese or Injury C.	DHE TO (OR AS A	CONSEQUENCE OF:							
Ē	that initiated eventa resulting in death) LAST	DOE TO (ON AS A	CONSECUENCE OF)							
핑	d									
AL	PART II. Other aignificent conditions		ut not resulting in	the underlying	ceuse given in			b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
3	Roral faile							COMPLETION OF CAUSE OF DEATH?		
ME	Diebot							1 TES 2 NO		
ä	- Hays of	ren								
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			ACE OF OEATN (Che	eck only one)				
YSI	1 TYES 2 NO	€ Inpatient 2 □ ER/Outp		OTHER:        Nursing Nome	5 🗆 Raaldence	8 Other (Specify)				
표	27. MANNER OF DEATN  1 Natural 5 Pending	(Month, Day, Year)	28b. TIME INJU		JRY AT RK?	28d. DESCRIBE HOW I	NJURY OCCURED			
BY PHYSICIAN: MEDIC	2 Accident Investigation				ES 2 NO					
COMPLETED	3 Suicide S Could not be determined S Could not be determined City or Town, State) Sate PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)  281. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
님	29a. CERTIFIER (Check only PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
N N	(Check only one)  2									
	196. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM					
B	17	14				2772	29d. DATE SIGNEO (Month, Day, Year)			
5	30. NAME AND AODRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type, F	rint)	. / 3	2/6/	/ />			
	Dr. Jonatha				cince F	rederick	. Martil	and 20678		
ł	31. DATE FILED (Month, Day, Year) JUN 1 7 1993 &	32. REGISTRAR'S SIGN	THERE		THE E	LEGELICK	, Halyl	and 200/6		
	JUN 17 1993 9	and will acon -								

THE EXECUTION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE EXECUTION OF VITAL IN law requires that the death certificate be executed within 24 mounts after death. Page 8 may be retained by the hospital or attending physician.
TO THE EXECUTION THE State of the page 1 mounts have been signed by the attending physician and completely filled in by the horsal director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be marked, or least the burial-transit permit. Pages 1, 2, 3 should be marked, or least the burial-transit permit. Pages 1, 2, 3 should be marked, or least 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL				EALTH AND	MENTA	L HYGIEN		0 15400		
COMPLETED BY FUNERAL DIRECTOR	1. DECEDENT'S NAME (First, Middle, Last) Wanda Mae Ennis					2. DATE OF DEATH MONTH DA			YEAR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest 1 1 1 M 2 1 F 60			IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Morn July	OF BIRTH	0.	BIRTHPLACE (State or Foreign Cauntry) On 10		
	Southern Maryland Hospita (enter Clinton Prince Ceores											
	Maryland 106. coun	10c. CI	10c. CITY, TOWN OR LOCATION Waldorf						10d, INSIDE CITY LIMITS?  1 YES 2 NO			
	100 STREET AND NUMBER 809 Stone Aver		101. ZIP CODE 2060			602		USA				
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	Never Married 2 Married FORCES? 1 YES 2			ARMED  13. WAS DECENDENT OF HISPANIC OR If yes, specify Cuban, Maxican, Pue  1 YES 2 NO Specify:				RACE — American Indian, Black, Whita, etc. Specify: White			
	(Specify only highest gra-	College (1-4 of 5+)				ON st of working	168		ID OF BUSINESS/INDUSTRY			
NO.	12 17. FATHER'S NAME (First, Middle, Last)	TO ME ME						Hor				
E CC	George Allen Waugh					18. MOTHER'S NA		middle, Malden ca Hi				
8	19a. INFORMANT'S NAME (Type/Print)			AODRES	S (Street a	nd Number or Rural				rde)		
2	Sharon Hansen											
	20e. METHOD OF DISPOSITION 1 Description 3 Green State 20b. PLACE AND DATE OF OISPOSITION (Name of competers, cremation or other place)									or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Huntt Funeral Home											
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  A. Hephtic encephalo pathy  Due to (or as a consequence of):  Renal faultic  Due to (or as a consequence of):  Renal faultic  Due to (or as a consequence of):  Liver failure  Due to (or as a consequence of):  Due to (or as a consequence of):											
	PART II. Other significant conditions contributing to deeth but not resulting in the					e underlying cause given in Part I. 24a. WAS AN AUPERFORME 1 YES 2				7 AMAILABLE PRIOR TO COMPLETION OF CAUSE		
AN	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEATH (C	heck only o	nel				
SIC	1 YES 2 NO	EXAMINER? HOSPITAL: OTHER:							a			
PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TM		28c. INJ WO			284. DESCRIBE HOW INJURY OCCURED				
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined	/ — At home, farm,	At home, farm, street, factory, office			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as attated.											
BE C	296. SIGNATURE AND TITLE OF CERTIFIER								29d. DATE S	29d. DATE SIGNEO (Month, Day, Year)		
TO B	Tonga of bradsden, mo				D43699			1/1	D1. 20 1993			
_	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  Tonja L. Gadsden, mp 202 Pearbody St, M.E. Wash, D.C. 2011  31. DATE FILED Month, Day, Yapar)  JUN 24 93  JUN 24 93  JUN 24 93											
	31. DATE FILED Moon, Day May 93  32. REGISTRAR'S SIGNATURE  Fulia Davidson—Rendelle											



HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

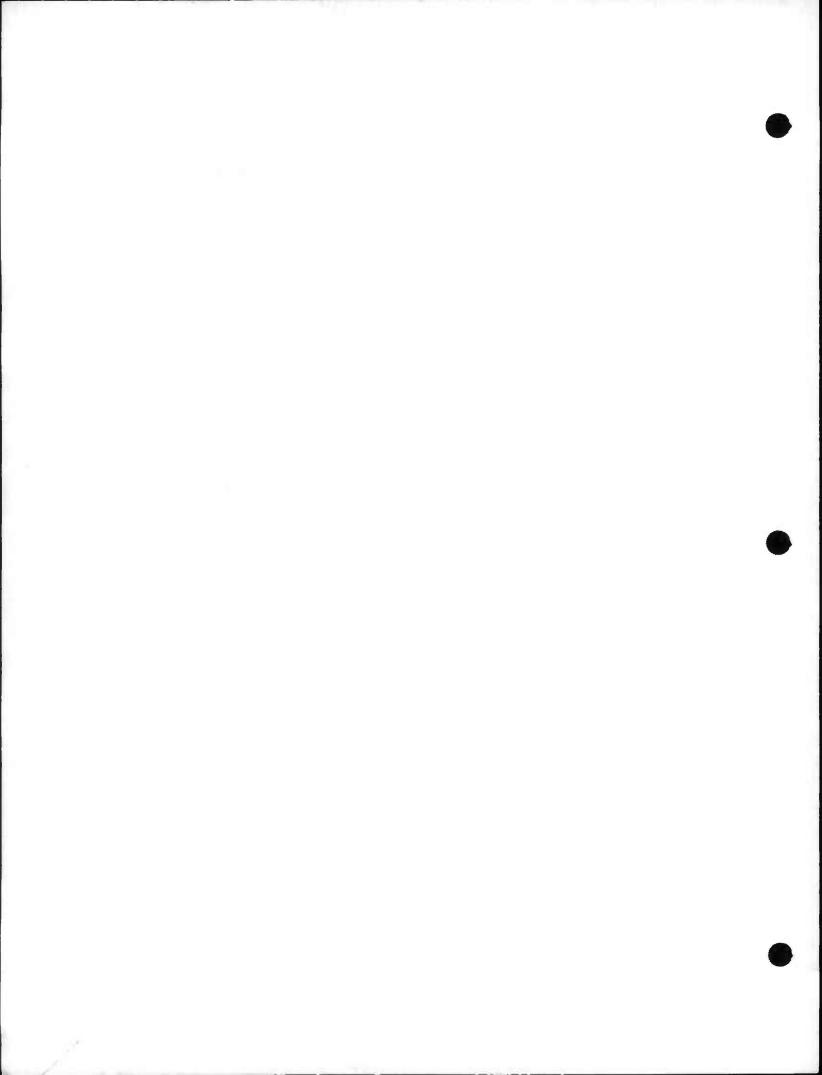
r attending physician.	use as the hurial-transit narmit Pages 1.2.3 should	and the second s	
YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atte	entificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be detached for use as the hunal-transit narmit pages 1.2.3	to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
G PHYSICIAN: The law requires that the death certificate be exec	ir this certificate has been signed by the attending physician and	th with the State Dept. of Health and Mental Hygiene prior to bu	arked, or item 23 shows any injury, or other traumati
TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After	be filed within 72 bours after deat	IMPORTANT: IF hen '28 is m

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH . DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH JUNE 17, 1993 YEAR **ERNST** 5:41 a.m w 8. AGE (In yrs. lest birthday) 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTN (Month, Day, Year) 4-25-1963 6. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 M 2 F 30 217-86-3749 Maryland 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OFATH 9c. COUNTY OF DEATH THE JOHNS HOPKINS HOSPITAL DIRECTOR BALTIMORE CITY BALTIMORE CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington Hagerstown 1 TYES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 19504 Marsh Circle 21742 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puarto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Ri 1 YES 2 XNO Specify: 1 X Never Married 2 Married IF YES, GIVE WAR OR DATES ВУ 3 Widowed 4 Divorced Specify White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) N/A N/A N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Robert E. Ernst Janet L. Nealis 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 19504 Marsh Circle Robert E. Ernst Hagerstown, Maryland 21742 20a. METHOD OF DISPOSITION
1 ◯ Burial 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE Rest Haven Cemetery 6-19-1993 4 Donation 5 Other (Specify) Hagerstown, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DOUGLAS A. Fiery 1331 Eastern Blvd. North Douglas A. Fiery Funeral Home Hagerstown, Maryland 21742 23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory strest, shock, or heart fellura. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition · Congestive Heart Failure Zueeks resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Fever MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING Severe Congenital Heart Disease
Due to (OR AS A CONSEQUENCE OF): CAUSE (Disesse or Injury that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Mosaic Turner 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 TES 2 NO 1 Inpatient 2 - ER/Outpetient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) non 2013 6 2 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. PEGISTRAN'S SIGNATURE

31. OATE FILEO (Month, Day, Year)

JUN9 7 1993



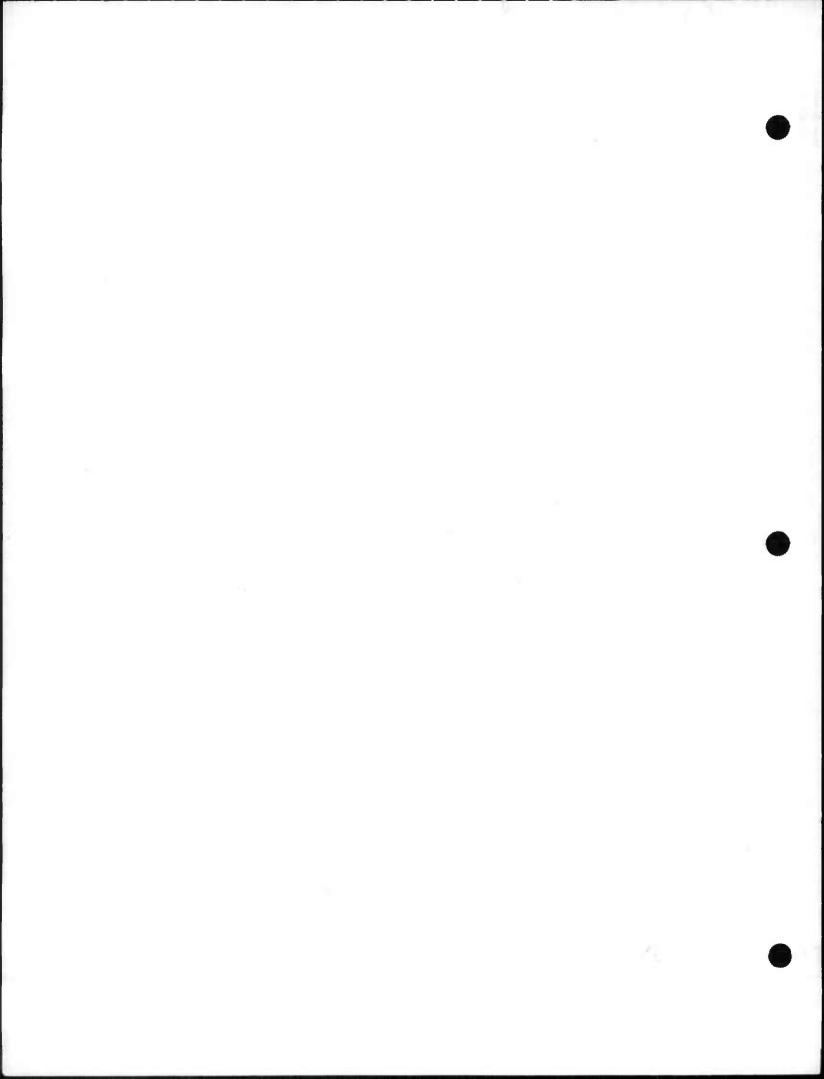
BALTIMORE, MARYLAND 21215-0020

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TO THE HOW THE HOW THOMAS PRINCIAL THE law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE HAVE BEFORE And the commission as been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTABLE If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year) JN 25 '93

32 REGISTRAR'S SIGNATURE
Fulia Navidson-Pandall

									93	3 1	946	8
	1 - STATE REGISTRAR	STATE OF MARY	YLAND /	DEPAR	TMENT OF	HEALTH AND	MENTAL	HYGIEN REG. NO			3 4 0	0
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH 3. TIME OF DEAT				
	RXISSELLY WX XXXX X	atxt RUSSE	LL W	ARD	ELLIO	TT	Jun	ie 22		AFAR S	11:55	AM
1	4. SOCIAL SECURITY NUMBER	13 /3	GE (In yrs. les		# UNDER 1 YEA		7. DATE O		1 1//		ACE (State or F	nosion
	214-07-7616	1 M 2 □ F 84 YRS. MONTHS DAYS HOURS MIN.					(Month, Day, Year) 09 28 1908 Maryland					
œ	9a. FACILITY NAME (If not institution, give :	,				N OR LOCATION OF	DEATH		9c. COUN	TY OF DEA	TH	
CTO	Dorchester General Hospital Cambridge Dorche								ches	ter		
DIRECTOR		Orchester Cambridge					10d. INSIC LIMIT 1 🔀 YES					
FUNERAL	106. STREET AND NUMBER  106 Dorchester Ave.				10f. ZIP CODE 21613					S A	AT COUNTRY?	
5	11. MARITAL STATUS	12. WAS DECEDENT EVE			13. WAS I	DECENDENT OF HISPA	ANIC ORIGIN?	(Specify Yes			- American Indi	en.
B	1 Never Married 2 Married  3) Widowed 4 Divorced	er Married 2 Married FORCES? 1 K YES 2 NO If yes, specify Cuben, Maxie					rican, Puerto Rican, etc.) Black, White, etc.					
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL OCCUP	ATION	16b.	KIND OF BU	SINESS/INDU	ISTRY		
Li I	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	rork done during a ratirad.)	most of working						
립	11		me	rcha	nt r	estarate	211.7	colf	0 m n	1 0 11 0	a	
8	17. FATHER'S NAME (First, Middle, Last)		1	Circ	110, 1	18. MOTHER'S N				Loye	<u>u</u>	
Ö		Lee Ell	iott			III. MOTHER S N	Sall		Vick			
B	19a. INFORMANT'S NAME (Type/Print)	200 211										
6		F Noblo		3719		et and Number or Rura					0	V. 1
	and the state of t									Md.		
	20a. METHOD OF DISPOSITION  KM Burial 2 Cremetion 3 Removal from Stata  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetery, cremetery or other place)  DOTCH STEP Mem. Park 6/27 Cambridge M											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Thomas Funeral Home											
	A 2 TA	R Than	- C	1-								_
-	· () who	21/01/01	7	1 1	700	Locust	St.	Camb:	ridge	e Md	_ 216:	13
	23. PART I. Enter the diseases, or shock, or heart feliure.	Empirications that cause or	eed the de	eth. Do n	ot enter the	mode of dying, su	ch as cerdi	ec or reepi	retory arre	st,	Approxim	
	IMMEDIATE CAUSE (Finel , , , , Malignant Onset at								Onset and			
	disease or condition a. Molig Next histiocytoma histiocytoma											
- 1	QUE TO KOR AS A CONSEQUENCE OF):											
Z	- Tulmonus violentus aincitiva											
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):											
X	ceuse. Enter UNDERLYING							CHF				
Ĕ	CAUSE (Diseese or Injury that initiated events										-	
E	resulting in deeth) LAST	· fleup	1 8	40	1)//		P16	eural	Effus	sion		
CE		a	/	1/9	21	1					-	
7	PART II. Other eignificent condition	s contributing to deeth	but not n	esulting l	n the underly	ing cause given in	Part i.	4a. WAS AN	AUTOPSY		ERE AUTOPSY F	
0										MPLETION OF		
							_	I L YES 2	JKI NO		DEATH?	
2										1	☐ YES 2 📈	NO
AN	25. WAS CASE REFERRED TO MEDICAL											
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEATH (C	heck only one)					
₹	1 VES 2 NO	1 Inpatient 2 ER/O				ome 5 - Rasidence	6 🗆 Other	Specify)				
표	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Year		28b. TIME INJU		NJURY AT WORK?	284. OEŞCRIBE HOW INJURY OCCUREO					
BY	2 Accident Investigation	Netural 5 Pending										
	3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)							ION (Street a Town, State)	nd Number o	r Rural Rout	e Number,	
E I	4 Homicide datermined											
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my kn	owiedge, der	th occurre	d at the time, d	ate and place, and du	a to the cause	e(a) and man	ner as state	i,		
M	CERTIFIER  (Check only one)  1											
	29b. SIGNATURE AND TITLE OF CERTIFIE		11172-11172									
BE	V Rosemary Harris						29d. DATE SIGNED (Month, Day, Year)					
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								101 009/93				
	ON THE AND ADDRESS OF PERSON WH	U COMPLETED CAUSE OF	DEATH (ITEN	# 27) (Type,	Print)							



**EDWA** 4. SOCIAL S 234 - 2

9a. FACILITY

10e. STREET

600 F

11. MARITAL

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3 Widow

17. FATHER'S

GARR RESIDEN 10a STATE MARYL

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CERTIFICATION

MEDICAL

PHYSICIAN:

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Page 6 may be retained by the hospital or attending physician.

**MARYLAND 21215-0020** 

BALTIMORE,

DIRECTOR

FUNERAL

BY

COMPLETED

BE

STATE REGISTRAR		STATE OF I	MARYLAND C	DEPAR	ICATE	OF I	HEALTH DEAT	AND	MENTAL HYGIENI REG. NO.	E	33	19465	1
CECEDENT'S NAME (First EDWARD HU	I, Middle, Lest) IGH FI							2. DATE OF DEATH MONTH JUNE 24,		YEAR 3	3. TIME OF DEATH 8:28	N	
SOCIAL SECURITY NUMBER 5. SEX $34-26-1028$ 1 $\boxtimes$ M 2 $\square$ F			8. AGE (In yrs. Ia	IF UNDER	1 YEAR DAYS	# UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) JUNE 7, 19	8. BIRTH Countr		HPLACE (State or Foreign	_	
GARRETT CO	UNTY M	•	HOSPITAI	L		TOWN	D LOCATE	ON OF D	EATH		ARRE	DEATH	
e. STATE IARYLAND	GARR				Y, TOWN O							10d. INSIDE CITY LIMITS? 1 YES 2 XX NO	
00 FIBIWEE						10	2155			_	SA	WHAT COUNTRY?	_
MARITAL STATUS  Never Married 2 X  Widowed 4 Dive	Married orced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 XX		11	yes, sp	ectry Cuba	n, Maxica	NIC ORIGIN? (Specify Yes in, Puerlo Rican, etc.) y:	or No—	14. RACI Blac Spec	E — American Indian, ik, White, atc.	
15. DEC (Specify on	CEDENT'S EDU	CATION completed)	(0	ECEDENT'S	vork done d	CUPATN	ON ist of workin	ng .	16b. KIND OF BUS	INESS/IN	DUSTRY		
Elementary/Secondary (	0-12)	College (1-4 or 5 d	+)		VOT use retired.)					TURE	RE STORE		
FATHER'S NAME (First, A GEORGE	fiddle, Last)	FITZWA	ATER					HER'S NA	ME (First, Middle, Malden S	Surname) PYS	ELL		

20s. METHOD OF DISPOSITION
1X Burial 2 Cremation 3 Removal from State Donation 5 - Other (Specify) 21. BIGNATURE OF FU ERAL SHEVICE LI

20b. PLACE AND DATE OF DISPOSITION (Name of GARRETT MEMORIAL GARDENS

600 FIBIWEE LN.

20c. LOCATION — City or Town, State OATE 6/27 OAKLAND, MARYLAND

MT. LAKE PARK, MD. 21550

**PYSELL** 

22. NAME AND ADDRESS OF FACILITY P.O. BOX 243 DURST FUNERAL HOME - OAKLAND, MD. 21550 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

Sequentielly list conditions,	
if any, leading to immediate	
ceuse. Enter UNDERLYING	
CAUSE (Disease or Injury	4
thet initiated eventa	
resulting in death) LAST	

IMMEDIATE CAUSE (Final

disease or condition\_

COPD

1 Natural

2 Accident

reaulting in death)

19a. INFORMANT'S NAME (Type/Print)

BONNIE O. FITZWATER

.\_pneumonia

ahock, or heart fallure. List only one cause on each line.

DUE TO (OR AS A CONSEQUENCE OF):

M00167

cardiopulmonary arrest with resuscitation DUE TO (OR AS A CONSEQUENCE OF):

ASHD with congestive heart failure OUE TO (OR AS A CONSEQUENCE OF):

Approximate Intervel Between **Onset and Death** l week

1 week years

PART II. Other eignificent conditione contributing to death but not resulting in the underlying ceuse given in Pert i.

24s. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

25.	WAS	CASE	REFERRED	TO	MEOICAL
	EXA	MINEF	17		
	1 [	VEC	2 NO		

5 Pending

HOSPITAL:
1 Inpatient 2 ER/Outpetient 3 DOA 28a. DATE OF INJURY

28. PLACE OF OEATH (Check only one) OTHER: 26b. TIME OF INJURY 28c. INJURY AT WORK?

M

g Homa 5 - Residence 6 - Other (Specify)

26d. OESCRIBE HOW INJURY OCCURED

28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 6 Could not be 4 Homicide

1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

2 \_\_ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF COPPET 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)

D15333

30. NAME AND ADDRES OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

M.D.

411 N. FOURTH ST.

OAKLAND, MARYLAND 21550

31. DATE FILED (Month, Day, Year) IIN 2 8 1993

THOMAS G. JOHNSON,

32. REGISTRAR'S SIGNATURE Midson

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attenting physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremat IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, it DIVISION OF VITAL RECORDS, P.O. BOX 68760,

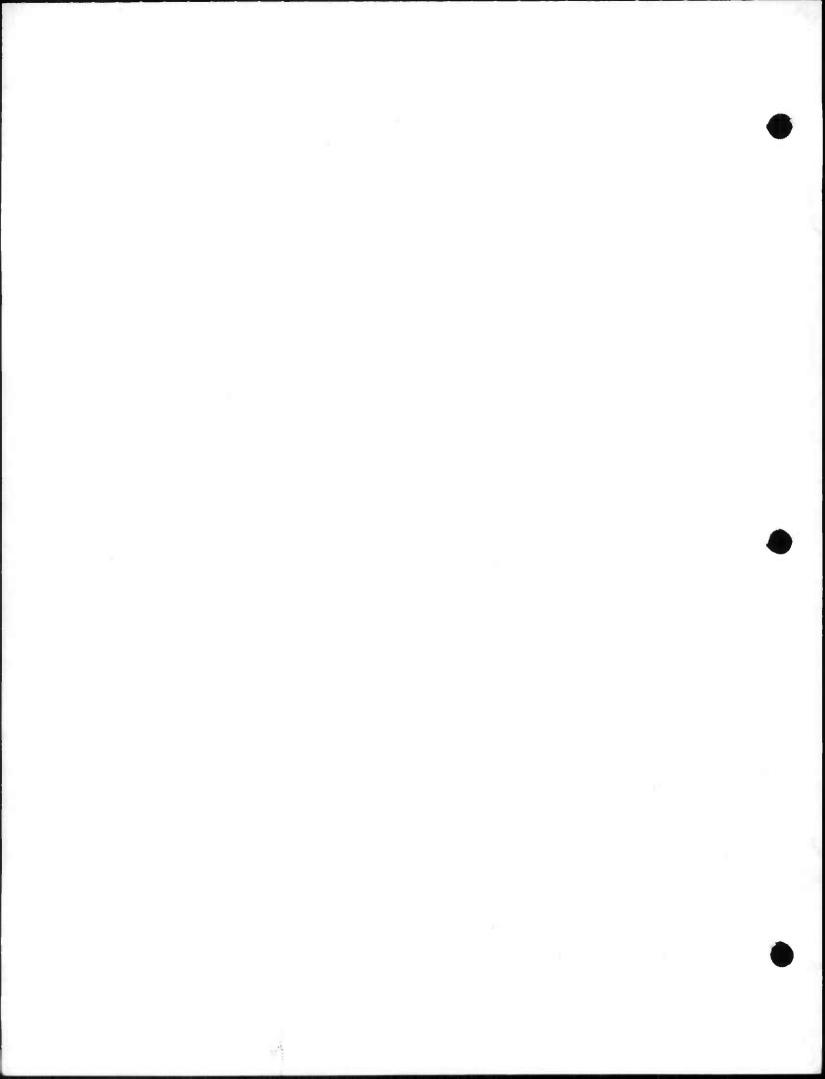
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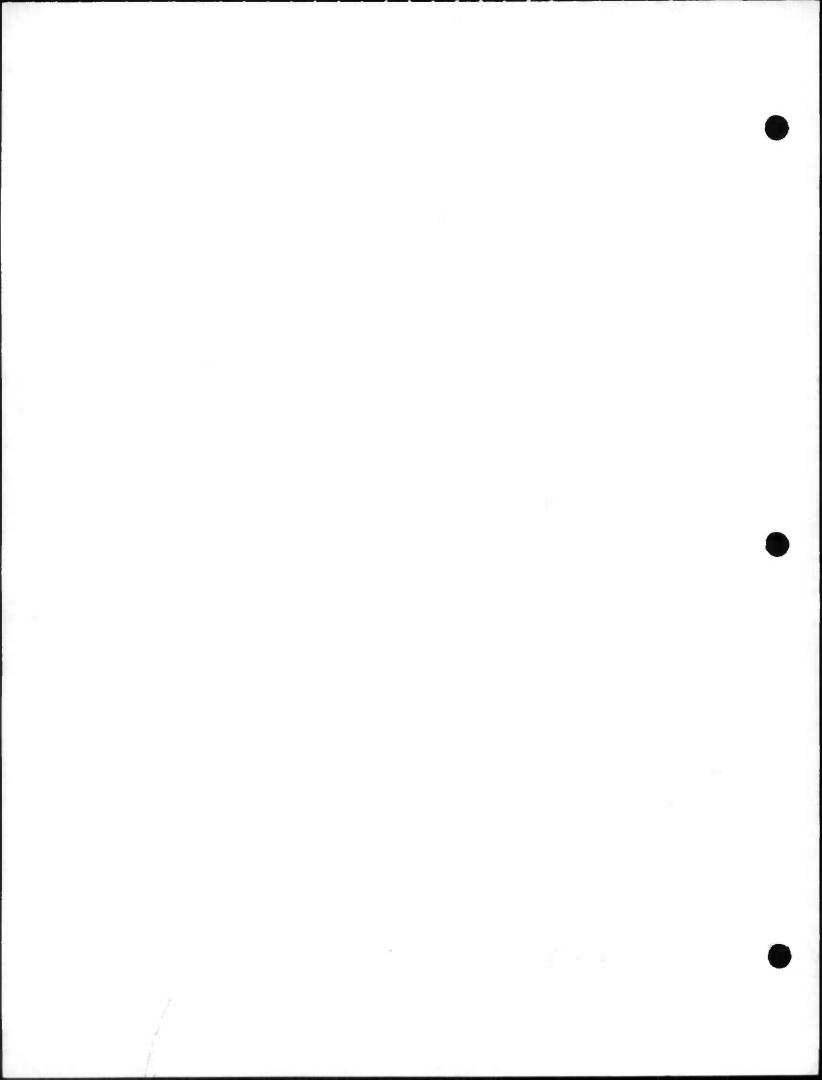
TO THE LOSP OF TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital TO THE LOSP OF TENDING PHYSICIAN: The law requires that the death certificate by the attending physician and completely filled in by the hineral director, page 5 should be detached to be filled within at nours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MARYL	CERTIF	RTMENT OF H	EALTH AND	MENTAL HYGIEN		AWD	
	1. DECEDENT'S NAME (First, Middle, Last)	Victor Lythe	er FLERY	Ejór.	/	2. DATE OF DEATH	6-17-93	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 220 05 6536	5. SEX 6. AGE (1)	In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	'	BIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, give a			9b, CITY, TOWN O	OR LOCATION OF D	Dec. 4, 19]	9c. COUNTY	ennsylvania	
DIRECTOR	Washington Count	y Hospital		-	rstown			ington	
H.	10a. STATE 10b. COUNT		10c, CIT	Y, TOWN OR LOCAT	TION	<del></del>		10d. INSIDE CITY	
		ington	C	lear Spr	ing			LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER  15231 Fairview Ro	. o d		101	. ZIP CODE			OF WHAT COUNTRY?	
N.	11. MARITAL STATUS	12. WAS DECEOENT EVER IN	III ADMED		21722			USA	
BY	1 Never Merried 2 XMerried 3 Widowed 4 Divorced	FORCES? 1 YES	2 XNO	If yes, sp	ecify Cuban, Maxico 2 KNO Speci	NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.) fy:		RACE — American Indian, Black, White, atc. Specify: Vhite	
윤	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. OECEDENT'S	USUAL OCCUPATION	ON of unstring	18b. KIND OF BU			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us	se retired.)	st or working				
N N	17. FATHER'S NAME (First, Middle, Last)	0	farme	er	The second second	farmi			
	Samuel L. Fiery,	Jr.				AME (First, Middle, Meider emerer	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or Tox	vn. State Zin Coo	del	
2	Ethel E. Fiery					Clear Spr			
	20e. METHOD OF DISPOSITION 1- Burlel 2 Cremetion 3 Rem			OF DISPOSITION (Na			CATION — City		
	4 Donation 5 Other (Specify)	F	airview	Cemetery		6-21 C1	ear Spi	cing, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LI	his			CH FUNER	AL HOME			
H	23. PART i. Entar tha diseases, or o	complications that caused	the death Do r	415 E.	Wilson	Blvd., Ha	gerstov	m, Md. 21740	
	shock, pr heart failure.  IMMEDIATE CAUSE (Final disesse or condition resulting in desth)	s	CONSEQUENCE OF	tra		Sub		Approximate interval Between Onset and Daath	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
빙	DART II Other similar at a selfici	0.							
MEDICAL	PART ii. Other aignificant condition	8 contributing to death bu	it not resulting (	In the underlying	cause given in	Part i. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
						_		1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF OEATH (Ch	eck anly one)			
XSI(	1 YES 2 NO	HOSPITAL: 1 Pinpatient 2 PR/Outpa	itlent 3 🗆 DOA	OTHER: 4 Nursing Home	e 5 🗆 Residence	8 Other (Specify)			
표	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIMI		URY AT RK?	28d. DESCRIBE HOW	NJURY OCCURE	D	
B	2 Accident Investigation	28e. PLACE OF INJURY	At home form		ES 2 NO				
ETED	3 Suicide 8 Could not be determined	building, etc. (Specia	(v)	street, factory, diffica		28f. LOCATION (Street City or Town, State)	and Number or R	ural Route Number,	
COMPLET		CIAN: To the best of my knowle R: On the basis of examination						use(s) and manner as stated.	
ш	296. SIGNATURE AND MILE OF CENTRES				29c. LICENSE NUI	WBER	29d. DATE SIG	INED (Month, Day, Year)	
TO B	MAKK				1)26	800	16,	117/93	
_	30. MANIE AND ADDRESS OF PERSON WITH	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type	Print) (44/1)	Dus. 1	Kando	Can	N21742	
	31. DATE FILED (Month, Day, Year)	12. HEGISTRAR'S SIGNA		1					



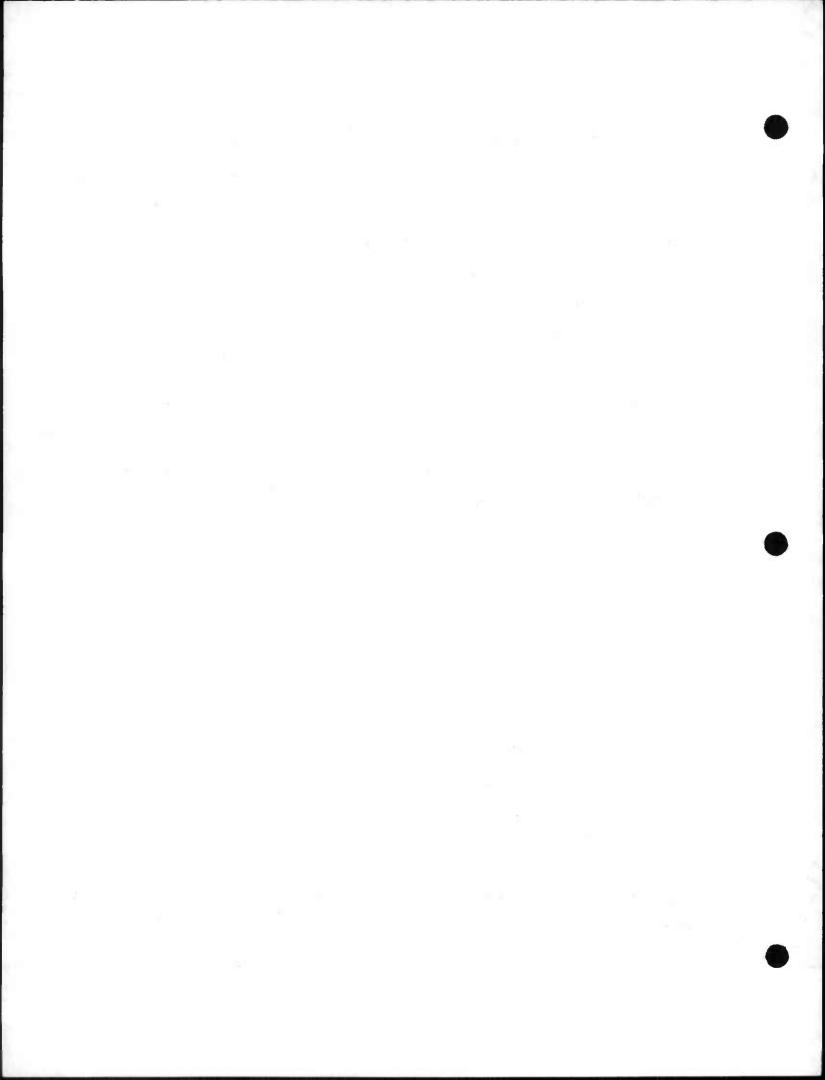
BALTIMORE, MARYLAND 21215-0020	4 nours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mernal Hygiene prior to burial, cremation, or removal.	te medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OCCUPATIONS PHYSICIAN: The law requires that the death centificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attention physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPAI CERTIF						YGIEN		) )	i	3471
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF				3. TIN	E OF DEATH
	JAMES	RUSS	SELL		FRA	VEL	ITI	MONTH_		5	1ºgg		8:30P M
	4. SOCIAL SECURITY NUMBER		IF UNDER		IF UNDER		7. DATE OF BIRTH					(State or Foreign	
	219- 66- 1643	1) M 2 D F	. AGE (In yrs. last birthday) 36 YRS.	MONTHS	DAYS	HOURS	MIN.	NOV.	ev. Year)		Countr	TY)	
	9e. FACILITY NAME (If not institution, give str	net and number)		Sh CITY	TOWAL C	OR LOCATI	ON OF D		30, .		-	_	town, Md.
POR	103 E.MAIN STR			7.5		BURG		AIH		WAS			ON
ក្ត	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		10a C11	ry, town o	201004	1041							
DIRECTOR	Maryland Was	hington	100.01		rpsk							L	NSIDE CITY IMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 103 East Main S	t.			101	2178				10g. CITIZ	EN OF V		
S	11. MARITAL STATUS	12. WAS DECEDENT I	EVER IN U.S. ARMED	13.	WAS DEC	ENDENT C	F HISPAR	HC ORIGIN? (S	pecify Yes	or No-	14. RACE	- Am	ericen Indian.
	1 Never Merried 2 Merried	FORCES? 1 IF YES, GIVE WAR	YES 2 NO		f yes, sp	ecify Cube 2 X NO	n. Mexica	n. Puerto Rica	n, etc.)		Black	k, White	, etc.
BY	3 Widowed 4 Divorced		011 011 20		1E3	Z (M NO	Specif	7.			Speci	my.	White
COMPLETED	15. DECEDENT'S EDUC		18e. DECEDENT'S	USUAL O	CCUPATIO	ON		16b. KJI	ND OF BUS	SINESS/INDU	JSTRY		
Щ	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done o	during mo	st of working	g						
4	12		Dock	Work	er			,	Princk	king ]	Indu	etr	3.7
0	17. FATHER'S NAME (First, Middle, Last)					18. MOTI	HER'S NA	ME (First, Midd			inau	٥Щ	у
	James R. Fra	avel						ny Mi		Surramey			
BE	19e. INFORMANT'S NAME (Type/Print)		105 MAII IN	AOOBEOG	· /C+		_	Route Number,				-	
5	James R. Fravel							noxvi				E0	
	20e. METHOD OF DISPOSITION				-		, 1		v .				
	fy Buriel 2 ☐ Cremation 3 ☐ Remo	val from State	20b. PLACE AND DATE cemetary, cremetory or o	ther plecel				DATE		CATION — C			
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	Meee	Brownsvi	lle	Hats	. Ce	mete	ry 6-3					
	100011110	_				D ADDRES							al Pike
	Hase UT what	John H.	Bast, Jr,	B	AST	FUNE	RAL	HOME,	Boor	sboro	, M	d.	21713
	23. PART . Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heart failure. List only one cause on each line.												Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST												
8													
PHYSICIAN: MEDICAL	PART II. Other significent conditions	contributing to de	ath but not resulting	In the un	deriyinç	cause g	lven in		YES 2	MED?	24b.	AWAILA COMPL OF DE	AUTOPSY FINDINGS BLE PRIOR TO ETION DF CAUSE ATH? ES 2 NO
Z	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF D	EATH /Ch	eck only one)					
SIC		HOSPITAL:	R/Outpatient 3 DOA	OTHER	t:								
Ξl	27. MANNER OF DEATH	28e. DATE OF IN			28c. INJ		eldence T	8 Other (Sp		WILLIAM COC	IDCC		
	1 Natural 5 Pending	ECHTNIP.	Year) FO	ZZ D	WO	RK?	, I	28d. DESCRI					****
BY	2 Accident Investigation	6-25-1	993 6:50		1 🔲 V	7	(NO	SELF		LICT			JND
	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF II building, etc			ory, office			281. LOCATIO	N (Street e	and Number o	r Rural R	loute Nu	mber,
			AT HO	ME				103 1	E.MA	IN S	TRE	ET	
집	29s. CERTIFIER (Check only 1 CERTIFYING PHYSIC	IAN: To the best of my	knowledge, death occurr	ed at the ti	me, date	and place,	end dus	to the cause(s	) and man	mer as atate	d.		
COMPLETED	One) 2 MEDICAL EXAMINER											) and m	anner es stated.
Č H	290 SIGNATURE AND TITLE OF CERTIFIER	00	1		Т	29c. LICE				29d, DATE			
0	/My to	Azlla	Tall				. M.				- 26		
임	30. NAME AND AODRESS OF PERSON WHO	COMPLETED CALLES	DE DEATH OTEM 27 /3	Delpit1									
	MARIO F. GOI	Me, JR	4		Str	eet,	Bā	altimo	ore,	Mar	yla	nd	21201
	31. DATE FILED (Month, Dig. Year)  JUN 2 8 199	32. REGISTRAR'S	SIGNATURE Sandan Randa		7/								
	JUN 6 0 133	7 0	Janka Janka	~~									



TO PE COLI	TO BE COMPLETED BY DHYSICIAN MEDICAL CEPTIEICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
al.	be fied when 72 hours are used with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.
he funeral director, page 5 should be detached	THE FLINERAL CHECOM ATE This certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
ir death. Page 6 may be retained by the hospit	THE HIGHTOLD STATE CONTINUE PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospit
DALLINORE, MARTLAND	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

	1 - FOR STATE REGISTRAR	ATE OF MARYLA	ND / DEPARTM CERTIFIC			NTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)		1-0	,		DATE OF DEATH		3. TIME OF DEATH	
	James AT	ORIAN	FINE	W		MONTH - 5	- 93 EAR	7400 M	
	4. SOCIAL SECURITY NUMBER 5. SE			UNDER 1 YEAR		DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign	
	1.5/9-04-5918 1 **	M 2 □ F 2.5		THE DAYS	HOURS MIN.	(Month, Day, Year)	967 W	ASH. DC	
	9a. FACILITY NAME (If not institution, give street and	d number)	9b.	CITY, TOWN O	R LOCATION OF DEAT		9c. COUNTY OF		
DIRECTOR	PRINCE CEORGE'S HOSPITAL Cheverly, Maryland Prince G								
H	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY	
		Georges	Fore	stvi1	le			XX YES 2 NO	
FUNERAL	10e. STREET AND NUMBER			-10f.	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?	
Ä	3101 Forest Run				20747		U.S.	Α.	
5	11. MARITAL STATUS  12. W  ↑ Never Married 2 Married	AS DECEDENT EVER IN I	J.S. ARMED		ENDENT OF HISPANIC scify Cuban, Mexican, F		or No- 14. RAI	CE - American Indian, ck, White, etc.	
B	3 Widowed 4 Divorced	YES, GIVE WAR OR DAT	ES		2 NO Specify:			Black	
	15, DECEDENT'S EDUCATION		6a. DECEDENT'S USU	AL OCCUPATIO	M	16b. KIND OF BUS	W1500 W10110750V	DIACK	
6	(Specify only highest grade complete	ed)	(Give kind of work life. Do NOT use ret	done during mos	st of working	160. KIND OF BUS	INESS/INDUSTRY		
7	11th	ge (1-4 or 5+)	Labor	er		Priva	te		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		20001		18. MOTHER'S NAME	(First Middle Maiden	Sumamel		
BE C	Zebedee Bell					nn Flow	,		
0 8	19a. INFORMANT'S NAME (Type/Print)		196. MAILING ADD	DRESS (Street a	nd Number or Rural Rout				
۲	Sarah Ann Flowers				Run Dr.		tville	, MD 20747	
	20a. METHOD OF DISPOSITION  DEPurisi 2 Cremation 3 Removal fro		LACE AND DATE OF DE	SPOSITION (Na			CATION — City or 1		
	4 Donation 6 Other (Specify)		ery, crematory or other p dar Hil	olace) 1 Ceme	etery 6/	11/93	Suitla	nd. MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1) 1		22. NAME AN	D ADDRESS OF FACILI	TY			
	- Junoiroun	of \$511			Jenkins Landover			× ND 2070	
	23. PART I. Enter the diseesee, or compile	cations that coused t	he deeth. Do not e	enter the mod	de of dving, such a	a cerdiec or manis	alluove.	r, MD 20785	
	anock, or neert failure. List on	nly one ceuse on eac	h Ilne.			- or allow or rough	atory arroat,	interval Between	
	iMMEDIATE CAUSE (Finei disease or condition	Minte	no A chee	-				Onset and Death	
	reaulting in deeth)	DUE TO JOH AS A C	ONSEQUENCE OF						
2		V	U					i l	
흔	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE OF):						
CERTIFICATION	cause, Enter UNDERLYING CAUSE (Disease or injury								
	that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):						
E	resulting in death) LAST								
	PART II. Other significant conditions contri	ributing to deeth but	not resulting to th	e underlying	Cause sives in De	t i. 24a, WAS AN	uranay .	b. WERE AUTOPSY FINDINGS	
SPL			The state of the s	io dilacitying	Cause given in Fai	PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE	
E						1 TYES 2	NO	OF DEATH?	
Σ						-		1 YES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL			26 81	ACE OF OPATH (Charles				
Si	EXAMINERY  1 YES 2 NO 1 D	DYAL: patient 2 - ER/Outpet		HER:	ACE OF OEATH (Check				
2 1		So DATE OF IN HIDY	28b. TIME OF	28c. INJL	S Residence 6	d. DESCRIBE HOW IN	IIII OCCUBEO		
1	27. MANNER OF DEATH 20				IK?	a. Describe from in	JALA		
Y PHYSICIAN: MEDIC	1 Netwel 5 Pending	(Month, Day, Year)	O 1 730			1 at all and	1 11/17	1 / 2 . 1	
ВУ	1 Netusi 5 Pending 2 Necident Investigation	5 - 7, 7 -	9 3 330	1 U Y	ES 2 1 10	LOCATION STONE OF	e fuch	reclev impar	
ВУ	1 Netural 5 Pending 2 Accident Investigation	8e. PLACE OF INJURY —	At home, farm, street	1 U Y	ES 2 1 10	F. LOCATION (Street as City or Town, State)	L LUCA nd Number or Rural		
ВУ	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	80. PLACE OF WUURY — building, etc. (Specify	At home, farm, street	1 Q Y	ES 2 1 10 28	City or Town, State)			
ВУ	1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	Be. PLACE OF INJURY — building, etc. (Specify  Could 1  the best of my knowled	At home, farm, street	1 V	28 and place, and due to t	City or Town, State) he cause(a) and mani	ner as stated,	Route Number,	
COMPLETED BY	1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  2 CERTIFIER CERTIFIER COUNTY TO PHYSICIAN: To DOWN	Be. PLACE OF INJURY — building, etc. (Specify  Could 1  the best of my knowled	At home, farm, street	1 V	28 2 PNO 28 and place, and due to the	City or Town, State)  he cause(a) and manie, data and place, and	ner as stated,	Route Number,	
BE COMPLETED BY	1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	Be. PLACE OF INJURY — building, etc. (Specify  Could 1  the best of my knowled	At home, farm, street	1 V	28 and place, and due to t	City or Town, State)  he cause(a) and manie, data and place, and	ner as stated,	Route Number,	
COMPLETED BY	1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  2 CERTIFIER CERTIFIER CERTIFIER CONSTITUTE OF CERTIFIER  2 CERTIFIER CERTIFIER CERTIFIER  2 CERTIFIER CERTIFIER  2 CERTIFIER CERTIFIER  2 CERTIFIER  2 CERTIFIER  2 CERTIFIER	Ba. PLACE OF INJURY — building, etc. (Specify December 2).  The best of my knowled to basia of axamination a	At home, farm, street  Ge, death occurred at ind/or investigation, in	1   Y	28 2 PNO 28 and place, and due to the	City or Town, State)  he cause(a) and manie, data and place, and	ner as stated,	Route Number,	
BE COMPLETED BY	1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  2 CERTIFIER CERTIFIER COUNTY TO PHYSICIAN: To DOWN	Ba. PLACE OF INJURY — building, etc. (Specify December 2).  The best of my knowled to basia of axamination a	At home, farm, street  Ge, death occurred at ind/or investigation, in	1   Y	28 2 PNO 28 and place, and due to the	City or Town, State)  he cause(a) and manie, data and place, and	ner as stated,	Route Number,	
BE COMPLETED BY	1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  2 Description 2 Suicide 6 Could not be determined  2 Description 2 Suicide 6 Could not be determined  2 Description 2 Suicide 6 Could not be determined  2 Description 2 Suicide 6 Could not be determined  2 Description 2 Suicide 6 Could not be determined  2 Description 2 Suicide 6 Could not be determined  2 Description 2 Suicide 6 Could not be determined  2 Description 2 Suicide 6 Could not be determined  2 Description 3 Suicide 6 Could not be determined  2 Description 3 Suicide 6 Could not be determined  2 Description 3 Suicide 6 Could not be determined  2 Description 3 Suicide 6 Could not be determined  2 Description 3 Suicide 6 Could not be determined  2 Description 3 Suicide 6 Could not be determined  2 Description 3 Suicide 6 Could not be determined  2 Description 3 Suicide 6 Could not be determined  2 Description 3 Suicide 6 Sui	8a. PLACE OF MULITY—  Asuliding, etc. (Specify  of the best of my knowled  the basis of axamination a	ge, daeth occurred et ind/or investigation, in (ITEM 27) (Type, Print	1   Y	28 2 PNO 28 and place, and due to the	City or Town, State)  he cause(a) and manie, data and place, and	ner as stated,	Route Number,	



REG. NO.

FOR STATE REGISTRAR

1 .

BE COMPLETED

IMPORTANT: II

3 Sulcide

4 Nomicide

- 10	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH		YEAR 3.	TIME OF DEATN
М	Judy T.	Fle	ming						Jun		993		:56 A.
	4. SOCIAL SECURITY NUMBER 2 1 7 - 7 2 - 8 9 6 1	5. SEX 1 M 2 X F	6. AGE (In yrs. lest	birthday)	IF UNDER 1 YE		IF UNDER	24 HRS. MIN.	7. OATE (Month)	OF BIRTH Day, Year) 17/5	6	6. BIRTNPL. Country)	ACE (State or Foreign
TOR	96. FACILITY NAME (If not institution, give of Ft. Washingto			96. CITY, TO				ATN	9c. COUNTY OF DEATH Prince George's			гн	
DIRECTOR	10a. STATE 10b. COUNT	P.G.			t. Wa			ton				LI	Dd. INSIDE CITY LIMITS?  YES 2 NO
FUNERAL	100. STREET AND NUMBER 7504 Jaff	rey Rd.				10f. 2	20	744			10g. CITIZ		S . A .
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		T EVER IN U.S. ARM YES 2 N		If yo	s, spec	Ify Cube	OF NISPAN In, Mexical Specify	n, Puerto I	? (Specify Yea Nicen, etc.)	fea or No- 14. RACE / Black, WI	American Indian, White, etc. Black	
COMPLETED	15, DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	(Gh	e kind of w Do NOT us	USUAL OCCU rork done durin e retired.)	g most	of working	ng		KIND OF BU			
M	12th		Leg	al	Secre		_			ivat		W Fi	rm
BE CO	17. FATHER'S NAME (First, Middle, Last)  James A. Wi	lliams,	Jr.							Middle, Maiden Freel			
TO B	190. INFORMANT'S NAME (Type/Print) June Williams									oor, City or Town			20748
	20a METNOD OF DISPOSITION  1 XBurial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	novel from State	of cemetary.	crematory	or olsposi or other place Mem .	) _		6/	1 1 / 9	20c. Lo	ndove		
	21. SIGNATURE OF FUNERAL SERVICE LI				22. NAI	AE AND	.Wa	ss of FA	ngto	on & a	Sons	,Inc	
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)							1		cellac or reap	iratory arr	est,	Approximate interval Between Onset and Deatl
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING											Ħ	
ERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	UENCE OF	7):								
PHYSICIAN: MEDICAL CERTIFICATION	PART II. Other eignificant condition	na contributing to	death but not re	esuiting i	n the unde	rlying	cause	given in	Part I.	24a. WAS AMPERFO		C	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  YES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: A			OTHER:	26. PLA	CE OF D	DEATH (Ch	eck only or	ne)			
YSI	1 TYES 2 NO	1 - Inpetient 2	ER/Outpatient 3	□ DOA	4 - Nursing			aaldence	6 🗆 Othe	r (Specify)			
BY PH	27. MANNER OF DEATN  1 Netural 8 Pending 2 Accident Investigation	28a. DATE OF (Month, E	Day, Year)	28b. TIM INJ	URY	WOR	RY AT K? S 2 [	□ NO	28d. DE	SCRIBE HOW	INJURY OCC	CURED	
-		28a PLACE C	WE IN HIRV - At he	ma farm c	drant factors	adding			204 1 00	ATRONI /Commi	and Alumbas	or Duml Box	do Alumbar

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1XXCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

29d. DATE SIGNED (Month, Day, Year) June 7, 1993 D 1760 5

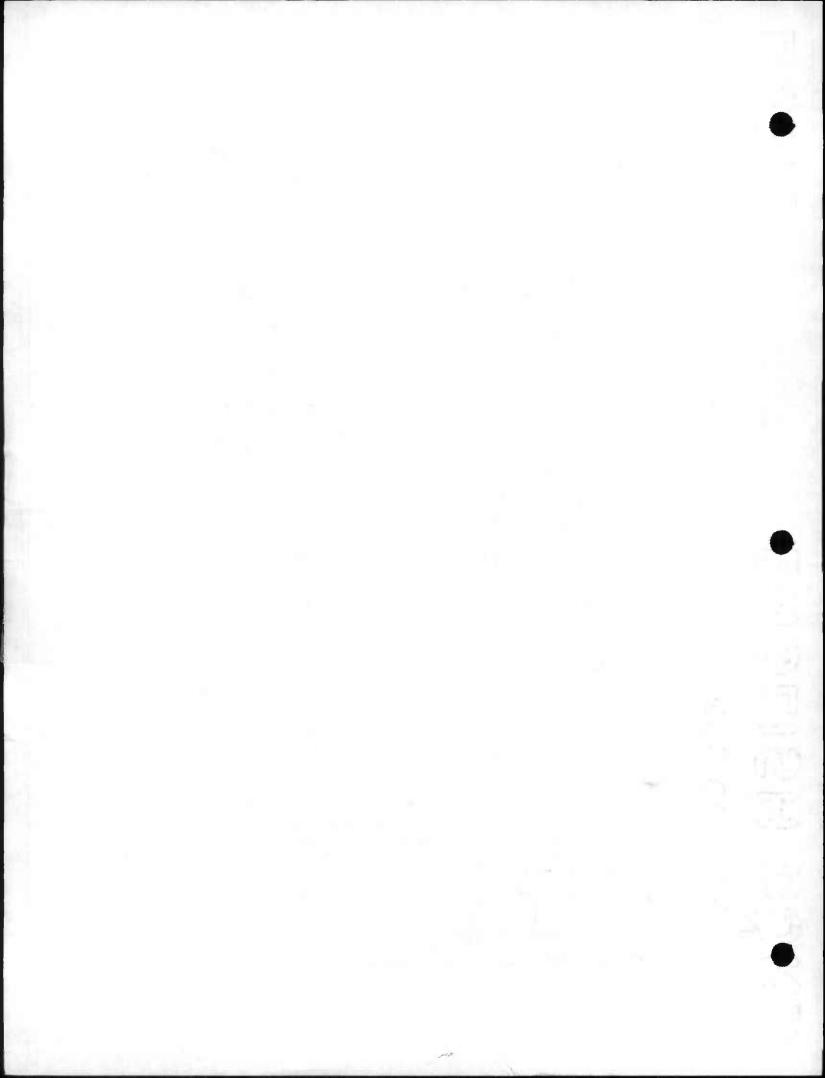
PLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

Woodyard Rd., Suite 201, Clinton, Md. 20735 8926

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

32. REGISTRAR'S SIGNATURE Sulia Davidson-Randall





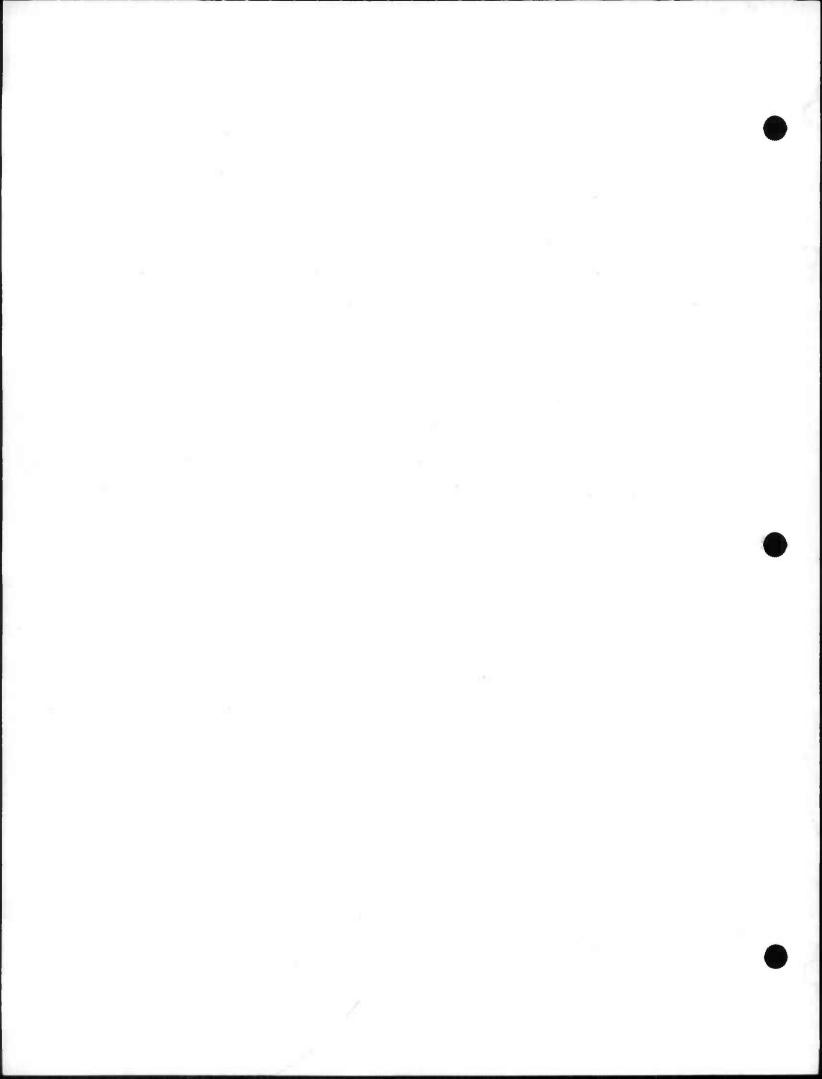
BALTIMORE, MARYLAND 21215-0020 VISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE COME. IN TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE UNITED DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled when the completely or less that have any Injury, or other traumatic event, the medical examiner must be netitled at once.

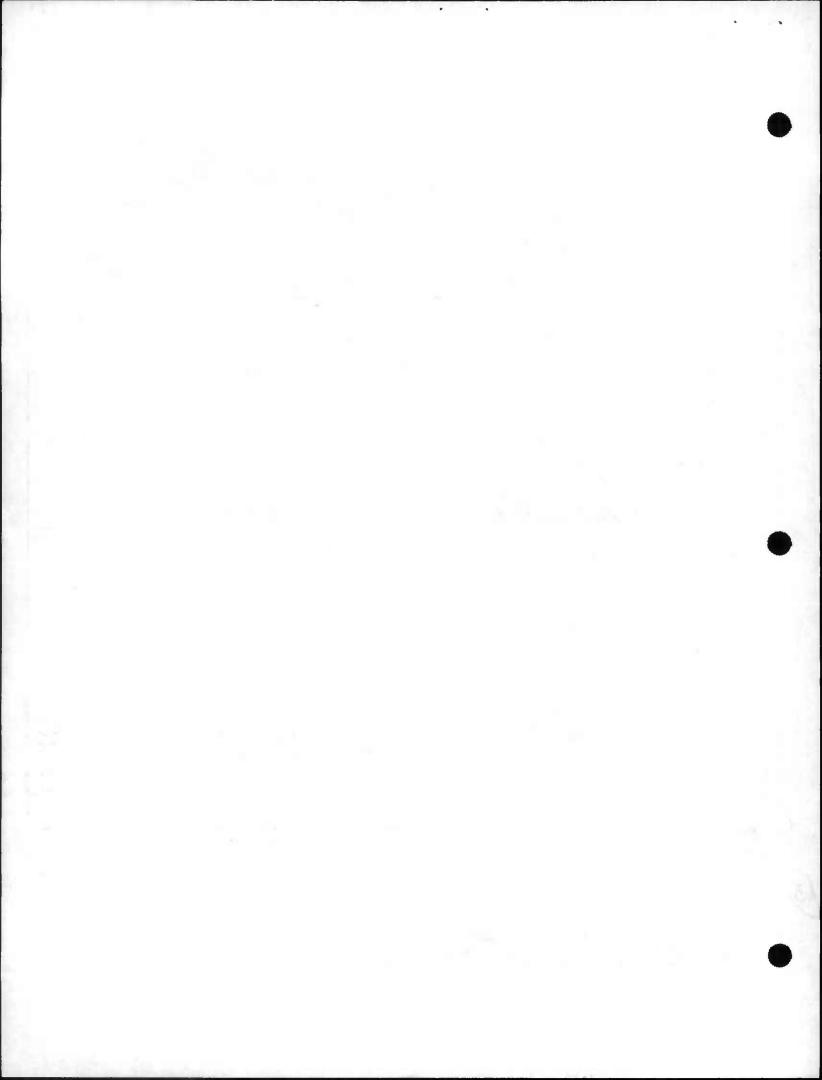
1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN				OLITTI	ICATE	OI D	CAIN	-	REG. NO.			
	1. DECEDENT'S NAME (First	t, Middle, Last)							2. DATE OF	DEATH	ν	YEAR 3	TIME OF DEATH
1 3	HELEN		Agusta	GR	AY				MONTH 06-	-20-9	3		0600 M
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In	yrs. lest birthday,			UNDER 24 HRS.	7. DATE OF (Month, Di	ВИРТН		8. BIRTHPL	ACE (State or Foreign
	214 28 3115	;	1 - M 2 - F	84	YRS.	MONTHS	DAYS HO	OURS MIN.	Sept.		908	Mary	land
	Se. FACILITY NAME (If not in	nstitution, give	street and number)			96. CITY, 1	OWN OR L	OCATION OF D				TY OF DEA	
R	Calveri	Mem	orial H	ospii	tal	Pr	ince	Fred	erick		C	alvei	ct
DIRECTOR	RESIDENCE OF DEC	CEDENT											
H	10e. STATE	10b. COUNT	Y		10c, CI	TY, TOWN OR	LOCATION					10	Dd. INSIDE CITY LIMITS?
0	Maryland	Cal	vert		]	Huntin	gtown	ı				- 1	YES 2 K NO
A	10e. STREET AND NUMBER						10f. ZIP	CODE			10g. CITI	ZEN OF WHA	AT COUNTRY?
FUNERAL	2562 Hillsi	de Dri	ive				206	539			US	A	
3	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U	S. ARMED	13. W	S DECEND	ENT OF HISPA	NIC ORIGIN? (S	pecify Yes			American Indian
	1 Never Married 2		FORCES? 1 IF YES, GIVE W			11	yes, specify		an, Puerto Rica				American Indian, White, atc. White
B	3 XWidowed 4 Dive	proed			**		K	g NO Opeca	7.			эрвспу:	WILLUE
ETED	15. DEC	EDENT'S EDU	CATION	1	6a. DECEDENT	USUAL OCC	UPATION		16b. KIN	ID OF BUS	INESS/IND	USTRY	
l iii	Elementary/Secondary (0		College (1-4 or 8 +	,	life. Do NOT	work done du ise retired.)	ring most of	working					
릴	11				house	vife				home			
COMPL	17. FATHER'S NAME (First, M	fiddle, Last)					18.	MOTHER'S NA	ME (First, Midd	le, Maiden	Sumame)		
BE	Benjamin Wo	odburr	ı				I	Ellen 3	Jane	Wro	tan		
	19a. INFORMANT'S NAME (1	Type/Print)			19b. MAILIN	G ADDRESS (	Street and N	lumber or Rural	Floute Number, (	City or Town	State, Zip	Codel	
일	Carvel Garn	er							Ridge M				
	20a. METHOD OF DISPOSIT	ION		20b, Pi	LACEANDDATE	OF DISPOSIT	ION (Name o	1	CATE	20c LO	ATION	Olty or Town	State
	1 Burial 2 Crematic		ioval from State	cemete	ory crematory or	other place)	emet.	erv 6/	23/93	501	nmone	Mars	land ( Cal
	21. SIGNATURE OF FUNERA		CENSEE					DDRESS OF FA	CILITY				
	. RD		- 1						Rau			cal Ho	
	DIX	مررز	300										Maryland
	23. PART I. Enter the d	iseases, or	complications that List only one cau	caused ti	he death, Do	not enter ti	ne mode d	of dying, suc	h as cardiac	or respli	atory arr	eat,	Approximate
	IMMEDIATE CAUSE (Fir		Liet only one cau	se on eac	n line.	p1+							Interval Between Onset and Death
	disease or condition resulting in death)		Coud	is to	mural	craling orbest DUENCE OF: VESCULOR all dent							
l	resolving in dealth)	•	OUE TO	(OR AS A C	ONSEQUENCE (	OF):		•					
z	No.		. Emb	ole.	cetuler	v- 14	sails	n acc	a deal	_			5 mins
EDICAL CERTIFICATION	Sequentially list condit if any, leading to imme	ions,			DNSEQUENCE (								
8	cause, Enter UNDERLY	ING	c.										
臣	that initiated events		DUE TO	OR AS A C	ONSEQUENCE (	PF):							
E	resulting in death) LAS	т (	d										
ਹ	DART II Other elepitics	nt condition		4								_	
×	PART II. Other algnifica	int condition	ia contributing to	death but	not resulting	in the und	erlying ca	use given in	Part I. 24	PERFOR		Alv	ERE AUTOPSY FINDINGS AILABLE PRIOR TO
ă									1(	YES 2	□ NO		MPLETION OF CAUSE DEATH?
ME									_			1	YES 2 NO
									- 1				
ä							26. PLACE	OF OEATH (C)	eck only one)				
CIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	110001711										
SICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:	ER/Outpatk	ent 3 🗆 DOA	OTHER:	g Home 5	☐ Residence	8 Other (Sp	ecify)			
HYSICIAN:	EXAMINER?	O MEDICAL	1 Inpatient 2 I	INJURY	28b. Til	4 Nursin	Bc. INJURY		8 Other (Sp 28d, DESCRI		JURY OCC	UREO	
PHYSICIAN:	EXAMINER?  1	Pending	1 - Inpatient 2 -	INJURY	28b. Til	4 🗆 Nursin		AT			JURY OCC	UREO	
BY PHYSICIAN:	EXAMINER?  1	Pending Investigation	28a. DATE OF (Month, Date of the control of the con	INJURY ny, Ybar) F INJURY —	28b. Till IN	4 Nursin	Bc. INJURY WORK? 1 YES	AT	28d. DESCRI	BE HOW IN			e Number,
BY PHYSICIAN:	EXAMINER?  1	Pending	28a. DATE OF (Month, Date of the control of the con	INJURY ny, Ybar)	28b. Till IN	4 Nursin	Bc. INJURY WORK? 1 YES	AT	28d. DESCRI	BE HOW IN			e Number,
BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 2 Accident  3 Suicide 8 Homicide	Pending Investigation Could not be determined	28a. DATE OF (Month, Date of building.	INJURY ny, Year) F INJURY — etc. (Specify)	28b. Til IN At home, farm,	4 - Nursin	Bc. INJURY WORK? 1 YES	AT 2 NO	28d. DESCRII 28l. LOCATIO City or To	BE HOW IN	nd Number	or Rural Rout	e Number,
BY PHYSICIAN:	EXAMINER?    YES 2	Pending Investigation Could not be determined	28a. DATE OF (Month, Date of building.)	INJURY  IV, Year)  F INJURY —  etc. (Specify)  my knowled	At home, farm,	4 Nursing AE OF JURY M street, lactor	Bc. INJURY WORK?  1 YES  y, office	AT  2 NO  Plece, and due	28d. DESCRIII 281. LOCATIO City or To	BE HOW IN	nd Number	or Rurel Rout	
PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 2 Accident  3 Suicide 5 American  4 Hornicide  29e. CERTIFIER (Check only One) 2 MEDI	Pending Investigation Could not be determined TIFYING PHYSI ICAL EXAMINE	1 Inpatient 2 Inpa	INJURY  IV, Year)  F INJURY —  etc. (Specify)  my knowled	At home, farm,	4 Nursing AE OF JURY M street, lactor	Bc. INJURY WORK? 1 YES y, office e, date and nion, death	2 NO	281. LOCATIO City or To	BE HOW IN	nd Number	or Burel Roul	nd menner sa stated.
COMPLETED BY PHYSICIAN:	EXAMINER?    YES 2	Pending Investigation Could not be determined TIFYING PHYSI ICAL EXAMINE	1 Inpatient 2 Inpa	INJURY  IV, Year)  F INJURY —  etc. (Specify)  my knowled	At home, farm,	4 Nursing AE OF JURY M street, lactor	Bc. INJURY WORK? 1 YES y, office e, date and nion, death	2 NO place, and due occured at the	28d. DESCRIE 28I. LOCATIO City or 76 to the cause(stime, data and	BE HOW IN	nd Number	or Burel Roul	
BE COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 2 Accident  3 Suicide 8 4 Hornicide  29e. CERTIFIER (Check only one) 2 MEDI  29b. SIGNATURE AND TITLE	Pending Investigation Could not be determined OFFINE PHYSICAL EXAMINE	1 Inpetient 2 Inpe	INJURY ny, Year)  F INJURY — etc. (Specify)  my knowled- amination as	At home, farm, At home, farm, ge, death occur	A Nursin RE OF JUHY M street, lector red at the tim on, in my opin	Bc. INJURY WORK? 1 YES y, office e, date and nion, death	2 NO	28d. DESCRIE 28I. LOCATIO City or 76 to the cause(stime, data and	BE HOW IN	nd Number	or Burel Roul	nd menner sa stated.
COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 S 2 Accident  3 Suicide S 4 Hornicide  29a. CERTIFIER (Check only one) 2 MEDI  29b. SIGNATURE AND TITLE	Pending Investigation Could not be determined IFYING PHYSICAL EXAMINE	28e. DATE OF (Month, De 28e. PLACE OI building,  28e. PLACE OI building,  CIAN: To the best of ex	INJURY ny, Year)  F INJURY — etc. (Specify)  my knowled- amination as	At home, farm,  ge, death occur nd/or investigati	AE OF 2 JURY M street, lector red at the tim on, in my opin	BC. INJURY WORK? 1 YES 7, office 9, date and nion, death 290	Place, and due occured at the c. LICENSE NUI	28d. DESCRIE  281. LOCATIO City or 76  to the cause(e time, data and wider	PN (Street a.wn, State)	ner sa state I due to the	or Burel Roul	nd menner se stated.
BE COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 2 Accident  3 Suicide 8 4 Homicide  29a. CERTIFIER (Check only 0no) 2 MEDI  29b. SIGNATURE AND TITLE	Pending Investigation Could not be determined COULD PHYSICAL EXAMINE OF THE STATE O	28e. DATE OF (Month, De 28e. PLACE Of building.)  28e. PLACE Of building.  CIAN: To the best of extended to the building.	injury ny, Year)  Finjury etc. (Specify)  my knowled- amination at	At home, farm,  ge, death occur ind/or investigati	AE OF 2 JURY M street, lector red at the tim on, in my opin	BC. INJURY WORK? 1 YES 7, office 9, date and nion, death 290	Place, and due occured at the c. LICENSE NUI	28d. DESCRIE 28I. LOCATIO City or 76 to the cause(stime, data and	PN (Street a.wn, State)	ner sa state I due to the	or Burel Roul	nd menner se stated.
BE COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 S 2 Accident  3 Suicide S 4 Hornicide  29a. CERTIFIER (Check only one) 2 MEDI  29b. SIGNATURE AND TITLE	Pending Investigation Could not be determined COULD PHYSICAL EXAMINE OF THE STATE O	28e. DATE OF (Month, De 28e. PLACE OI building,  28e. PLACE OI building,  CIAN: To the best of ex	injury ny, Year)  Finjury etc. (Specify)  my knowled- amination at	At home, farm,  ge, death occur ind/or investigati	AE OF 2 JURY M street, lector red at the tim on, in my opin	BC. INJURY WORK? 1 YES 7, office 9, date and nion, death 290	Place, and due occured at the c. LICENSE NUI	28d. DESCRIE  281. LOCATIO City or 76  to the cause(e time, data and wider	PN (Street a.wn, State)	ner sa state I due to the	or Burel Roul	nd menner se stated.



BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	n, or removal.	medical avaminar must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OF ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24	TO THE FUNERAL CHARTER AND THIS Certificate has been signed by the attending physician and completely fill	be filed within Territor of the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	serversair a marked or live 22 shows any injury to other traumatic event the medical eventual he notified of once

	1 - STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Li	nd Gr	abner		2. DATE OF DEATH DAY	GAR SIDE OF DEATH M				
	4. SOCIAL SECURITY NUMBER  5. SEX  8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.  7. DATE OF BIRTH  (Month, Day, Year) OR OR OR OR OR OR OR OR OR OR OR OR OR									
DIRECTOR	RESIDENCE OF DECEDENT									
	10a. STATE 10b. COL	asoNT	10c. CITY, TO	OCIC VILL	3	10d, INSIDE CITY LIMITS? 1 ☐ TES 2 ☐ NO				
FUNERAL	299 LH	IRUEY 12. WAS DECEDENT EVER	AVB IN U.S. ARMED	20	872 NIC ORIGIN? (Specify Yes or No.	CITIZEN OF WHAT COUNTRY?  USA  14. RACE — American Indian,				
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2.MNO	If yes, specify Cuban, Maxic 1 TES 2 NO Spec	an, Puarto Rican, etc.)	Black, White, stc. Specify: UHTE				
COMPLETED	15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)	EDUCATION rade completed)  College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NGT use rei	done during most of working	16b. KIND OF BUSINESS	INDUSTRY				
	17. FATNER'S NAME (First, Middle, Lest) Unknown		TWIN		AME (First, Middle, Maiden Surnan					
	19a. INFORMANT'S NAME (Type/Print) Gregory	H. Grabner		ORESS (Street and Number or Rura	Floute Number, City or Town, State	erburg, MD.20879				
	20e. METHOD OF DISPOSITION 1   Burlel 2. Cremetion 3   1 4   Donation 5   Other (Specify)	Removal from State	Ob. PLACE AND DATE OF of cemetary, crematory or of			hington DC				
TO BI	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	#846	22. NAME AND ADDRESS OF F Austin Roy	ster Funera St. N. W. Wa	1 Home				
AL CERTIFICATION	23. PART I. Enter the diseases, shock, or heart failt immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Due TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	ester the mode of dying, su estern hu n'istolaru	ent for a	Approximate Interval Batween Onset and Death  The Topics of Topics				
MEDICA	nulti Bengi	stln (2)		pibrous	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
PHYSICIAN:	25. WAS CASE ARE EMPLED TO MUDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF BEATH	HOSPITAL: 1   Impatient 2   ERVOY 20s. DATE OF INJURY	ripatient 3 DOA 4	PLACE OF DEATH OF THE PROPERTY		OCCUPED				
BY PI	1 Natural 5 Pending 2 Accident Investiget	(Month, Day, Year)		M 1 YES 2 NO	28f. LOCATION (Street and Nu					
O BE COMPLETED BY PHYSICI	4 Nomicide determine	t be building, etc. (Sp	pecify)		City or Town, State)					
COMPLET	one) 2 MEDICAL EXA			n my opinion, death occured at ti	e time, data and place, and due	to the cause(a) and manner as stated.				
TO BE	30. NAME AND ADDRESS OF PERSON	Casa	DEATH (ITEM 27) (Type Del	29c. LICENSE N	94 1 ≥ 29d.	DATE SIGNED (Month, Dey, Year)  4-6-95				
	1757 A 31. DATE FILEO (Month, Day, Year)	B) CHAD	RDI O	ENWOVD,	mp, 20	FJ				
	JUN 1 5 1993	Julie Davidson-Ro								



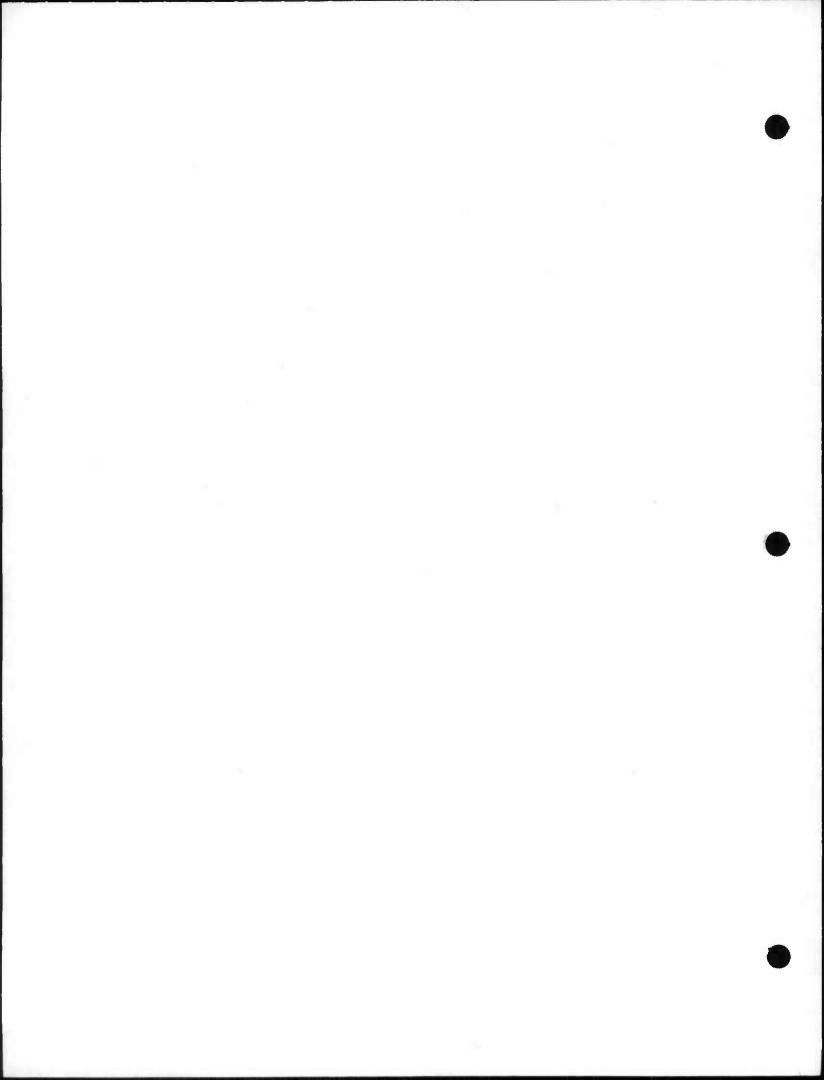
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- 8	1. DECEDENT'S NAME (First,	Middle, Last)	C	10 (	)					2. DATE OF DEATH MONTH	DAY	YEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	A LOCAL	5 SEX	100					(525.00)	(0)	2 9		U: 85 A
	101-26-295		1 1 M 2  F	6. AGE (III	yrs. last birthday)	MONTHS	R 1 YEAR	HOURS HOURS	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0.5	8. BIRTHPL Country)	ACE (State or Foreign
				00	YRS.				5741		25	Mary]	Land
~	9a. FACILITY NAME (If not in		9b. CITY, TOWN OR LOCATION OF DEATH			ATH	9c. COUNTY OF DEATH						
2	Northwest Medical Center Randallstown Baltimo:								re .				
EC	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d INC.										Od. INSIDE CITY		
DIRECTOR	Florida	Palm	Beach Co	untv		oca							LIMITS?
-	100. STREET AND NUMBER						10	f. ZIP COD	)F		I 10a CITI		YES 2 NO
18	15032 Pebb	le Co	ve Ln.					334			-	U.S.A	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDENT	EVER IN	U.S. ARMED	13,	WAS DEC	CENDENT	OF HISPAN	IC ORIGIN? (Specify			
	1 Never Married 22		FORCES? 1 IF YES, GIVE W				If yes, sp	ecify Cubi	on, Mexicar Specify	1, Puerto Rican, atc.)			- American Indian, White, etc.
BY	3 Widowed 4 Divo	roed						2 6 110	Spoury.			Specify:	nite
		EDENT'S EDU		1	18e. DECEDENT'S	USUAL C	CCUPATIO	ON pet of work	ina	16b. KIND OF E	USINESS/IND	_	
COMPLET	Elementary/Secondary (0	-12)	College (1-4 or 5+		life. Do NOT u	se retired.)							
₽	5		3		Leathe	r Mai	nufa	ctur	er	Manu	factur	ing	
8	17. FATHER'S NAME (First, M.									ME (First, Middle, Maid	en Surname)		
BE	Solomon G									Lilien			
2	190. INFORMANT'S NAME (7) Ruth Guc	rpe/Print)							r or Rural A	loute Number, City or 1	own, State, Zip	Code)	
					Same	_							
	20a, METHOD OF DISPOSITI	n 3 🗌 Rem	noval from State	cemet	LACE AND DATE	ther place	)			6/13 20c.	LOCATION —	100	
	4 Donetion 5 Other		7	Cec	lar Par	c Cei	nete:				stwood	, New	Jersey
	21. SIGNATURE OF FUNERAL	L SERVICE LI	CENSEE #MOO	690		22	NAME AL	S Su	ss of FAC	an Memori	al Cha	ne1	
	Louis Suburban Memorial Chapel 1301 Broadway, Fair Lawn, NJ 07410										10		
	23. PART i. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest,  Approximate												
	ehock, or he IMMEDIATE CAUSE (Fin	ert tellure.	List only one caus	e on eac	h line.	/	1		1				interval Between Onset and Deatl
	diseese or condition	<b>→</b>	(	00	11010	1	+ 1	CP.	4				Onset and Death
	resulting in death)		OUE TO	DR AS A C	ONSEQUENCE O	f):	1 1	, (				_	
z									İ				
은	Sequentially liet conditi If any, leading to immed	diate	DUE TO (	OR AS A C	ONSEQUENCE O	F):							1
3	cause. Enter UNDERLYING  CAUSE (Disease or injury												
	that initiated events		DUE TO (	OR AS A C	ONSEQUENCE O	F):							
CERTIFICATION	resulting in death) LAS		d										
	PART ii. Other aignifice	nt condition	na contributing to	death but	not requiting	in the	nderlvin	O CALISA	given in f	Part i 24- was	IN AUTOPSY	245 141	ERE AUTOPSY FINDINGS
5	H1.20 ~	1 0	510 W				yiii	a	917 VIII 1	PERF	ORMED?	AN	EHE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION DF CAUSE
EDICAL	TIM.	10.00	01/101	1	16.11	24.4	1 1/1	, 9		1 □ YES	2   NO		F DEATH?
Σ	- Advil	1000	2	11-	may (	111	JVC '	XZ		_		1	YES 2 NO
AN	25. WAS CASE REFERRED TO	MEDICAL	071,04	HP(	11+	1-0	114	re					
SICIAN	EXAMINER?	MEGICAL	HOSPITAL:			OTHE	R:			ck only one)			
PHY	27. MANNER OF DEATH		1 Impetient 2 I		28b. TIN	_	28c. INJ		esidence (	8 Other (Specify)			
	1 Natural 5 🗌	Pending	(Month, Da			IURY	wo	PRK?	٦ ١١٥	28d. OEŞCRIBE HOV	INJURY OCC	URED	
ğ	2 Sulside	nvestigation	28e, PLACE OF	INJURY -	At home, term,	etraat fac			_ NO	24L LOCATION (Street			
	5 10 10 10 1	Could not be letermined	building, e	ec. (Specify	)	octoot, inc	tory, orner	•		261. LOCATION (Stree City or Town, Sta		or Hurei Houi	te Number,
ш	29e. CERTIFIER	/				100	-						
Z D	(Check only		ICIAN: To the best of r										
COMPL	1		ER: On the back of ex	imination e	na/or investigation	on, in my	opinion, d	eath occur	red at the t	lme, date and place,	end due to the	cause(s) ar	nd manner se stated.
w II	SIGNATURE AND TITLE	OF CERTIFIE	m 100	1. 1.	1	1 /	7	29c LICI	ENSE NUM	BER	29d. DATE	SIGNED (M	Ionth, Day, Year)
2	Myall	M	IN. PUL	un	U I	1 4	/	9	36	e812	- /	0/17	-193
	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	e of DEAT	H (ITEM 27) (Type	Print)	)	11		. 10=1	11.	10	110
	RMS	1 ol	IN	UU	MILL	Mr	'.	W	TU	WAST	17051	)(x	inter.
	31. DATE FILED (Month, Day,	_	32. REGISTRAF									V	
Ţ	ENTRI 1	6 1993	Austian	Davida	n-Randa	22_							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

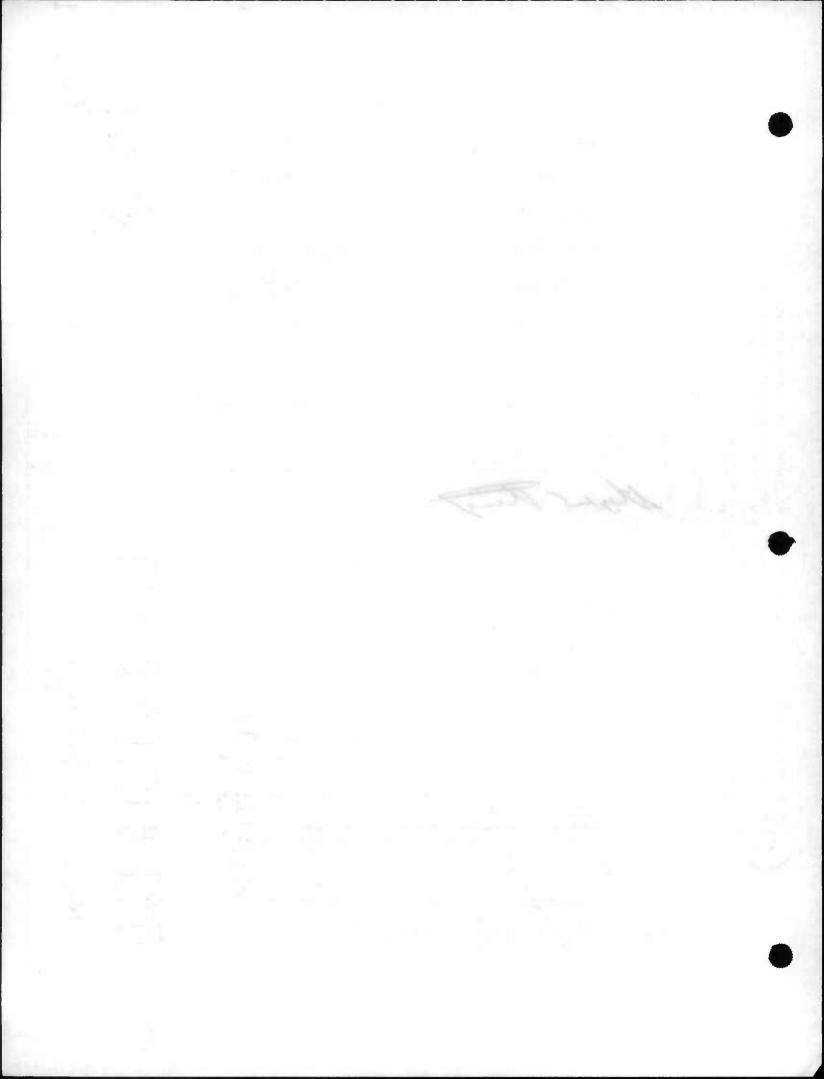


ufter death. Page 6 may be retained by the hospital or attending physician.	certincate has been signed by the attending physician and competery theor in by the tuneral director, page 5 should be elabored for use as the bunar-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hyglene prior to bunal, cremation, or removal.	tal examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HIGH TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE TARK OF THE THE After this cardinate has been signed by the attending physician and compretely lifed in by the fulled with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	First, Middle, Last)				ICATE OF		2. DATE	REG. NO.			3. TIME OF D	EATH
	Geary						MONTH		1993	YEAR	10:00	4
4. SOCIAL SECURITY NU		5. SEX	6. AGE (In yrs	. Inst birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH	1333		HPLACE (State o	
074-32-549		1 M 2 F	92	YRS.	MONTHS DAYS	HOURS MIN.	(Month	. Day, Year)	1000	Coun	ntry)	
9a. FACILITY NAME (# no			92	-	9h CITY TOWN	DR LOCATION OF E		. 15,		NEV	V York	
25740 Brookwood Road					Greens		LAIII			roli		
RESIDENCE OF D	ECEDENT		10c. CITY, TOWN OR LOCATION							201.		
10a, STATE	10b. COUNT			10c. Cl	TY, TOWN OR LOCA	TION					10d. INSIDE C	ITY
MD		coline			Greensbo						1 YES 2	
10e. STREET AND NUME	ER				10	of. ZIP CODE			10g, CIT	IZEN OF	WHAT COUNTRY	13
25740 Brod	kwood	Road				21639	9			U.S.	Α.	
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S	ARMED		CENDENT OF HISP/ pecify Cuban, Maxic			or No-	14. RA	CE — American I	ndlen,
1 Never Married 2		IF YES, GIVE V	MAR OR DATES	X_INO		S 2 NO Spec		ricali, etc.)			ially:	
3 Wildowed 4 🗆											white	
15. I (Specify	only highest grad	UCATION fe completed)	16a	(Give kind of	work done during n	ION lost of working	16b.	. KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Seconder	y (0-12)	College (1-4 or 5		life. Do NOT u								
graduate			1	homema	ker			n/a				
17. FATHER'S NAME (Firs	t, Middle, Last)					18. MOTHER'S N	AME (First, F	Middle, Maiden	Surname)			
Thomas Le			100			Cather						
19s. INFORMANT'S NAM	E (Type/Print)			19b. MAILIN	G ADDRESS (Street	and Number or Aura	Route Numi	ber, City or Tow	m, State, Zi	p Code)		
Jack Gear	У		13.3	P.O.	Box 339	Greens	oro,	Maryl	and	2163	39	
20a. METHOD DF DISPO 1 → Burlel 2 □ Crem		moved from State			re of Disposition	N (Name	OAT	E 20c. LC	CATION —	City or	Town, Stata	7 ().
4 Donetion 5 0	ther (Specify)	HOVE HOIL SIE	- Ho	ly Red	eemer	Cemetery	6/1	9 S.	Plai	nfie	Id. Ne	Je
21. SIGNATURE OF FUN	ERAL SERVICE L	ICENSEE									-14 110	
- 14						AND ADDRESS OF F						
		- 77			Flee	gle-Helf	enbei		ral	Home	2	
10	gh	the	2	_	Flee		enbei		ral	Home	2	
23. PART I. Enter the					Flee	gle-Helfe Box 160	enbei: Gree	nsboro	ral Ma	Home ryla	and 216	39 Imate
shock, o	r haart fallure	complications the			Flee	gle-Helfe Box 160	enbei: Gree	nsboro	ral Ma	Home ryla	and 216	39 Imate I Betwe
shock, o IMMEDIATE CAUSE disease or condition	r haart fallure (Final	List only one car	use on asch	line.	Flee	gle-Helfe Box 160	enbei: Gree	nsboro	ral Ma	Home ryla	and 216	39 Imate I Betwe
shock, o	r haart fallure (Final	s. Pos		lina.	Flees P.O. not enter the m	gle-Helfe Box 160	enbei: Gree	nsboro	ral Ma	Home ryla	and 216	39 Imate I Betwe
shock, o IMMEDIATE CAUSE disease or condition	r haart fallure (Final	s. Pos	aum	lina.	Flees P.O. not enter the m	gle-Helfe Box 160	enbei: Gree	nsboro	ral Ma	Home ryla	and 216	39 Imate I Betwe
shock, of IMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list con	r heart failure. (Final	s. DUE TO	aum	line.	Flee	gle-Helfe Box 160	enbei: Gree	nsboro	ral Ma	Home ryla	and 216	39 Imate I Betwe
shock, o IMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list con if any, leading to im cause. Enter UNDER	r heart failure. (Final	s. DUE TO	Quy O (DR AS A COL	line.	Flee	gle-Helfe Box 160	enbei: Gree	nsboro	ral Ma	Home ryla	and 216	39
shock, of IMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list confirmly, leading to imcause. Enter UNDEF CAUSE (Disease or	r heart fallure. (Final  ditions, mediate SLYING Injury	s. DUE TO	Quy O (DR AS A COL	IIINA.  NSEDUENCE (	Flee P.O. not enter the m	gle-Helfe Box 160	enbei: Gree	nsboro	ral Ma	Home ryla	and 216	39 Imate I Betwe
shock, o IMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list con if any, leading to im cause. Enter UNDER	r heart fallure. (Final	s. DUE TO	O (DR AS A CO)	IIINA.  NSEDUENCE (	Flee P.O. not enter the m	gle-Helfe Box 160	enbei: Gree	nsboro	ral Ma	Home ryla	and 216	39 Imate I Betwe
shock, of IMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list con if any, leading to imcause. Enter UNDER CAUSE (Disease or that inflated events	r heart fallure. (Final	s. DUE TO	O (DR AS A CO)	IIINA.  NSEDUENCE (	Flee P.O. not enter the m	gle-Helfe Box 160	enbei: Gree	nsboro	ral Ma	Home ryla	and 216	39 Imate I Betwe
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22. REGISTRAN'S SIGNATURE.

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BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	BAL DIRECTOR: After this certificate has been sinced by the attendion abscision and complete
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	REGISTRAR			CHIII	ICALL	: Or	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF MONTH	DEATN DA		YEAR	3. TIME OF DEATH
	Emma F. Gibbons	5						06/1		W	93	12:30P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE OF (Month, D	BIRTN			IPLACE (State or Foreign
	216-46-8540	1 □ M 2 √ F	8	35 YRS.	MONTHS	DAYS	HOURS MIN.		7/08		Countr	Md.
	9e. FACILITY NAME (If not institution, give				9b. CITY	TOWN	OR LOCATION OF D		.,, 00		NTY OF D	
S	5844 Worcester	Hwv.			C.	2011	Hill			T-7-		h
DIRECTOR	RESIDENCE OF DECEDENT				S	IOW	птт			L WO	rces	ter
R	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN C	H LOCA	LION					10d. INSIDE CITY LIMITS?
ō	Md Wor	cester		S	now ]	Hill	,					1 YES 2 KHO
A	10a. STREET AND NUMBER						. ZIP CODE			10g. CIT	IZEN OF Y	WHAT COUNTRY?
FUNERAL	5844	Worcest	er High	Jav			21863				U.S	Λ
5	11. MARITAL STÂTUS	12. WAS DECEDEN	IT EVER IN U.S. A	RMEÖ	13, 1	WAS DEC	ENDENT OF NISPA	NIC ORIGIN? (S	Specify Yee	or No-		American Indian, k, White, atc.
BY F	1 Never Married 2 Married	IF YES, GIVE V	YES 2 WAR OR DATES	X			ecify Cuban, Mexico 2  NO Specia		n, etc.)		Speci	
	3 X Widowed 4 Divorced						X					White
Ĕ I	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. D	ECEDENT'S	USUAL O	CUPATIO	ON ost of working	16b. Ki	ND OF BUS	INESS/IN	DUSTRY	
Ш	Elementary/Secondary (0-12)	College (1-4 or 5	+) life	Do NOT us	memal	cor	est of working		Own			
COMPLETED	7			110		ECT.			OWII			
ဂ္ဂ ဂ	17. FATNER'S NAME (First, Middle, Last)						18. MOTNER'S N	ME (First, Midd	lle, Maiden	Sumeme)		
BE	Woolsey Britti	.ngham					Nano	y Brit	ting	ham		
인	19e. INFORMANT'S NAME (Type/Print)		19	Db. MAILING	ADDRESS	(Street a	and Number or Rural	Route Number,	City or Town	, State, Zij	Code)	
۲Į	David Gibbons			P.O	. Bo:	x 21	, Girdle	etree,	Md.	2182	9	
	20a. METNOD OF DISPOSITION		20b. PLACE	ANDDATE	OF DISPOS			OATE		_	City or To	wn, State
	1 CxBurlel 2 Cremation 3 Rem 4 Donation 5 Gither (Specify)	ioval from State	Bates	ematory or or Cem	ther place)	v, C	6/19/93	1		Snow	Hill	, Md.
	21. SIGNATURE OF FUNERAL SERVICE LI	DEMNER //	_				ID ADDRESS OF FA	CILITY				7 110.0
	» Quel	11	line									
$\dashv$	4		1			D€	nnis Fur	neral F	iOme,	Snow	Hil.	1, Md.
	23. PART I. Enter the diseases, or shock, or heart fellure.	List only one ceu	ise on sech lin	eath. Do n e.	iot enter	tna mo	de of dying, suc	h aa cardiad	or reepi	ratory ar	rest,	Approximete interval Between
	IMMEDIATE CAUSE (Finel		,									Onset end Death
4	disease or condition resulting in death)	a LEF	7 (1	JUE 1	PH	L	VASCUL	DR AC	-1 DE	WT		5 dans
		DUE TO	(OR AS A CONSE	OUENCE OF	F):			-		-		
2	Sequentielly list conditions,	a. LEF DUE TO	RTERHO	SLLI	RUT	(	VASCUL	BR P	以上的	K		54PS
ĔI	if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE OF	F):							
CERTIFICATION	CAUSE (Disease or injury	c										
	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE OF	F):							
H H	Todaling in docary End.	d										
	PART II. Other aignificant condition	na contributing to	deeth but not	reculting i	in the un	derivin	cause given in	Part I 24	. WAS AN	VZGOTIJA	24h	WERE AUTOPSY FINDINGS
EDICAL	PHENMIN								PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	AVTRITIO	- D	A.C. IND	-				-   '	YES Z	NO NO		OF DEATH?
PHYSICIAN: M		W ( ) C	TILVE	L		_						1 TYES 2 ND
A I	25. WAS CASE REFERRED TO MEDICAL					-						
5	EXAMINER?	HOSPITAL:			OTHER		ACE OF DEATN (Ch	eck only one)	<u> </u>			
2	1 TYES 2 NO	1 inpatient 2					e 5X Residence					
5	27. MANNER OF DEATN  1  Netural 5 Pending	28e. DATE OF (Month, D	ay, Year)	26b. TIM	URY		RK?	28d. DEŞCRI	BE NOW IN	JURY OC	CURED	
à	2 Accident Investigation				M		res 2 No					
	3 Suicide 6 Could not be	28e. PLACE O building,	F INJURY — At he atc. (Specify)	ome, farm, s	treet, facto	ory, offic		281, LOCATIO	N (Street a	nd Numbe	or Rural R	loute Number,
	4 Nomicide determined											
COMPLETED	29e. CERTIFIER 1 CERTIFYING PNYS	ICIAN: To the best of	my knowledge, de	eath occurre	d at the ti	me, date	and piece, end due	to the cause(	end men	ner aa sta	ted.	
5	one) 2 MEDICAL EXAMINE											) end manner se stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE				_							
2	1 CALLY	h	MILA				29c. LICENSE NUI				6-18	(Month, Day, Year)
2	30, NAVE AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF OFATH STE	M 27) /T	Orint!		200			- (		
	Robert C. LaMAR	PEOPENA	U4 N. B	ay St	tree	t, S	onow Hil	1, MD	21863	3		
	31. DATE JUN 18 1993	Julio Den	R'S SIGNATURE	-8-8-								
	40.000											

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TO THE HOSPITAL OR ATTENDING AND TAKE THE PROPERTY IN THE PROPERTY OF THE ABOUT OF THE PUNEFAL DIRECTOR. After the comment of the signed by the attending physician and comment of the pune and the pune of the pune and the pune of the pune and the pune of the pune and the pune of the pune and the pune of the pune and the pune of the pune and the pune of the pune and the pune of the pune and the pune of the pune and the pune of the pune and the pune of the pune	ires that the death certificate be executed	signed by the attending physician and com	Market and an arrangement of the second seco
TO THE HOSPITAL OR ATTEND TO THE FUNERAL DIRECTOR: A	ING PENSION TRANSPER requ	Wer of confiction has been	The second secon
	TO THE HOSPITAL OR ATTEND	TO THE FUNERAL DIRECTOR; A	The second secon

30. NAME AND ADDRESS OF PERSON WHO COMPLETED

SACHDEV

s.s.

31. DATE FILED (Month, Day, Year)

	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CEF	TIFICAL	E OF DEATH	REG. N	0.		TIME OF DEATN		
	Donald B. GRA	YBEAL				MONTH	DAY 200	3	LEDIO A		
	4. SOCIAL SECURITY NUMBER 216-10-1265	1 💢 M 2 🗆 F	E (In yrs. lest bl	YRS. MONTHS		JULY 2	1912	Country)	CE (State or Foreign		
ECTOR	96. CALLITY NAME (If not institution, give street end number)  Calvert Manor Nursing Home, Inc.  Rising Sun, MD  Cecil.										
E		ECIL		OC. CITY, TOWN					I. INSIDE CITY LIMITS? YES 2 NO		
VERAL	150 HOPEWELL I	ROAD	1	10g. CITIZI	EN OF WHAT	COUNTRY?					
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Woldowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 21 ANO	0 13	. WAS DECENDENT OF N If yes, specify Cuban, N 1  YES 2 NO	ISPANIC ORIGIN? (Specify lexican, Puerte Rican, atc.) Specify:	American Indian, hita, atc.				
LETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Give	NOT use retired.	during most of working )		USINESS/INDU				
E COMPL	LABORER MANUFACTURING  17. FATHER'S NAME (First, Middle, Last)  ALBERT GRAYBEAL  LABORER MANUFACTURING  18. MOTNER'S NAME (First, Middle, Maiden Surname)  EMMA ROTEN										
9	190. INFORMANT'S NAME (Type/Print)					Rural Route Number, City or 1					
	PEGGY BARE  1711 NORTH EAST ROAD, NORTH EAST, MD 219  20e. METHOD OF DISPOSITION 1 N Burlist 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of 6-29-9 3 ATE 20c. LOCATION - City or Town, State completely cremation of other place)										
	4 Donetton 5 Other (Specify) CALVARY BAPTIST CHURCH CEM RISING SUN, MD										
	21. SIGNATURE OF FUNERAL SERVICE LICENSES  22. NAME AND ADDRESS OF FACILITY R.T. FOARD FUNERAL HOME RISING SUN, MARYLAND										
	23. PART L Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, interval E onset and disease or condition resulting in death)  Due to (or as a consequence or):										
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
ERTIFIC	that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  resulting in deeth) LAST										
MEDICAL C	PART II. Other algnificant condition	na contributing to death stive Hear ASHD,	t fâi	lette letter	inderlying cause give	en in Part i. 24a. WAS / PERF	AN AUTOPSY ORMED? 2 \( \sum \) NO	AVA COI OF	RE AUTOPSY FINDING ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?		
AN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEAT	N (Chack only one)					
SICI	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/O	utpatient 3 🗆	DOA 4   No	R:						
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	27. MANNER OF DEATH  1 Netural 5 Pending  280. DATE OF INJURY (Month, Day, Year)  28b. TIME OF WORK?  WORK?  M 1 YES 2 N									
ETED	3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJU building, etc. (S)	RY — At home, pecify)	farm, street, fe	ctory, office	261. LOCATION (Stree City or Town, Sta	et and Number of te)	Rural Route	Number,		
	29e. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(a) and menner se stated.										
COMPL	one) 2 MEDICAL EXAMINI	ER: On the basis of examine	tion and/or inve	atigation, in my	opinion, death occured a	it the time, date end place,	end due to the	cause(s) en	f manner as atsted		

CAUSE OF DEATN (ITEM 27) (Type, Print)

STREET,

ELKTON, MD 21921

118 NORTH ST

32. REGISTRAR'S SIGNATURE

Lia Davidson Rendale

DHMH-16 Rev 1/89

Med 8 9

use as the buriat-transit permit. Pages 1, 2, 3 should

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 93 Gibson 7. DATE OF BIRTH
(Month, Day, Year) 940 uat ne 10:029 ohn 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign Month Feb. 578-54-4797 1 M 2 - F 53 DAYS HOURS Washington DC YRS. 9e, FACILITY NAME (If not institution, give street end number) 96. CITY, TOWN OR LOCATION OF DEATH La Plata 9c. COUNTY OF DEATH Charles Physicians Memorial Hospital DIRECTOR RESIDENCE OF DECEDENT 10b. CDUNTY 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Charles Waldorf 1 YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2 Box 256-E 20601 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1X YES 2 ND 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuban, Maxican, Puerto Rican, stc.) 14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Marrie 1963-1965 BY 1 TES 2 NO Specify: Specify 3 Widowed 4 Divorced White COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Engineer DC Government 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Migdle, Melden Surneme) Eleanor Katherine Swann John Francis Gibson BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Rt 2 Box 256–E, Waldorf, Md. 20601 2 Patricia Gibson 206. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Huntt Crematory or other piece) 6-20 Waldorf, Md. 22. NAME AND ADDRESS OF FACILITY Huntt Funeral Home Benjamin Matthews M00658 O. Box 156, Waldorf, Md. 20604 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate ehock, or heart failure. Liet only one cause on each line. Interval Between **IMMEDIATE CAUSE (Finel** Onset and Death disease or condition resulting in death) Cardovasculu disease sturoscutic DUE TO (OR AS A CONSEDUENCE OF) CERTIFICATION Sequentielly list conditione, DUE TO (OR AS A CONSEDUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 TYES 2 T ND 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF OEATH (Check only one) HOSPITAL:
1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA OTHER: 1 YES 2 NO 5 Residence 8 - Other (Specify) 4 - Nursi 27. MANNER OF CEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural
2 Accident 5 Pending Investigation BY 1 YES 2 ND 28e. PLACE DF INJURY — At home, farm, street, fectory, office building, etc. (Specify) COMPLETED 3 Suicide 6 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated. MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner ee stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) H (a Dyout Charles Dd7348 6 19/03 9 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,

69

BOX

32. REGISTRAR'S SIGNATURE Julia Davidson

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE PUNEDAL UNFICIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANTE-IT item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

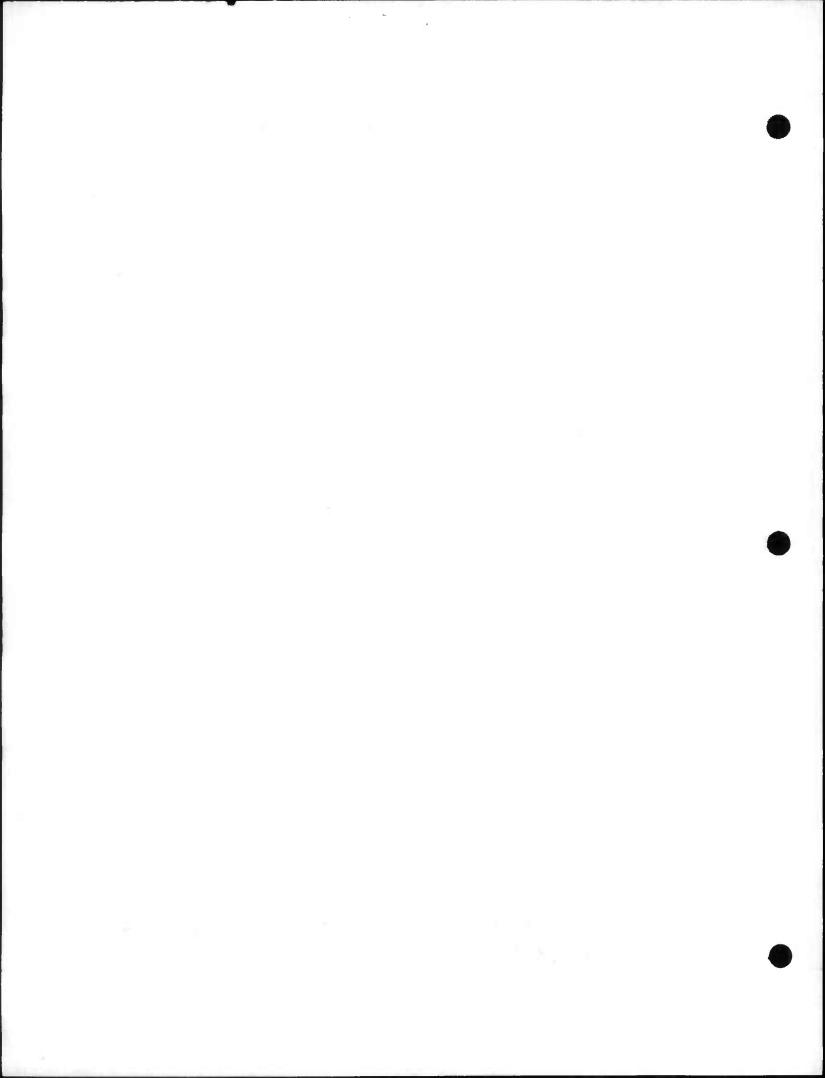
BALTIMORE, MARYLAND 21215-0020

	1 - STATE REGISTRAR	STATE OF M			TMENT OF		MEN1	AL HYGIEN	E 93	3 19481
	1. DECEDENT'S NAME (First, Middle, Last)							TE OF DEATH	ly y	3. TIME OF DEATH
	Jehn	reloh		lans				6 2		(EAR ) 12:31 PM
	4. SOCIAL SECURITY NUMBER 215-32-6177	5. SEX /		s. last birthday)	MONTHS DAYS	IF UNDER 24 HR	- 40.4	TE OF BIRTH onth, Day, Year)		BIRTHPLACE (State or Foreign Country)
	9e. FACILITY NAME (If not institution, give		58	YRS.			1-/	6/1935		Maryland
Œ	FALLS TO A CE	Has	Pin	96. CITY, TOWN	OR LOCATION OF	DEATH		4.0	Y OF DEATH	
16	RESIDENCE OF DECEDENT	DENAC	1700	1114		LLW /	0/0		MA	NFOM).
DIRECTOR	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN OR LOCA	TION				10d, INSIDE CITY LIMITS?
100	Maryland	Harford	<u> </u>			retts	rill	e		1 TES 2 7 NO
FUNERAL	10e. STREET AND NUMBER	D: 3	- 2		10	M. ZIP CODE			10g. CITIZEI	N OF WHAT COUNTRY?
NE	1280 Rock ]					210				J.S.A.
	1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	YES 2	K NO	If yee, a	CENDENT OF HIS pacify Cuban, Ma	dcan, Puerl	GIN? (Specify Yes to Rican, etc.)	or No- 14	I. RACE — American Indian, Black, White, etc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE WI	AH OR DATES		1 TYE	S 2 NO Sp	ecify:			Specify: Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	UCATION	16a		USUAL OCCUPATI		1	6b. KIND OF BUS	SINESS/INDUS	
19	Elementary/Secondary (0-12)	College (1-4 or 5+)		Me. Do NOT us	se retired.)	ost or working				
MP	10	0-0 0-0		La	borer			Wo	od Mi	Lll
8	17. FATHER'S NAME (First, Middle, Last)	*****	~					t, Middle, Meiden		
BE	Wallace	William	G-	ovans	-	Lau		Rebe		Blaney
2	194. INFORMANT'S NAME (Type/Print) Laura Robinsor			196. MAILING	ADDRESS (Street					
						ler Wa				Md. 21040
	200 METHOD OF DISPOSITION 1 12 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	cemetery	, crematory of o	OF DISPOSITION (N	-	6			y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE / 7	One	stnut		NO ADDRESS OF		29 50.	reet,	Maryland
	>m Will	IN-	11/			rtz Fu				
	23. PART I. Enter the diseases, or	or / ww	4	death De	Ja	rretts	vill	e. Ma	rvlar	nd
	shock, or heert failure.	List only one caus	e on each	line.	iot enter the me	ode of dying, i	uen aa c	ardiac or respi	ratory arrea	interval Between
	iMMEDIATE CAUSE (Finel disease or condition		and.							Onset and Death
		- (	44 01	Q C. C	116057					
	resulting in death)			NSEOUENCE O	RICEST			···		
Z										
TION	Sequentially list conditions, if any, leading to immediata	DUE TO (	OR AS A COI		F):					
ICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (	OR AS A COR	NSEOUENCE O	F):					
TIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	DUE TO (	OR AS A COR	NSEOUENCE O	F):					
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (	OR AS A COR	NSEOUENCE O	F):					
	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO ( c. DUE TO ( d	OR AS A COR	NSEQUENCE O	F): F):	ng cause given	in Part i.			24b. WERE AUTOPSY FINDINGS
	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO ( c. DUE TO ( d	OR AS A COR	NSEQUENCE O	F): F):	ng cause given	in Part i.	24a. WAS AN PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO ( c. DUE TO ( d	OR AS A COR	NSEQUENCE O	F): F):	ng cause given	in Part i.	PERFOR	MED?	AVAILABLE PRIOR TO
MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition None	b. DUE TO ( c. DUE TO ( d	OR AS A COR	NSEQUENCE O	F): F):	ng cause given	in Part i.	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  No No.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO ( b. DUE TO ( c. DUE TO ( d	OR AS A COM	NSEQUENCE O	F): F): In the underlyin	ng cause given		PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  No No.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 27YS 2 1 NO	DUE TO ( b. DUE TO ( c. DUE TO ( d,	OR AS A COR	NSEQUENCE OF THE PROPERTY OF T	F):  F):  In the underlying  26. P  OTHER:  4 \( Nursing Horizontal Policy in the content of the content	LACE OF DEATH	(Check only	PERFOR  1 YES 2  one)	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  No No.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO ( b. DUE TO ( c. DUE TO ( d. HOSPITAL: 1   Inpatient 2   2' 28e, DATE OF ( (Month, De	OR AS A COM OR AS A COM OR AS A COM death but in ER/Outpatier INJURY 15 / Par/	NSEQUENCE OF THE PROPERTY OF T	F): F): In the underlyin  26. P  OTHER: 4 Unursing Hor  E OF 28c. IN. WRY W	PLACE OF DEATH THE 5 TRESIDENT JURY AT ORK?	(Check only	PERFOR 1  YES 2	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 2 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	DUE TO ( b. DUE TO ( c. DUE TO ( d	OR AS A CON OR AS A CON OR AS A CON death but n ER/Outpetter INJURY	NSEQUENCE OF SEQUE	26. P OTHER: 4   Nursing Hore E OF 28c. IN WIRY M 1	PLACE OF DEATH THE 5 Residen JURY AT ORK? YES 2 NO	(Check only ce \$ \( \to \) OI 28d. E	PERFOR	MED? NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  NON  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 2 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	DUE TO ( b. DUE TO ( c. DUE TO ( d	OR AS A CON OR AS A CON OR AS A CON death but n ER/Outpetter INJURY	NSEQUENCE OF SEQUE	F): F): In the underlyin  26. P  OTHER: 4 Unursing Hor  E OF 28c. IN. WRY W	PLACE OF DEATH THE 5 Residen JURY AT ORK? YES 2 NO	(Check only	PERFOR	MED? NO	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH  1  Netural 5  Pending investigation  3  Suicide 6  Could not be determined	DUE TO ( b. DUE TO ( c. DUE TO ( d	OR AS A COM	NSEQUENCE OF SEQUE	26. P  OTHER: 4   Nursing Hor E OF   28c. IN UNY M 1   1 street, factory, office	PLACE OF DEATH THE 5 Resident JURY AT ORK? YES 2 NO	(Check only De S Old Old Old Old Old Old Old Old Old Old	PERFOR  1 YES 2  one)  ther (Specify)  DESCRIBE HOW II  DCATION (Street a lift) or Town, State)	NO NO NJURY OCCUP	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES 2 NO  So  Rural Route Number,
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH  1  Natural 5  Pending Investigation 3  Suicide 6  Could not be determined  29a. CERTIFIER (Check only)	DUE TO ( b. DUE TO ( c. DUE TO ( d	OR AS A COM	NSEQUENCE O	26. P  OTHER: 4   Nursing Hor E OF 28c. PN WW 1     street, factory, office	TLACE OF DEATH THE 5 PESIDENT AT ORK? THE 2 NO THE STATE OF THE STATE	(Check only the S Office S Off	PERFOR  1 YES 2  one)  ther (Specify)  DESCRIBE HOW II  DCATION (Street a lity or Town, State)	NJURY OCCUP	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  NO  Rural Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH  1  Natural 5  Pending Investigation 3  Suicide 6  Could not be determined  29a. CERTIFIER (Check only)	DUE TO ( b. DUE TO ( c. DUE TO ( d	OR AS A COM	NSEQUENCE O	26. P  OTHER: 4   Nursing Hor E OF 28c. PN WW 1     street, factory, office	LACE OF DEATH me 5	(Check only)  28d, E  28f, L  28f, L  Cd  due to the difference of the lime, di	PERFOR  1 YES 2  one)  ther (Specify)  DESCRIBE HOW II  DCATION (Street a lity or Town, State)	NJURY OCCUP	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Solution Number,  Solution Number,  Solution Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO ( b. DUE TO ( c. DUE TO ( d	OR AS A COM	NSEQUENCE O	26. P  OTHER: 4   Nursing Hor E OF 28c. PN WW 1     street, factory, office	TLACE OF DEATH THE 5 PESIDENT AT ORK? THE 2 NO THE STATE OF THE STATE	(Check only)  28d, E  28f, L  28f, L  Cd  due to the difference of the lime, di	PERFOR  1 YES 2  one)  ther (Specify)  DESCRIBE HOW II  DCATION (Street a lity or Town, State)	NJURY OCCUP	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  NO  Rural Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO ( b. DUE TO ( c. DUE TO ( d	OR AS A CONTROL OR AS A CONTRO	NSEQUENCE OF SEQUE	26. P  OTHER: 4   Nursing Hor E OF 28c. IN URY M 1   street, factory, officed at the time, date	LACE OF DEATH me 5	(Check only)  28d, E  28f, L  28f, L  Cd  due to the difference of the lime, di	PERFOR  1 YES 2  one)  ther (Specify)  DESCRIBE HOW II  DCATION (Street a lity or Town, State)	NJURY OCCUP	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Solution Number,  Solution Number,  Solution Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO ( b. DUE TO ( c. DUE TO ( d	OR AS A CONTROL OR AS A CONTRO	NSEQUENCE OF SEQUE	F):  F):  In the underlying the street, factory, office the time, date on, in my opinion, in my	LACE OF DEATH me 5	(Check only)  28d, E  28f, L  28f, L  Cd  due to the difference of the lime, di	PERFOR  1 YES 2  one)  ther (Specify)  DESCRIBE HOW II  DCATION (Street a lity or Town, State)	NJURY OCCUP	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Solution Number,  Solution Number,  Solution Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO ( b. DUE TO ( c. DUE TO ( d	OR AS A CONTOR AS	NSEQUENCE OF SEQUE	26. P  OTHER: 4   Nursing Hor E OF 28c. IN URY M 1   street, factory, officed at the time, date	LACE OF DEATH me 5	(Check only)  28d, E  28f, L  28f, L  Cd  due to the difference of the lime, di	PERFOR  1 YES 2  one)  ther (Specify)  DESCRIBE HOW II  DCATION (Street a lity or Town, State)	NJURY OCCUP	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Solution Number,  Solution Number,  Solution Number,

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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / CE	DEPARTMENT OF H	IEALTH AND ME	NTAL HYGIENE REG. NO.	E	
	Clarence	larence Edwa	SStore	ord Jr. 2	DATE OF DEATH DAY	5 93	3. TIME OF DEATH P
	216-22-8504	. SEX 6. AGE (In yrs. last	YRS. F UNDER 1 YEAR DAYS	MOLITIC RANK	RCH 27,	1928 <b>8. BIRT</b>	HPLACE (State or Foreign
TOR	99. FACILITY NAME (If not institution, give street end number)  WASHINGTON COUNTY HOSPITAL  RESIDENCE OF DECEMENT  HAGERSTOWN					WASHI	DEATH
DIRECTOR	100. STATE 10b. COUNTY  MARYLAND WASHI	10c. CITY, TOWN OR LOCAT	,			10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	100. STREET AND NUMBER 18003 SAND WEDG			21742		10g. CITIZEN OF	WHAT COUNTRY?
В	11. MAPITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced	R. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 1950 - 1952	O If yes, sp	ENDENT OF NISPANIC Cocify Cuben, Mexican, Po	PRIGIN? (Specify Yes Jerto Ricen, etc.)	or No — 14, RAC Blac Spe	EE — American Indian, ck, White, etc.
COMPLETED		(Given in the control of the control	EDENT'S USUAL OCCUPATION with a kind of work done during mo Do NOT use retired.)	st of working	16b. KIND OF BUSI		
JMC	12 17. FATNER'S NAME (First, Middle, Last)	M	EAT CUTTER		SUPER		
		RD GUESSFORD	SR.	GRACE	First, <b>Middle, Malde</b> n S	,	LETT
) BE	19a. INFORMANT'S NAME (Type/Print)		MAILING ADDRESS (Street e		Number, City or Town,		
5	CLARENCE E.O. G		6724 STERL	ING ROAD	,WILLIA	MSPORT	,MD. 21795
	29a. METNOD OF DISPOSITION   Burlel 2   Cremation 3   Removal	from State 20b. PLACE AN	ND DATE OF DISPOSITION (Na		DATE 20c. LOC	CATION — City or T	own, State
	4 Donetton 5 Other (Specify)  21. SIGNATURE OF FUNERAL, SERVICE LICENS	EE CEDAR	LAWN MEMORIA			ERS TUWN	, WASH., MD.
	22. NAME AND ADDRESS OF FACILITY  AND REW K. COFFMAN FUNERAL HOME, INC. 40 E. ANTIETAM ST., HAGERSTOWN, MD. 21740					, INC. MD. 21740	
CERTIFICATION	23. PART i. Enter the diseases, or comshock, pr heart failure. Liet immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Condine a consecution of the continue of the consecution of the continue of th	uence of: Tipliators UENCE OF: The /kast	de of dying, such as	cardiac or respin	atory arrest,	Approximate interval Between Onset and Death Actions 2 min alex
MEDICAL	PART II. Other aignificant conditions conditions of Parish Failure	ontributing to death but not really on hallynes	aulting In the undariying	g cause given in Part	i. 24a. WAS AN A PERFORM 1 YES 2	MED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	26. PL OTHER:	ACE OF DEATH (Check o	nly one)		
HYS	1 YES 2 NO 1	Inpatient 2 ER/Outpatient 3 E	3-50A 4 □ Nursing Home	e 5 Residence 6			
	1 Natural 5 Pending	(Month, Day, Year)	INJURY WO	RK?	I. DESCRIBE NOW IN.	JURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e, PLACE OF INJURY — At home building, etc. (Specify)			LOCATION (Street en City or Town, Stete)	nd Number or Rural	Route Number,
COMPLETED	29s. CERTIFIER  (Check only one)  1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner es stated.  2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner es stated.						
BE	29b. SIGNATURE AND TITLE OF CERTIFIER  Edwy	3 Thursh D	-	29c. LICENSE NUMBER	^>	29d. DATE SIGNED	Month, Day, Year)
TO	31. DATE FILED (Month, Day, Year)  JUN 2 9 1993	OMPLETED CAUSE OF DEATH (ITEM		etna Ro	. Hac	7. Mo	1.31740

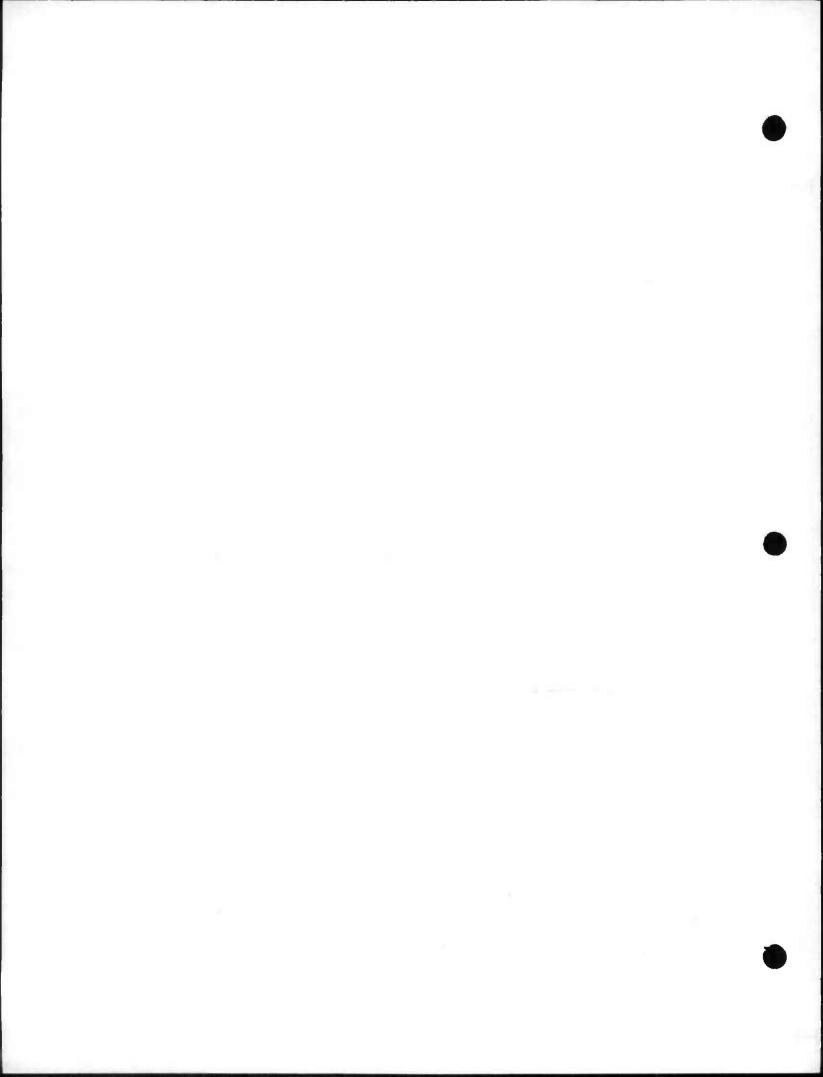


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

V	4 DEGERENTED MARKET OF A AND OLD	-1	OLITTI	TOATE OF	DEATH	REG. NO	O	
	1. DECEDENT'S NAME (First, Middle, Las Russell Isaac (					June 23	1002 Y	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	214-09-9465 Sa. FACILITY NAME (If not institution, give		71 YRS.	MONTHS DAYS	HOURS MIN.	Sept. 3,	1921	Maryland
TOR	1209 Salem Aver				erstown	EATH	Was	hington
DIRECTOR	10a. STATE 10b. COUN	shington		ry, town on Local				10d. INSIDE CITY LIMITS? 1 YES 2 ND
FUNERAL	100. STREET AND NUMBER			К	H. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
1	1209 Salem Aver	1U.E 12. WAS DECEDENT EVER	IN U.S. ARMED	13 WAS DE	21740	NIC ORIGIN? (Specify Y	n ou No 144	USA Andrea tedian
0	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYPES IF YES, GIVE WAR OR I W.W.II	2 NO	If yes, s	pecify Cuban, Mexica S 2 X NO Specif	en, Puerto Rican, etc.)	A OF NO.	RACE — American Indian, Black, White, atc. Specity: White
	15. DECEDENT'S EL (Specify only highest gra	DUCATION de completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATI work done during m	ION ost of working	18b. KIND OF BI	JSINESS/INDUS	
	Elementary/Secondary (0-12)	Coflege (1-4 or 5+)		lity con	trol	truc	king	
COMPLEIED	17. FATHER'S NAME (First, Middle, Last)				1	18. MOTHER'S NAME (First, Middle, Maiden Surname)		
	Isaac Gelwicks  19a. INFORMANT'S NAME (Type/Print)					che Bowman		
2	Margaret A. Gel	wicks				Route Number, City or To gerstown,		
	20a. METHOD OF DISPOSITION	20	b. PLACE AND DATE	OF DISPOSITION /N	lame of		OCATION — City	
	1 Burial 2 Cremetion 3 Removal from State  4 Donetton 5 Other (Specify) Rest Haven Cemetery  Competery, cremetory or other place)  Rest Haven Cemetery  6-25 Hagerstown, Maryland							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME							
	415 E. Wilson Blvd., Hagerstown, Md. 21740							
	disease or condition							
		Arcteur	LOSCLE	desit c	Lewil	Diseas	e	Onset and Deat
	disease or condition	a. Arcteur  DUE TO (OR AS	LO SCLE A CONSEDUENCE O	destil e	beur	Diseas	<u> </u>	
ALION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEDUENCE O	PF):	bewit	Diseas	<u> </u>	
PHILIPATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	b DUE TO (DR AS	A CONSEDUENCE O	PF):	bewil	Diseus		
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS  DUE TO (DR AS  C.  DUE TO (OR AS	A CONSEDUENCE O	(F):		Part I. 24a, WASA	N AUTOPSY	
: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS  DUE TO (DR AS  C.  DUE TO (OR AS  d.  DOES contributing to death	A CONSEDUENCE O	In the underlyIn		Part I. 24a. WAS A	N AUTOPSY PRMED?	Onset and Deat
MEDICAL	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions are supported by the conditions of the cause of the cau	DUE TO (OR AS  DUE TO (DR AS  DUE TO (OR AS  d	A CONSEQUENCE O	F): F): In the underlyIn	ng cause given in	Part I. 24a. WAS A PERFO	N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
HEDIONE.	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS  DUE TO (DR AS  C.  DUE TO (OR AS  d.  DOES contributing to death	A CONSEDUENCE O	In the underlyin	ig cause given in	Part I. 24a. WAS A PERFO	N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
THE SIGNAL MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE, Obsesse or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the condition of the cause of	DUE TO (OR AS  DUE TO (DR AS  DUE TO (DR AS  DUE TO (OR AS  DUE TO (OR AS  DIE TO (OR AS  DIE TO (OR AS  DIE TO (OR AS  DIE TO (OR AS  DIE TO (OR AS  DIE TO (OR AS  DIE TO (OR AS	A CONSEQUENCE OF A CONS	In the underlyin  26. P  OTHER: 4   Nursing Hori	ig cause given in	Part I. 24a. WAS AI PERFC 1 YES	N AUTOPSY PAMED? 2 AMO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 ND
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the cause of the conditions of the cause	DUE TO (OR AS  DUE TO (DR AS  DUE TO (DR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEDUENCE OF A CONSEQUENCE OF A CONS	In the underlyin  26. P  OTHER: 4   Nursing Hor  MURY M 1	LACE OF DEATH (Ch. me 5   Residence JURY AT ORK? YES 2   NO	Part I. 24a. WAS A PERFO 1 YES PECK only one)	N AUTOPSY PRIMED?  2 AND  INJURY OCCUR  and Number or and Number or and Number of and Number or and	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND
ELED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation investigation determined  29s. CERTIFIER Check only	DUE TO (OR AS  DUE TO (DR AS  DUE TO (DR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (DR AS  DUE TO	A CONSEDUENCE OF A CONSEQUENCE OF A CONS	In the underlying 26. P  OTHER: 4   Nursing Hor ME OF 28c. IN. WW 1   Street, factory, office at the lime, date	PLACE OF DEATH (Charter of the state of the	Part I. 24a. WAS A PERFO 1 YES  1 YES  26d. DESCRIBE HOW  281. LOCATION (Street City or Town, State)	INJURY OCCUR and Number or i	24b, WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation investigation determined  29s. CERTIFIER Check only	DUE TO (OR AS  DUE TO (DR AS  C.  DUE TO (DR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (DR AS  DU	A CONSEDUENCE OF A CONSEQUENCE OF A CONS	In the underlying 26. P  OTHER: 4   Nursing Hor ME OF 28c. IN. WW 1   Street, factory, office at the lime, date	PLACE OF DEATH (Charter of the state of the	Part I. 24a. WAS A PERFO 1 YES 1 YES 24b. DESCRIBE HOW 28f. LOCATION (Street City or Town, State of the cause(s) and mentime, date and place, a	N AUTOPSY RMED? 2 — NO INJURY OCCUR and Number or i	24b, WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND
AL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and investigations are sufficient conditions. In the sequence of the sequenc	DUE TO (OR AS  DUE TO (DR AS  C. DUE TO (OR AS  d. DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF A CONS	In the underlyin  26. P  OTHER: 4	LACE OF DEATH (Change 5   Residence JURY AT ORK? YES 2   NO ce e and place, and due death occurred at the	Part I. 24a. WAS A PERFO 1 YES 1 YES 24b. DESCRIBE HOW 28f. LOCATION (Street City or Town, State of the cause(s) and mentime, date and place, a	N AUTOPSY RMED? 2 — NO INJURY OCCUR and Number or i	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND  RURAL Route Number,



BALTIMORE, MARYLAND 21215-0020

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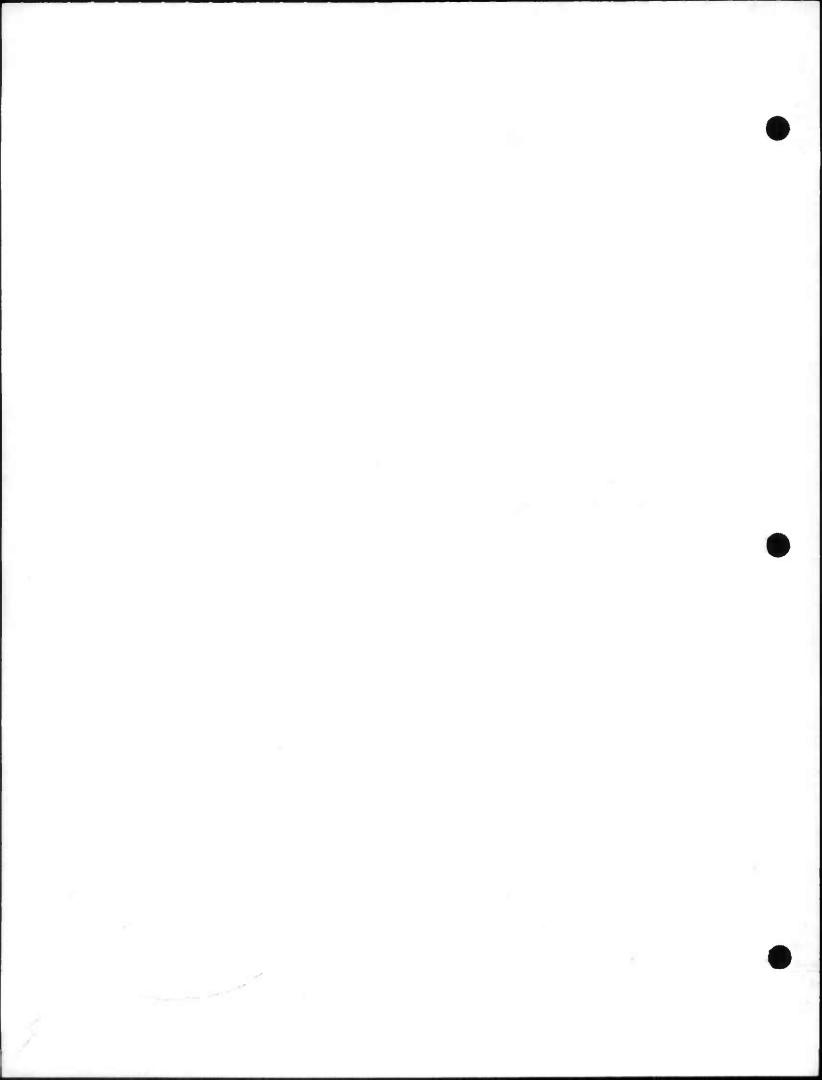
FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH KO YEAR 93 06 41 SECURITY NUMBER S. SEX IF UNDER 1 YEAR # UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign DAYE MONTHS HOURS 1 🛛 M 2 🗆 F 236-22-5320 70 July 17,1922 West Virginia Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Washington County Hospital Washington Hagerstown 10b. COUNTY 10c. CITY, TOWN OR LOCATION 16d. INSIDE CITY Maryland Washington Williamsport 1 - YES 2 NO funeral director, page 5 should be detached for use as the burial-transit permit, FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 16602 Johnson Dr. 21795 **USA** 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 YES 2 NO BY Specify 3 Widowed 4 Divorced *"*White 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Sales <u>Manager</u> Electric Power once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ unknown BE Virgie notified ; Gregory 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 Jean H.Gregory Johnson Dr. Williamsport.MD 21795 pe 20a. METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 Ref 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE 20c. LOCATION - City or Town, State Commeter, Crematory or other place)
Smithsburg Crematory Jun.9, 1993 Smithsburg, MD 21795 4 ☐ Donation 5 ☐ Other (Specify) examiner 22. NAME AND AGORESS OF FACILITY OSBORNE FUNERAL HOME ysician and completely filled in by the prior to burial, cremation, or removal. P.O.Box # 348 Williamsport.MD 21795 medical 23. PART I. Enfer the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart feliure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition sulm event, reaulting in death) traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate attending physician ntal Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events DUE TO JOR AS A CONSEQUENCE OF resulting in death) LAST 5 the atter Mental PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS and a AVAILABLE PRIOR TO COMPLETION OF CAUSE эпу Signed Health a 1 | YES 2 | 10 OF DEATH? shows 1 TYES 2 NO peen 6 has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) certificate to the State HOSPITAL: OTHER: 1 YES 2 2 NO ent 2 - ER/Outpe itlent 3 🗆 DOA ne 5 🗆 Residence 8 🗆 Other (Specify) 6 the 27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d. OESCRIBE HOW INJURY OCCURED with marked, this 1 Watural 5 Pending Investigation BY 1 YES 2 NO After 2 Accident 3 Sulcide 28e. PLACE OF INJURY — At home, ferm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 8 Could not be determined DIRECTOR: / COMPLETED 4 Homicide 28 A A 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only HOSPITAL FUNERAL ( 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 9930 10 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) Dype, Print) 12 HA 21740 mo dn 31. DATE FILED (Month, Day, Year)

JUN 10 32. REGISTRAR'S SIGNATURE 1993 in Deniem Rendere

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	inac 1 2 3 chould	in a supply	
ing physician.	the burial-transit permit Page 1.2		
ed by the hospital or attend	uld be detached for use as		
s after death. Page 6 may be retained by the hospital or a	funeral director, page 5 sho		or flow 32 shows any injury or other terrendic arrant the medical and an arrangement of
within 24 hours	completely filled in by the	rial, cremation, or removal,	a national often manufact.
the death certificate be executed	he attending physician and	Mental Hygiene prior to bur	from on ather the party
N: The law requires that th	icate has been signed by t	the State Dept. of Health and Mental Hygiene pi	Heart 32 about our la
OR ATTENDING PHYSICIA	DIRECTOR: After this certif	nours after death with the	UDODTANT. 16 Hem 20 is marked or
TO THE HOSPITAL	TO THE PUNERAL	be filed within 72 h	LINDODTANT. 16 1

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	RTMENT OF H	IEALTH AND M	IENTAL HYGIEN			
	1. DECEDENT'S NAME (First) Middle, Last)	Edwin Jose				2. DATE OF DEATH		3. TIME OF DEATH	
	Edutin	Joseph Colenn			MONTH / 12 / 93 / PIO M				
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. Bi	RTHPLACE (State or Foreign untry)	
	219 20 3741	11K M 2 D F 66	YRS.	MONTHS DAYS	HOURE MIN.	Aug. 18, 19		aryland	
E	9a. FACILITY NAME (If not institution, give :				OR LOCATION OF DEA	АТН	9c. COUNTY OF DEATH		
6	518 E. Wilson Bor	ulevard		Hage	rstown		Washi	ngton	
DIRECTOR	10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY	
	Maryland Wash	ington	Ha	agerstown	n			1 X YES 2 NO	
FUNERAL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?	
Ä	518 E. Wilson Box				21740			SA	
5	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT EVER II FORCES? 1X YES	2 NO	13. WAS DEC	ENDENT OF HISPANI ecify Cuban, Mexican	C ORIGIN? (Specify Yea, Puerto Rican, atc.)	or No- 14. R	ACE — American Indian, lack, White, etc.	
B	3 Widowed 4 Divorced	W.W.II	ATES	1 TYES	2 X NO Specify:		S	pecify:	
8	15. DECEDENT'S EDU (Specify only highest grade	CATION	16e. DECEDENT'S	USUAL OCCUPATIO	ON	16b. KIND OF BUS	77.00	nite	
19	Elamentary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of a life. Do NOT us	work done during mos se retired.)	st of working				
COMPLETED	12	2	surve	yor		utili	ty		
	17. FATHER'S NAME (First, Middle, Lest)  John	Glenn				E (First, Middle, Maiden	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)	Greini	400 040 040		Bessie		-	Delosier	
2	Leah M. Glenn					oute Number, City or Town Hagerstown			
	20a. METHOD OF DISPOSITION	206	PLACE AND DATE	OF DISPOSITION (No.	me of		CATION — City of		
	1X Buriel 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Donation 6 ☐ Other (Specify)	oval from State cem	ose Hill	Cemeter	v			n, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC		*		D ADDRESS OF FACE		CIOCOWI	i, imiyiand	
	1 2 cs	AND un	med				roratour	n, Md. 21740	
	23. PART I. Enter the diseeses, or	complications that caused	the deeth. Do r	not enter the mod	de of dying, such	ae cerdiec or reepli	ratory erreet.	Approximate	
	immediate cause (Finel	Liet only one ceuse on e	ech line.					Intervel Between Onset and Death	
	disease or condition resulting in death)	· 1105	tatic	60	Cini	oma 1	vi4L		
		disease or condition resulting in death)  e. VIOSTATIC CAI CINOMA WITH  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions.  D. ANTESTEE CLIS PASE							
If any, leading to immediate cause. Enter UNDERLYING					is Pa	50			
					i				
트	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
8	resulting in death) LAST	d							
AL C	PART II. Other eignificant condition	e contributing to deeth be	ut not resulting i	In the underlying	Ceuse given in P	art I. 24a, WAS AN	MITTIPSV :	4b. WERE AUTOPSY FINDINGS	
101				, , , ,		PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDI						1 YES 2,	NO	OF DEATH?	
AN: N						-		1 TES 2 NO	
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF OEATH (Chec	k only one)			
YSICI	1 TES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outp	atient 3 DOA	OTHER: 4 Nursing Home	5 Residence 6	Other (Specify)			
РНУ	27. MANNER OF DEATH  1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIM	E OF 28c. INJU	JRY AT :	26d. DESCRIBE HOW IN	JURY OCCURED		
益	2 Accident Investigation				ES 2 NO				
9	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Spec	— A1 home, ferm, s	treet, factory, office		28t. LOCATION (Street as City or Town, State)	nd Number or Run	al Route Number,	
LET	29a. CERTIFIER		DE SUBSTIT	Evaluation and					
우미		CIAN: To the best of my knowl R: On the basis of examination							
≥				opinion, de	ear occurso at the III	rive, trete end piece, and	oue to the ceus	e(a) end manner as stated.	
COMPL					80- 110Free	- T			
BE	290. SIGNATURE AND TITLE OF CENTRAL				29c. LICENSE NUMB	806	29d. DATE SIGN	EQ (Month, Day, Year)	
ш		5			29c. LICENSE NUMB	806	≥ G	ED (Month, Day, Year)	
BE	290, BIGNATURE AND STILE OF CHILDREN	5			29c. LICENSE NUMB DZG	806	29d. DATE SIGN	ED (Morth, Day, Year) 1/7/53 VD 21742	



YEAR

USA

Specify:

white

3. TIME OF DEATH

a. BIRTHPLACE (State or Foreign

Maryland

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

1 YES 2 NO

21009

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 TYES 2 T NO

Bel Air, MD

Approximate

interval Between

Onset and Death

10:04pm

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2 20	DUVCICIANI
DIVISION OF ALL AL ALCOADS, P.O. DOA 50/50,	COTAL DO ATTENDING DUVERCIAN. The few requires that the death certificate he executed within
5	9
	POLITAI

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH June 24, 1993 ALICIA JOY HARRIS 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. (Month, Day, Year) 5/31/1993 25 1 🗌 M 2 🔯 F detached for use as the burial-transit permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1203 Brice Square DIRECTOR Belcamp Harford RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWN OR LOCATION Maryland Harford Belcamp FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1203 Brice Square Rd. 21017 the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1X Never Married 2 Married 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 0 n/a N/A 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumarne) Ħ Louie James Harris 3 filled in by the funeral director, page 5 should be Dawn Marie Baker BE retained notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Louie James Harris 1203 Brice Square Rd., Belcamp, Md. pe 20s. METHOD OF DISPOSITION
125 Burlel 2 Cremation 3 Removel from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must cometer, crematory of other place. Harford Memorial Gardens 6+26-93 Bel Air, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
HOWARD K. McComas III Funeral Home, P.A. rocoars 1317 Cokesbury Rd. Abingdon, Md. medicel 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 0 completely filled rial, cremation, o IMMEDIATE CAUSE (Final the disease or condition\_ Jarcho-Levin Syndrome resulting in death) event. Respiratory the attending physician and con Mental Hygiene prior to bun'al, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSCOUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST s been signed by the atten-pt. of Health and Mental I 3 shows any Injury, o PART il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMEO? 1 - YES 2 NO PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Hem certificate h HOSPITAL:
1 | Inpetient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 27 NO ng Home 5 Residence 8 - Other (Specify) 4 🗌 Nu 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) this c 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED Is marked, 1 Natural 5 Pending Investigati M 1 YES 2 NO After t death BY 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED DIRECTOR: A hours after of Item 28 is 4 Homicide 29e. CERTIFIER (Check only 1) CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated. FUNERAL I MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) and manner as stated. IMPORTANT 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER
1) 38 933 29d. DATE SIGNED (Month, Day, Year) 星星 1-15/17 6/25/93 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

S. Knight,

W.D.

32. RIGISTRANIS SIGNATURE PONDAR

Robert

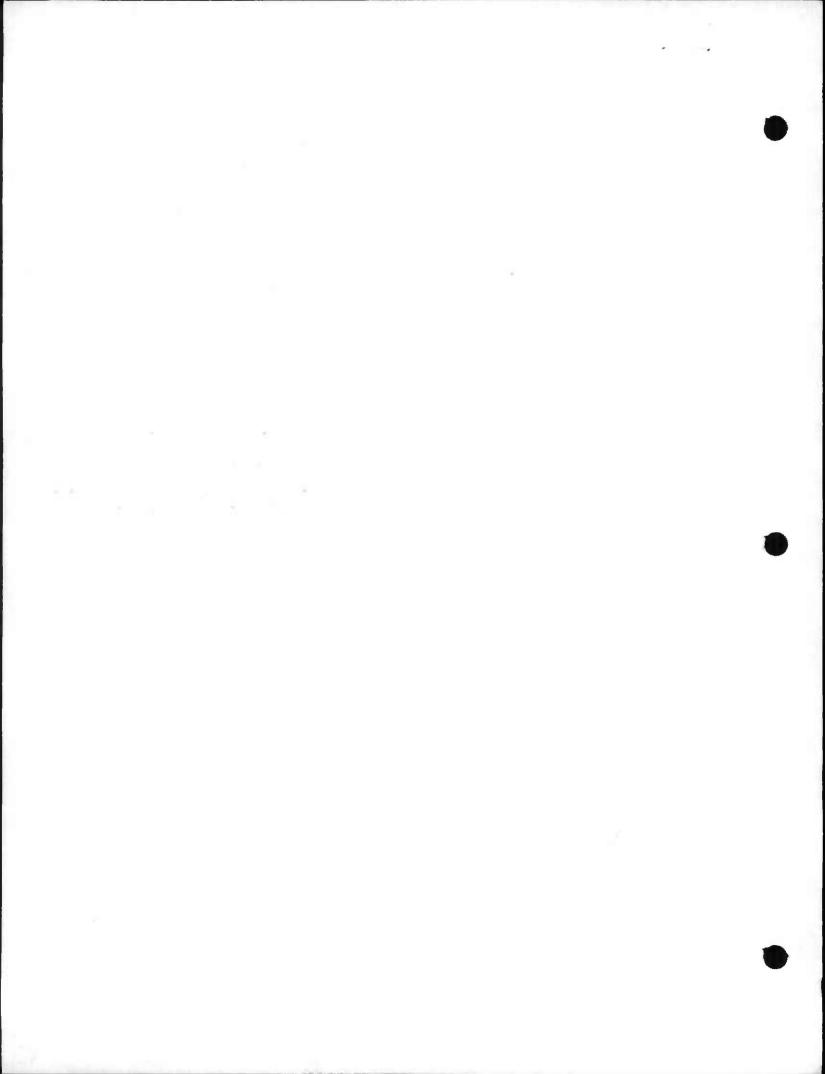
31. DATE FILEO (Month, Day, Mar)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

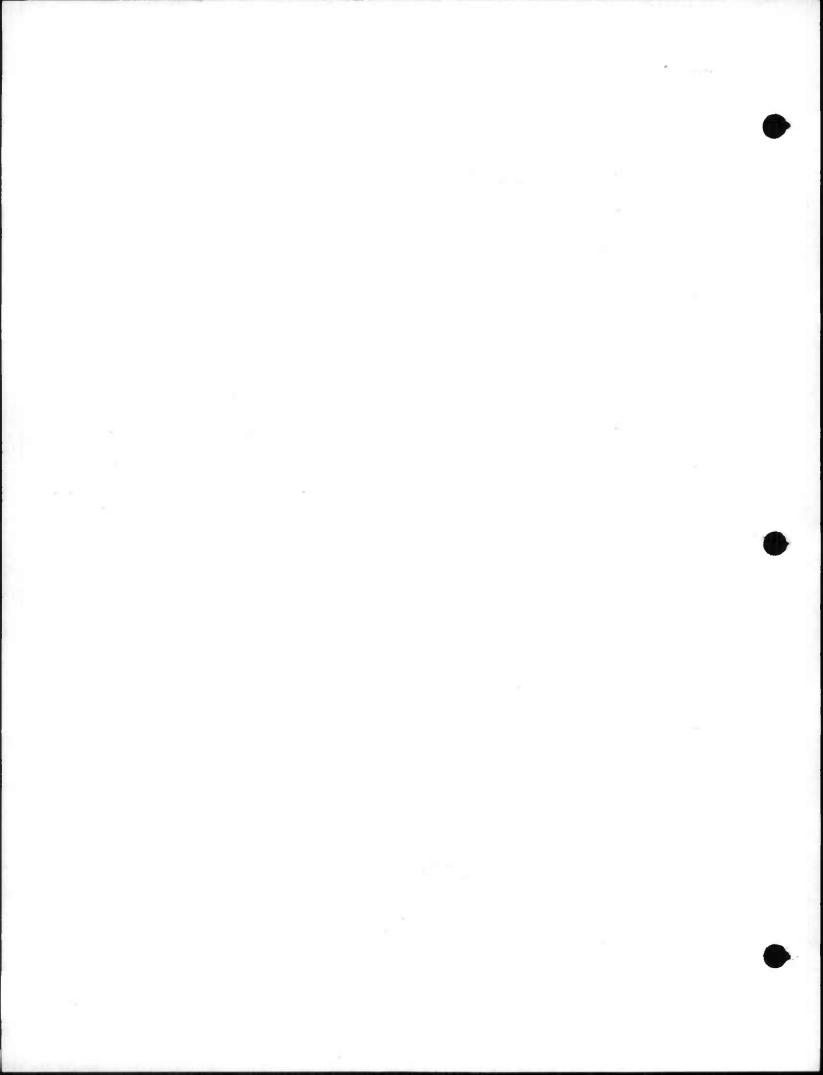
CERTIFICATE OF DEATH

104 Plustree RN. Ste 102

21015 DHMH-16 Rev 1/89

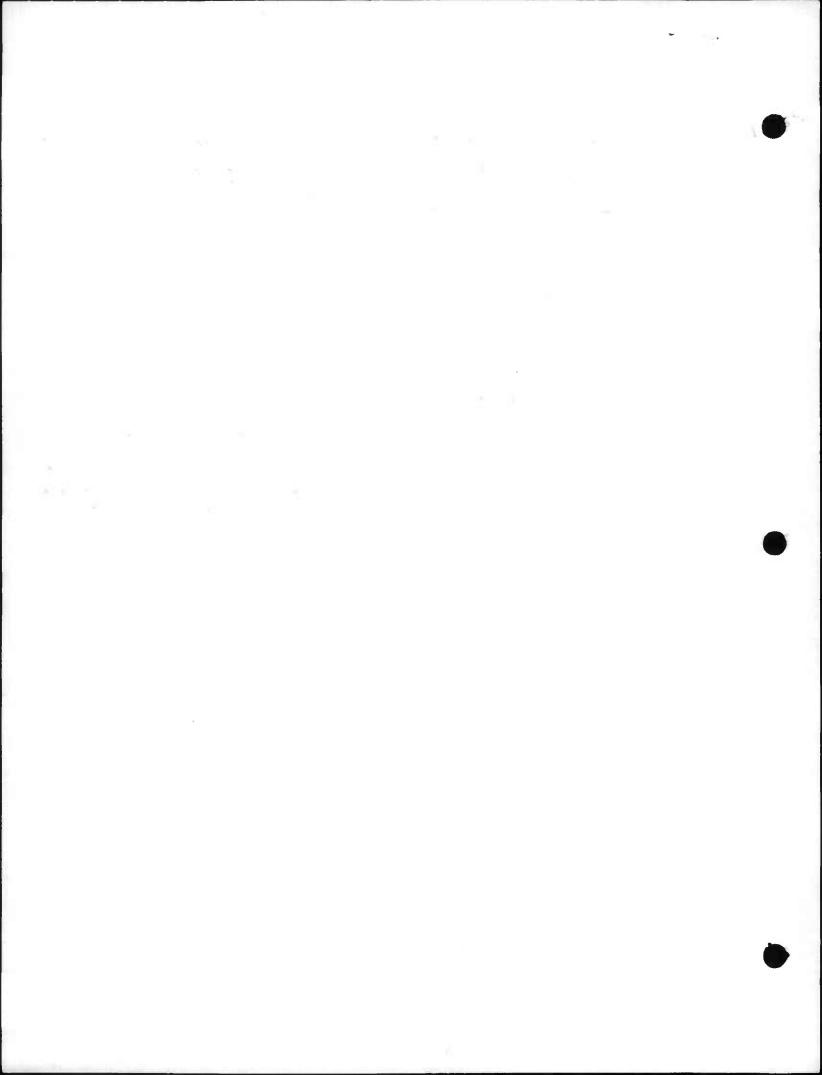


	1. DECEDENT'S NAME (First, Middle, Last)	1 11111		ICATE OF		REG. NO.	H	ranous
	Limette H	1 / / / / / Land	/.			DATE OF DEATH MONTH DA		TEAR 3. TIME OF
	4. SOCIAL SECURITY NUMBER	-	(In yrs. lest birthdey)	IF UNDER 1 YEAR		DATE OF BIRTH		L BIRTHPLACE (State
	538-52-9940	1 🗆 M 2 💢 F	44 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	29 V	Washingto
	9s. FACILITY NAME (If not institution, give				OR LOCATION OF DEATH		9c. COUNT	TY OF DEATH
CTOR	2116 Emmorton P	ark Road		Edge	wood		Ha	arford
111	10a. STATE 10b. COUN			TY, TOWN OR LOCA				10d, INSIDE
DIRI	Maryland Anne	Arundel	GLe	en Burni				1 TES
BAL	100 North Bend T	errace			n. ZIP CODE 1060		10g. CITIZE	EN OF WHAT COUNT!
FUNER	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DE	CENDENT OF HISPANIC (			14. RACE — American
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			pecify Cuban, Mexican, Pr S 2 NO Specify:	verto Rican, etc.)		Black, White, etc.  Specify:
ED B	15. DECEDENT'S ED	UCATION	16s DECEDENTS	S USUAL OCCUPAT	OM	16b. KIND OF BUS		White
1	(Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during muse retired.)	ost of working	1000000		STRY .
COMPL		4	House	ewite		Hom	E	<u></u>
	17. FATHER'S NAME (First, Middle, Last) William Orv	ille Pembert	on		18. MOTHER'S NAME (	First, Middle, Maiden :		
B	19s. INFORMANT'S NAME (Type/Print)	THE THINGS		G ADDRESS /Street	and Number or Rural Route			Code)
5	Robert S. Haagen:	son			nd Terrace			
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Description		.PLACE AND DATE	OF DISPOSITION (A			•	Ity or Town, State
	4 Donation 6 Other (Specify)		Holy Cro	ss Cemet		29 <b>–</b> 9β	Spoka	ane,Washi
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE			MCCOME		neral	Home D
	23. PART I. Enter the diseases, or	Ve Como	0 111	1317	Cokesbury I	Road, Abi	ngdon	, Md. 210
SATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Due to (or as	_	Suta OF):	feetien	4		Interv Onset
	Sequantially list conditions.	DUE TO (OR AS	A CONSEQUENCE O	OF):				
TIFICATIO	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	CDUE TO (OR AS	A CONSEQUENCE O	DF):				
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	cDUE TO (OR AS a	A CONSEQUENCE O	OF):				
MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d			ig cause given in Par	t I. 24a. WAS AN PERFORM. 1   YES 2	MED?	24b. WERE AUTOP AMAILABLE P COMPLETION OF DEATH? 1  YES 2
MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions to the condition of the condi	dns contributing to death i		In the underlying	ig cause given in Par	PERFORI	MED?	AMULABLE P COMPLETION OF DEATH?
SICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	dns contributing to death i	out not resulting	In the underlying		PERFORI	MED?	AMULABLE P COMPLETION OF DEATH?
MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  YES 2 \( \text{D} \) NO  27. MANNER OF DEATH	d	out not resulting	26. F OTHER: 4   Nursing Ho	LACE OF DEATH (Check of Management of Manage	PERFORI	NO NO	AMAILABLE P COMPLETION OF DEATH!
BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	HOSPITAL: 1   Inpetient 2   ER/Out  28a. DATE OF INJURY (Month, Day, Year)	patient 3 DOA	26. F OTHER: 4   Nursing Ho ME OF USEN W 1	LACE OF DEATH (Check of the state of the sta	PERFORI  1 YES 2  Only one)  Other (Specify) Add. OESCRIBE HOW IN	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMALABLE P COMPLETION OF DEATH? 1  Yes 2
ED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	d	patient 3 DOA 28b. Till IN	26. F OTHER: 4   Nursing Ho ME OF USEN W 1	LACE OF DEATH (Check of the state of the sta	PERFORI  1 YES 2  Only one)  Other (Specify) Add. OESCRIBE HOW IN	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMAILABLE P COMPLETION OF DEATH!
ETED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natura 5 Pending Investigation  3 Suicide 8 Could not be determined	HOSPITAL: 1 Inpetient 2 ER/Out 26a. PLACE OF INJURY building, etc. (Spe	patient 3 DOA 28b. Till IN 7 — At home, farm,	26. F OTHER: 4 Nursing Hol ME OF 28c. IN JURY M 1  street, fectory, offi	ALACE OF DEATH (Check of the control	PERFORI  1 YES 2  Only one)  (Other (Specify) Add. OESCRIBE HOW IN  LOCATION (Street a. City or Yown, State)	Augh Mary Occu	AMALABLE P COMPLETION OF DEATH? 1   YES 2
ETED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natura 5 Pending Investigation  2 Accident 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC)	HOSPITAL: 1   Inpatient 2   ER/Out 26a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY	patient 3 DOA 28b. Till IN	26. F OTHER: 4   Nursing Hol ME OF	LACE OF DEATH (Check of the state of the sta	PERFORI  1 YES 2  Other (Specify) Add. OESCRIBE HOW IN  LOCATION (Street a City or Town, State)	MED?  AND  AND  AND  AND  AND  AND  AND  A	AMALABLE P COMPLETION OF DEATH? 1   YES 2  JRED  A Rural Route Number, 1.
ED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natura 5 Pending Investigation  2 Accident 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC)	d	patient 3 DOA 28b. Till IN	26. F OTHER: 4   Nursing Hol ME OF	LACE OF DEATH (Check of the state of the sta	PERFORI  1 YES 2  Other (Specify) A.  d. OESCRIBE HOW IN  City or Town, State)  he cause(s) and mans, date and place, and	MED?  AND  AND  AND  AND  AND  AND  AND  A	AMALABLE P COMPLETION OF DEATH? 1   YES 2  JRED  A Rural Route Number, 1.



	INFO R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	MECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	🕝 urs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	that the death certifica	ed by the attending phy	th and Mental Hygiene	any injury, or other
	SIAN: The law requires	rtificate has been sign	he State Dept. of Heal	or item 23 shows
	LINE ATTENDING PHYSIC	. MRECTOR: After this ce	wurs after death with the	Minm 28 is marked,
۳	E.	æ,	83	78.

	1 - FOR STATE REGISTRAR	STATE OF MA	ARYLAND / Ci	DEPAR	TMENT	OF H	EALTH A	AND M H	IENTA	REG. NO	- 1	3	94	88	
1	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH		3.	TIME OF D	EATH	-
	ELMER GEORG	GE HAGE	R JR.						MONT		1993	YEAR 8	:15	A.	М
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. les	st birthday)	IF UNDER		IF UNDER 24		2 047%	OF BUREAU :		BIRTHPL	ACE (State o		
	218-18-3117	1 XM 2   F	68	YRS.	MONTHS	DAY8	HOURS	MIN.	Jan.	26,1	925	Mar Mar	yland	l	
	9a. FACILITY NAME (If not institution, give						R LOCATION				9c. COUNT	Y OF DEAT	TH	-	
DIRECTOR	1127 Clover Vall	ley Way	M. M			Edge	boow				Ha	rfor	d		
5	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	Y		10c CTT	r, TOWN O	O LOCATI	IOM								
E		arford		Edge			ION						d. INSIDE (		
	10e. STREET AND NUMBER	IL LOI G		page	WCCC		ZIP CODE				T 40. OFFITT		YES 2	ZX.	_
RA	1127 Clover Val	llev Wav				101.	2104	10			109. CITIZE		U COUNTR	77	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN II S AR	MED	12.1	MS DECS	CENDENT OF HISPANIC ORIGIN? (Specify Ves or No.   14. RACE — American						_		
	1 Never Married 2 🔀 Married	FORCES? 1	YES 2 X		1	f yes, spe	cify Cuban,	Mexican,			8 OF NO- 1	Black, V	White, etc.	ndlen,	
ВУ	3 Widowed 4 Divorced	IF TES, GIVE HALF	OR DAILS			☐ YES	2 🙀 NO	Specify:				Specify:	ite		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION COMPLETE	16a. DE	CEDENT'S	USUAL OC	CUPATIO	N st of working		16b	KIND OF BU	SINESS/INDUS				
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	. Do NOT us	e retired.)		st or working								
MP	8			Shea	armai	n				Ste	e1				
00	17. FATHER'S NAME (First, Middle, Last)						18. MOTHE	R'S NAM	E (First,	Middle, Maider	Sumame)				
BE		lager, Sr.					Mary	Lo	ouis	e Ke	ller				
TO E	19a. INFORMANT'S NAME (Type/Print)		190	6. MAILING	ADDRESS	(Street an	nd Number o	r Aunal Ro	oute Num	ber, City or Tox	vn, Stete, Zip C	ode)			
-	Dorothy Hager			1127	Clo	ver v	Valle	y Wa	ay,	Edgewo	ood, M	1. 27	L040_		
	20a METHOD OF DISPOSITION  Burial 2 Cremation 3 Rem	noval from State	20h PLACE	ANDDATED	FNISPOS	TION /Nor	me of		DAT	E 200 L	CATION — CH				
	4 Donation 5 Other (Specify)		Bel A	ur Me						<b>-</b> 93	I	Bel 1	ir,	Md.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE					D ADDRESS			TTT	Funera	1 1100	mo T	7\	
	Howard K	Mr CA	ma	2 111							bingdo				
	23. PART I. Enter the diseases, or	complications that o	caused the de	eath. Do n	ot enter	the mod	de of dyln	g, such	aa can	liac or resp	iratory arres	it,	Approx		
	shock, or heart failure.  IMMEDIATE CAUSE (Final	List only one ceuse	on each line										Interva Onset	Betwee	
- 1															
	disease or condition	cu	e.		~~		7							and Dec	
	disease or condition resulting in death)	Ceu	AL A CONSE	QUENCE OF	~~	ب	7		_						
Z	resulting in death)	OUE TO 10	olce FI AS A CONSEC ento	QUENCE OF	2	ن	La	. la		0					
TION	resulting in death)  Sequentially list conditiona, if any, leading to immediate	ben	R AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION	ucu	e_	نب	7 In	l		e	<u> </u>				
ICATION	resulting in death)  Sequentially list conditions,	DUE TO (O	R AS A CONSEC	OUENCE OF	<u>l</u> ):	-	7 In	l		<i>e</i>					
TIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (O	ento	OUENCE OF	<u>l</u> ):	es"	7 In	l		<i>e</i>					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (O	R AS A CONSEC	OUENCE OF	<u>l</u> ):	-	7 In	l		ę					
AL CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (O	R AS A CONSEC	OUENCE OF	); );	derlylng	Jan Jan Jan Jan Jan Jan Jan Jan Jan Jan	l.	art I.	24a. WAS AF		24b. W	ERE AUTOPS		38
AL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (O  c. DUE TO (O  d	R AS A CONSEC	OUENCE OF	); );	deriying	J cause give	ven in P	Part I.	PERFO	RMED?	AN CC	MILABLE PR	Y FINDING	
AL	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (O  c. DUE TO (O  d	R AS A CONSEC	OUENCE OF	); );	deriying	da cause glv	l.	Part I.		RMED?	CC	MPLETION DEATH?	Y FINDING OR TO OF CAUSE	
AL	resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition	b. DUE TO (O  c. DUE TO (O  d	R AS A CONSEC	OUENCE OF	); );	derlyIng	de de la cause glu	Ven In P	art I.	PERFO	RMED?	CC	MILABLE PR	Y FINDING OR TO OF CAUSE	
AL	resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  Adduction  25. WAS CASE REFERRED TO MEDICAL	b. DUE TO (O  c. DUE TO (O  d	R AS A CONSEC	OUENCE OF	); );				_	PERFO	RMED?	CC	MPLETION DEATH?	Y FINDING OR TO DF CAUSE	
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AL	resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition death.	b. DUE TO (O  c. DUE TO (O  d	R AS A CONSEC	OUENCE OF	OTHER	26. PL/i l: ling Home 28c. INJU	ACE OF DEA	ATH (Chec	ck only or	PERFO  1 YES:	RMED?	AN CC OF	MPLETION DEATH?	Y FINDING OR TO DF CAUSE	
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BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions  Examiner?  1 Yes NO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES NO  27. MANNER OF DEATH  1 Metural 5 Pending Investigation  3 Suicide 8 Could not be determined	b. DUE TO (O c. DUE TO (O d,	R AS A CONSECT R AS A	DOA 28b. TIME	OTHER 4   Nurse OF JRY M	26. PLJi: sing Home 28c. INJU WOF 1  Y Ory, office	ACE OF DEA	ATH (Checo	Othe	PERFO  1 YES:  F (Specify)  CRIBE HOW  ATION (Street or Town, State	RMED?  INJURY OCCU	RED Rural Rout	MILABLE PR MIPLETION : DEATH? YES 2	Y FINDING OR TO DF CAUSE	
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COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES NO  27. MANNER OF DEATH  1  Metural	DUE TO (O  C. DUE TO (O  d,	R AS A CONSECTOR AS A	DOUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE O	OTHER 4   Nurse OF JIHY M   M   d at the tit	26. PLJ: 1: Sing Home 28c. INJL WOF 1 Yory, office	ACE OF DEA	ATH (Chec idence 6 NO	Other 28d. LOC City  other came, date	PERFO  1 YES:  (Specify)  CRIBE HOW  ATION (Street or Town, State  set(s) and ma	RMED?  INJURY OCCU  and Number or  onner as stated and due to the o	RED Rural Rout	REABLE PROPERTIES OF THE PROPERTY OF THE PROPE	Y FINDING OR TO DPF CAUSE  NO  No	
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO (O  C. DUE TO (O  d,	R AS A CONSECTOR AS A	DOUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE O	OTHER 4   Nurse OF JIHY M   M   d at the tit	26. PLJ: 1: Sing Home 28c. INJL WOF 1 Yory, office	ACE OF DEA	ATH (Checidence 6 NO ::	Other 28d, LOC City  other came, date	PERFO  1 YES:  (Specify)  CRIBE HOW  ATION (Street or Town, State  set(s) and ma	RMED?  INJURY OCCU  and Number or  nner as stated and due to the a	RED  Rural Roul  Cause(a) as	MALABLE PROMPLETION IN DEATH?  YES 2  Number,  Indianante of the manner	Y FINDING OR TO DPF CAUSE  NO  No	
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	b. DUE TO (O  c. DUE TO (O  d	R AS A CONSECT R AS A	OUENCE OF OUENCE OF resulting in 28b. Time investigation	OTHER 4   Nurse FOF JRY M treet, factor d at the ti	26. PLJ: 1: Sing Home 28c. INJL WOF 1 Yory, office	ACE OF DEA	ATH (Chec idence 6 NO	Other 28d, LOC City  other came, date	PERFO  1 YES:  (Specify)  CRIBE HOW  ATION (Street or Town, State  set(s) and ma	RMED?  INJURY OCCU  and Number or  nner as stated and due to the a	RED Rural Rout	MALABLE PROMPLETION IN DEATH?  YES 2  Number,  Indianante of the manner	Y FINDING OR TO DPF CAUSE  NO  No	
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE	DUE TO (O  C. DUE TO (O  d	R AS A CONSECT R AS A	DOA 28b. TIME INJUDICE OF INVESTIGATION	OTHER 4   Num E OF JRY M treet, factor	26. PLJ	ACE OF DEA	ATH (Checidence 6 NO ::	Other 28d, LOC City  other came, date	PERFO  1 YES:  (Specify)  CRIBE HOW  ATION (Street or Town, State  set(s) and ma	RMED?  INJURY OCCU  and Number or  nner as stated and due to the a	RED  Rural Roul  Cause(a) as	MALABLE PROMPLETION IN DEATH?  YES 2  Number,  Indianante of the manner	Y FINDING OR TO DPF CAUSE  NO  No	
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES   NO  27. MANNER OF DEATH 1   Metural   5   Pending Investigation   1   Nonlicide   1   Nonlicide   1   Nonlicide   1   Nonlicide   1   Nonlicide   2   No	DUE TO (O  C. DUE TO (O  d	R AS A CONSECT  R AS A CONSECT	DOA DOA 28b. TIME INJ.  DOA 128b. TIME INJ.  DOT 100 INJ.  DOA 120 INJ.  DOA 120 INJ.  DOA 120 INJ.  DOA 120 INJ.	OTHER 4   Num E OF JRY M treet, factor	26. PLJ	ACE OF DEA	ATH (Checidence 6 NO ::	Other 28d, LOC City  other came, date	PERFO  1 YES:  (Specify)  CRIBE HOW  ATION (Street or Town, State  set(s) and ma	RMED?  INJURY OCCU  and Number or  nner as stated and due to the a	RED  Rural Roul  Cause(a) as	MALABLE PROMPLETION IN DEATH?  YES 2  Number,  Indianante of the manner	Y FINDING OR TO DPF CAUSE  NO  No	



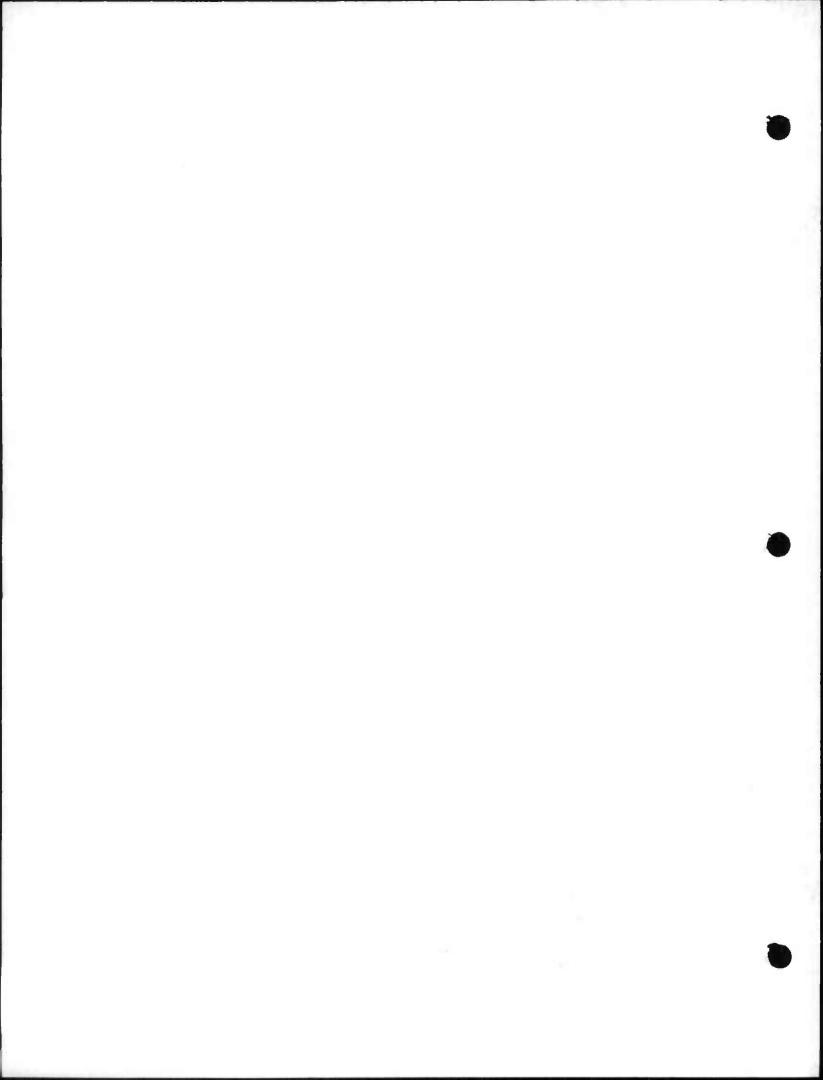
BALTIMORE, MARYLAND 21215-0020	rSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit page 1.2.3 should	n, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MISSIEM WE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE PARTY INTECTOR: After this certificate has been signed by the attending physician and completely file	be the summar it boars after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

											9	3	1948	9
	1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND /	DEPAR	TMEN	T OF H	EALTH DEAT	AND	MENTAL	HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH		571772	3. TIME OF DEA	тн
	Mary	Alice	HAI	RLEY					Jun	e 1º	î, 19	993	-00.	
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. las	t birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE C	F BIRTH			HPLACE (State or F	oreian
	214-10-4294A	1 🗌 M 2 🔯 F	76	6 YRS.	MONTHS	DAYS	HOURS	MIN.	Marc	h 25,	1917	Count		
	9a. FACILITY NAME (If not institution, give si	reet and number)			9h CIT	Y TOWN (	OR LOCATIO	ON OF D		11 23,		INTY OF D	-	
DIRECTOR	17812 Pin Oak R				32.0		gerst		LAIN				ington	
D C	10a. STATE 10b. COUNTY			I 10c CIT	Y TOWN	OR LOCAT	ION						10d, INSIDE CIT	
=	Maryland Was	hington				ersto							LIMITS?	
	10e, STREET AND NUMBER						ZIP CODE						1 _ YES 2 X	NO
FUNERAL	17812 Pin Oak Ro	ad				101		740				J.S.A	WHAT COUNTRY?	
5	11. MARITAL STATUS	12. WAS DECEDENT ET			13.	WAS DEC	ENDENT O	F HISPAN	NC ORIGIN	(Specify Yes	or No-		E — American Indi	lan,
ВУБ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR		40			2 X NO	Specify	in, Puarto Ri y:	Ican, etc.)		Spec	k, White, etc. white	:e
ב	15. DECEDENT'S EDUC	CATION	16a, DE	CEDENT'S	USUAL C	OCCUPATIO	ON .		16b.	KIND OF BU	SINESS/IN	DUSTRY		
ш	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Gi	ive kind of a Do NOT us	work done e retired.)	during mo	st of working	g						
7	0-11	College (1-4 of 5 +)		ho	user	wife								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						10 MOTH	ED'S NA	ME (First M	iddle, Malden	Cumamat			
	The state of the s	er Woerner	_				!			Davi	,			
2	19a, INFORMANT'S NAME (Type/Print)	CL WOCLIICI	_			- Property								
2	Mr. B. Theodore H	0210	4							er, City or Tow			1 017/	^
		ariey						α, ι		stown				.0
	20a. METHOD OF DISPOSITION  1  Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from Stata	cometery, cre Cedal					ark	6-1		cation — erst		<sub>wn, Stata</sub> Marylan	ıd
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	4						CILITY				al Home	
	DAXI	mm.		//	4	15 Ea	ast W	ilso	on B1				vn, MD 2	
4	2004/	1141	nn	un									vii, 1110 2	1740
	23. PART I. Enter the diseases, or c ahock, or heart failure. I	omplicationa that ca list only ona cause	uaad tha da on aach iina	ath. Do r	ot anta	r tha mo	da of dyle	ng, suc	h aa cardi	ac Dr raap	retory ar	reat,	Approxim	
	IMMEDIATE CAUSE (Final	,,		•									Onset and	
	disease or condition resulting in death)	Sa	a 11	1-	11	6	A- 0	6	ncco				1111	
	Todatti,	DUE TO (OR	AS A CONSEC	DUENCE O	F):		J	-	100	-			140	9/-
z														
2	Sequentially flat conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEC	DUENCE OF	F):							_	+	
₹	cause. Entar UNDERLYING													
	CAUSE (Disease or Injury that initiated events	DUE TO (OR	AS A CONSEC	DUENCE OF	7:									
CERTIFICATION	resulting in death) LAST													
5		•											-+	
1	PART II. Other algnificant conditions	contributing to date	ath but not r	anulting I	n tha u	ndarlying	cauaa g	iven In	Part I.	24a. WAS AN PERFOR		24b	. WERE AUTOPSY F	
3										1 TYES 2	-		AVAILABLE PRIOR COMPLETION DF	
									_	1 123 2	E 140		OF DEATH?	
									- 1				1 YES 2	NU
1	25. WAS CASE REFERRED TO MEDICAL					26 94	ACE OF OF	ATM (Ob.	eck only one					
FRISICIAN. MEDICAL	EXAMINER?	HOSPITAL:		57.00	OTHE	R:		_		<u> </u>				
	27. MANNER OF DEATH	1 Inpatient 2 I ER						Ildence	a 🗌 Other					
	1- Natural 5 Pending	(Month, Day, Y		28b, TIM INJ	URY		RK?		28d. DESC	RIBE HOW I	NJURY OC	CUREO		
5	2 Accident Investigation			L	М		ES 2	NO		_				
9	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF IN building, alc.	JURY — Al hoi (Specify)	me, tarm, s	street, fac	tory, office				TION (Street of Town, State)		r or Rural I	Route Number,	
	Getermined													
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	DIAN: To the best of my	knowledge, de	eth occurre	d at the	time, date	and placa,	and dua	to the caus	e(a) and me	mer aa ste	ted.		
5	one) 2 MEDICAL EXAMINER												i) and manner as s	stated.
- 11	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE							
	mil 10	m. L.		11-	1					İ	29d, DAT		(Month, Day, Year)	
2	30 NAME AND ADDRESS OF BERGON WHO	1 miles		111	<u>/·</u>		U	116	61			6.	14.93	

MCCOLMACK
32: REGISTRAR'S SIGNATURE
Danies Rudell

DATE FILED (Month, Day, Year)

Rd.

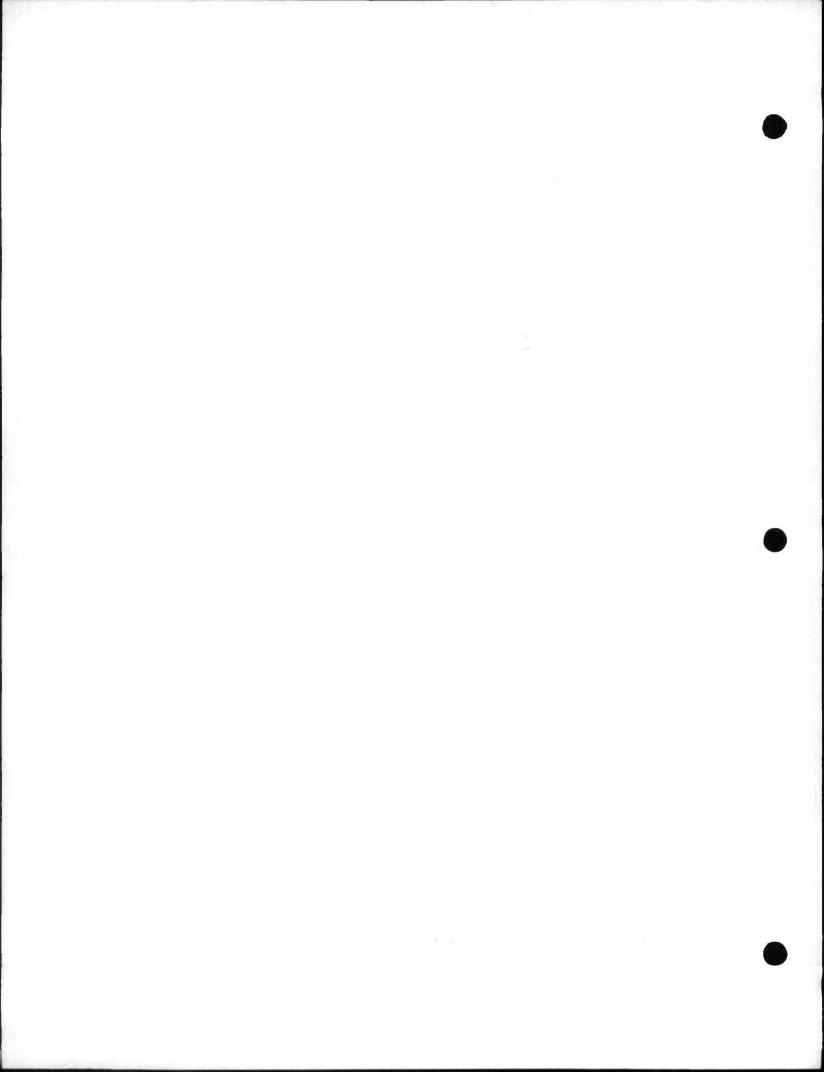


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	Marie	F.	Н	AWKS		MON			YEAR 3	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthda	y) IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE	ne 23,	1993	. BIRTHPL	11:30 P.  ACE (State or Foreign
	218- 34- 3461	1 🗌 M 2 💢 F	70 YRS	MONTHS DAY	B HOURS MIN.	July	27, 19	922 W	ash.	Co., Md.
_	Sa. FACILITY NAME (If not institution, give				N OR LOCATION OF	DEATH		9c. COUNT	Y OF DEA	ТН
CTOR	20934 San Mar R	d.		Boo	nsboro			Wash	ingt	on
REC	10a. STATE 10b. COUNT	TY	10c.	CITY, TOWN OR LO	CATION				10	Dd. INSIDE CITY
5		shington		Boonsbo	ro				1	LIMITS?
34	10e. STREET AND NUMBER				101. ZIP CODE					AT COUNTRY?
NER	20934 San Mar									
BY FUN	1 Never Married 2 Married FORCES? 1 FYES, GIVE WAR		YES 2 NO If yes, specify Cuban, Mexic			an, Puerto	N? (Specify Yes Rican, etc.)	s or No	Black, \	- American Indian, White, etc. White
	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)		T'S USUAL OCCUPY of work done during		16	b. KIND OF BUS	SINESS/INDUS	STRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Nurses	T use retired.)			Nursin	g Home	}	
BE CO	17. FATHER'S NAME (First, Middle, Last)  David L. Grif	fith			16. MOTHER'S N	e G	reenwa:	lt		
2	John E. Hawk	s	2093	4 San Ma			boro, I	Md.	2171	
	20a. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Rer	novel from State	206. PLACE AND DA			-26-		CATION - CH		
- 1	4 Donation 5 Other (Specify) Cedar Lawn Mem. Park 6-26-93 Hagerstown, 21. Signature of Funeral Service Licensee									
- 1	A119.02	John H.	Bast, Jr		ST FUNERA		MIT.			tional P Maryland
	23. PART Enter the diseeses, or	complications that ca	used the death. D	o not enter the	mode of duing eu	<b>a</b> b <b>a</b> a <b>a</b> a				Approximate
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b	AS A CONSEQUENCE	: OF)(_	nel p	ch	LS			8 m
CERTIFI	that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEDUENCE OF):  d									
- 11	PART II. Other algnificent condition	ns contributing to dee	th but not resultin	g in the underly	ring ceuse given le	n Part I.	24a. WAS AN		24b. W	ERE AUTOPSY FINDIN
V: MEDICAL							PERFOR		0	MAILABLE PRIOR TO OMPLETION OF CAUSI F DEATH?
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C	heck only o	ne)			
<b>&gt;</b> III	1 □ YES 2 ☑ 10	1 Inpatient 2 ER		OTHER:	ome 5 Residence	6 🗆 Oth	er (Specify)			
ВУ РН	27. MANNER DE BEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, N	ear)	M 1	INJURY AT WORK?  YES 2 NO	28d. DE	DESCRIBE HOW INJURY OCCURED			
ETE	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN- building, atc.	JURY — Al home, feri (Specify)	n, street, fectory, o	ffice	28f. LO	CATION (Street e or Town, State)	and Number or	Rural Rou	te Number,
COMPLET		ER: On the basis of exami								nd manner as stated
BE O	290. SIGNATURE AND TITLE DF CERTIFIE	R			29c. LICENSE NO	MBER		29d. DATE S	SIGNED (M	lonth, Day, Year)
2	Julle 1	U.A	ms		2 D	365	23	6	15	5/93
	od NAME AND ADDRESS OF PERSON W	2 (CASS	III-m	rpe, Print)	99 110	wel	e p	L L.	tere	rstower
	JUN 25 1993	32. REGISTRIAN'S	SIGNATURE							mel

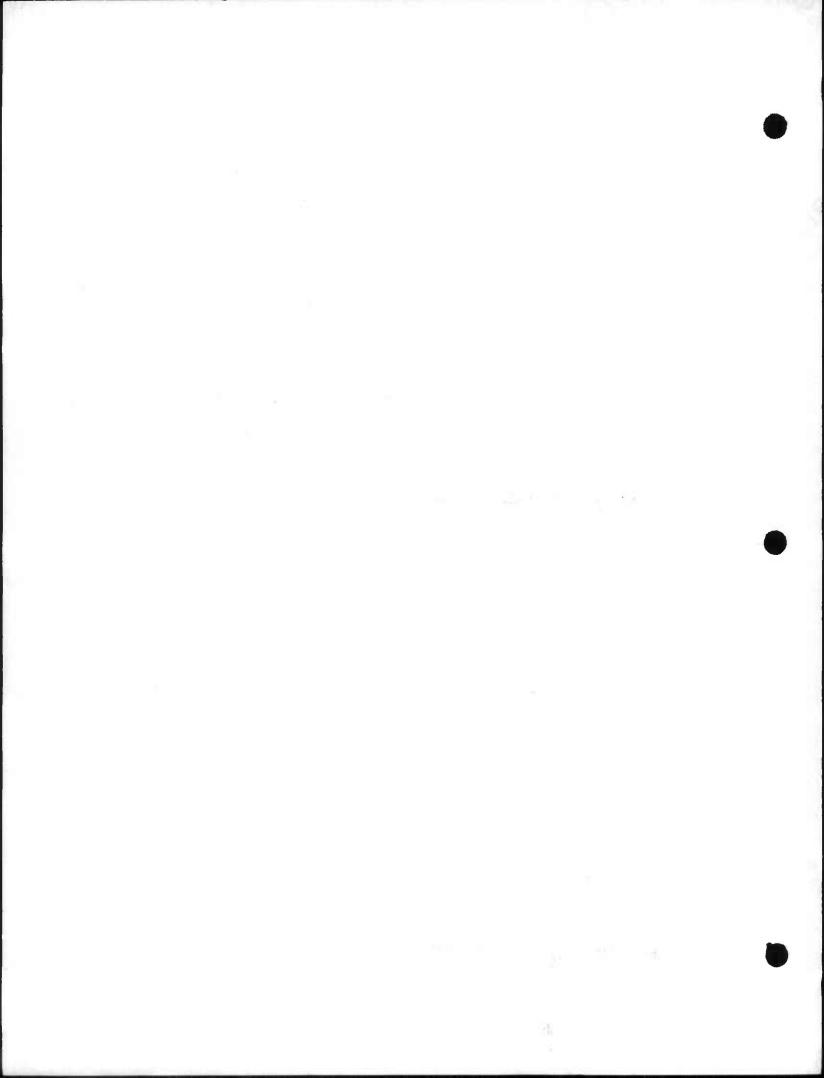
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) Lester	Wi:	lliam	Ha	rden	2. DATE OF DEATH	4 4	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 236-44-2576	5. SEX 6. AGE	(In yrs. last birthday) 62 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) March 8,	1931 W	BIRTHPLACE (State or Fore Country) est Virgini	
~	9e. FACILITY NAME (If not institution, give e			96. CITY, TOWN C	R LOCATION OF DE		9c. COUNTY		
DIRECTOR	Washington County	y Hospital		Hagerstown   Washington					
Ä	10e. STATE 10b. COUNT		10c, CIT	Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?	
	Maryland Washi	ington		Hanco				YX YES 2 N	
ERA	136 East Main St	reet		101	. ZIP CODE 2175	n	2.17.	S.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes		RACE American Indian	
7	1 Never Married 2 Married 3 Divorced	FORCES? 1 YES	ATES		2XXNO Specify	n, Puerto Rican, etc.)		Specify: White	
	15. DECEDENT'S EDU		16a. DECEDENT'S	USUAL OCCUPATION	ON .	16b. KIND OF BUS	SINESS/INDUST		
COMPLET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of v	work done during mose retired.)	st of working		Govern		
ě	12 17. FATHER'S NAME (First, Middle, Lest)		Electro	onics med				rmy Depot	
	James	Albert	u-	arden	18. MOTHER'S NA Mary	ME (First, Middle, Meiden Elizab		Shriver	
O BE	19e. tNFORMANT'S NAME (Type/Print)	Albert				Poute Number, City or Tow			
٩	Eleanor D. Harde						21750		
	20e, METHOD OF DISPOSITION  1 Deputies 2 Cremation 3 Rem	ovat from State 20b	PLACE AND DATE O	OF DISPOSITION (Na thar place)	-Cemeter	DATE 20c. LO	CATION — City	or Town, State	
	41 Donation 5 Other (Specify)	ENSEE	Mt. Pleas	sant U.M.	Church  O ADDRESS OF FA	6/21/93	Berkel	ey Springs	
	> books C	Server	L MO052	Hels	ley-John:	son Funera		, Inc. prings, WV	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):		home		1140	
EDICAL C	PART II. Other algnificent condition	s contributing to deeth b	ut not resulting i	n the underlying	ceuee given in	Part i. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FIN MAILABLE PRIOR TI COMPLETION OF CA OF DEATH?	
Σ						_		1   YES 2   NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Che	nck only one)			
YSI	1_ YES 2	HOSPITAL:	atient 3 DOA	OTHER: 4 - Nursing Home	5 Residence	6 Other (Specify)			
PHY	27. MANNER OF DEATH  1 Netural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	28b. TIMI	URY WOI	RIK?	26d. DESCRIBE HOW II	URY OCCUR	D	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, term, a		ES 2 NO	261, LOCATION (Street e City or Town, State)	and Number or R	tural Route Number,	
COMPLETE		CIAN: To the best of my know							
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	10,	1.) m	Λ	29c. LICENSE NUM			GNED (Month, Day, Year)	
H	30 MAME AND ADDRESS OF PERSON WHO	S III	ATH (ITEM 27) (Type,	Print) 79	9/101	well Re	l 14	equitor	
	31. DATE FILED (Month, Day, Year)	12 HEGISTRAR'S SIEN	ATURE					mel	



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

burial-transit permit. Pages 1, 2, 3 should must be notified at once. examiner medical the event, marked, or Item 23 shows any Injury, or other traumatic 28 Is TO THE FUNERAL DIRECT De fied within 72 hours at IMPORTANT: If Item 2 THE HOSPITAL DI

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A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	the set
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E	2	aft
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CE	CL.	- 23

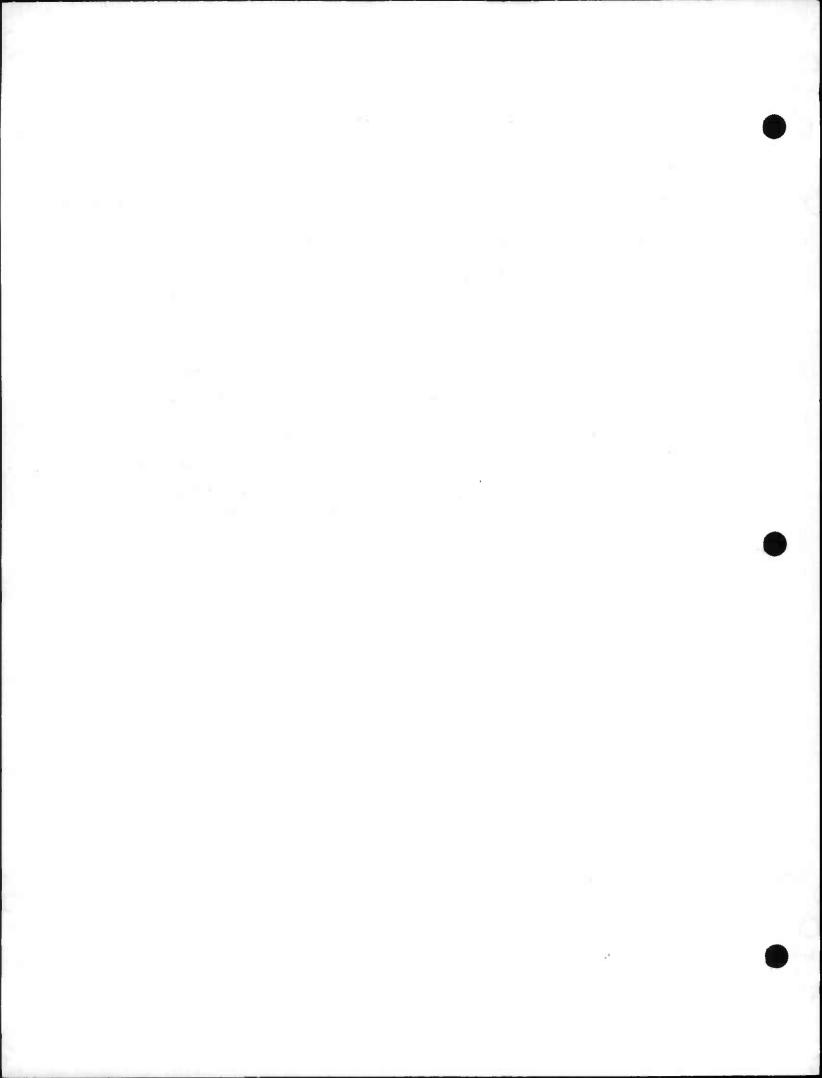
1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Hoover Mary 3. TIME OF DEATH Rose 3:10 Mar toove 7. DATE OF BHITH MARCH 17, Day (1917) 1920 4. SOCIAL SECURITY NUMBER 5. SEX 6 AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 215-14-1690 73 DAYS 1 - M 2 XF YRS. Maryland 9s. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Washington County Hospital Hagerstown Washington RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington Hagerstown XYES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE log. CITIZEN OF WHAT COUNTRY? West Baltimore Street 21740 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 Never Married 2 Married В 3 🔀 Widowed 4 🗌 Divorced 1 TYES 2 NO Specify: White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 8 Presser Hagerstown Laundry 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Franklin BE Hull Nanny Mc Comas Stull 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 25 Howard L. Gross Sunset Avenue, Williamsport, 21795 Md. 20s. METHOD OF DISPOSITION

| Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | Grant | 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Rose Hill Donation 5 Other (Specify) "Cemetery O6-24-9β Hagerstown,Wash.,M₫. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Andrew K. Coffman Funeral Home, Inc. R. hoel-Antietam St., Hagerstown, Md. 21740 23. PART I. Enter the diseases, or complications that seused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, Approximate ehock, or heert failure. List only on each ilne. Interval Between Onset and Death IMMEDIATE CAUSE (Fine) diseese or condition resulting in death) DUE TO HAS A CONSEQUENCE OF neumong BY PHYSICIAN: MEDICAL CERTIFICATION Sequenticity list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PARY II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AWARABLE PRIOR TO 24s. WAS AN AUTOPSY COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? Restora DU 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: lent 2 - EN/Outpetient 3 - DOA me 5 - Residence 6 - Other (Specify) 4 Num 27. MANNER OF DEATH 28s. DATE OF INJURY (Mooth, Day, Thar) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending I YES I NO 2 Accident Investigation 3 Suicide 38e. PLACE OF INJURY — At home, tarm, street, factory, office building, etc. (Specify) 28F. LOCATION (Street and Number or Rurel House Number, City or Teen, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or im ation, in my opinion, death occured at the time, deta and place, and due to the cause(s) and manner as stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) euhen 8 6 2 HO COMPLETED CAUSE OF DEATH ITTEM gentowa 82 avam

32. REGISTRAR'S SIGNATURE

his Sanden Rudell

JUN 24



Pages 1, 2, 3 should

Dermit.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

I THEN MY DIT ALLENDING PRINCIPLY THE TAW REQUIRES THAT THE DESIGN CERTIFICATE DE EXECUTED WITHIN ZAMOUTS ARET DESTIT. PAGE 5 May be retained by the hospital or attending physician.	TO THE PUREMAL DIRECTOR: After this certificate has been signed by the attending physician and complicitly filled in by the funeral director, page 5 should be detached for use as the burial-transit	and with mineral to hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-	THE R.	to filed w	MPORTA
	8	40	-

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH -BABY-BOY-YEAGY **ИОМТН** 19 1993 Joshua Neal HULL 2:32 D M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Jun. 19, 1993 8. BIRTHPLACE (State or Foreign Country) 1 M 2 F DAYS HOURS 0 Maryland 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH THE JOHNS HOPKINS HOSPITAL DIRECTOR BALTIMORE CITY BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington Hagerstown 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21740 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 - Married BY IF YES, GIVE WAR OR DATES SpecifyWhite 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) 0 0 N/A N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Teresa BE Edward Taylor John 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Terry Taylor 10612 Honeyfield Rd. Williamsport, MD 21795 20a. METHOD OF DISPOSITION

1 Surial 2 Cremation 3 Removal from State

4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State cemetery, cramatory or other place)
Green Lawn Memorial Park Jun. 24, 1993 Williamsport, MD 21795 21. SIGNATURE OF FUNITIAL SERVICE LICENSITE 22. NAME AND ADDRESS OF FACILITY OSBORNE FUNERAL HOME P.O.Box # 348 Williamsport, MD 21795 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximata rock, or heert fallure. List only one ceuse on each line. intervai Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition Prematurity resulting in death) OUE TO (OR AS A CONSEQUENCE OF): Hypoplasia ulmonary MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1/2 Jnpetient 2 - ER/Outpetient 3 - DOA OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 YES 2 NO 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF GEATH 28b. TIME OF 28c. INJURY AT WORK? 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) ETED. 3 Suicide 6 Could not be 4 Homicide 29a. CERTIFIER
(Check only one)

2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and dus to the cause(s) and menner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Daniel higrin, MD. 6/19/93 2

600 N. WOLFE ST.

BALTIMORE, MD

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

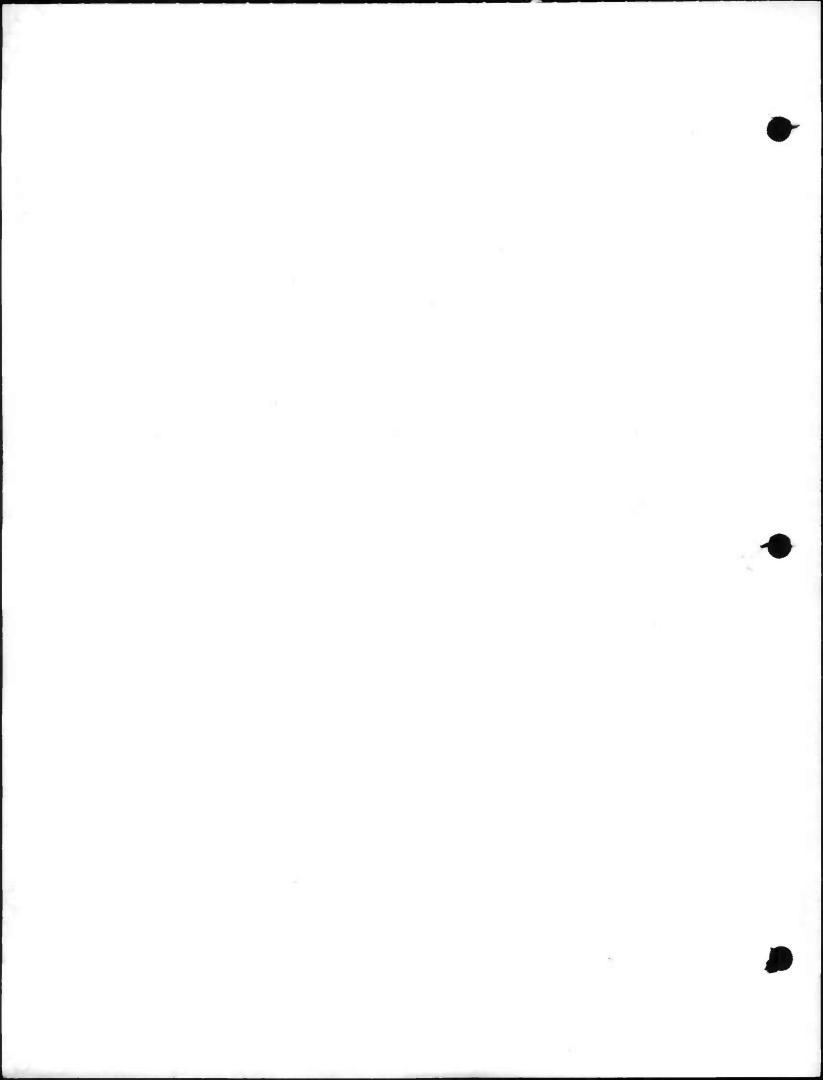
32. REGISTRAR'S SIGNATURE

new Danden-Randall

DANIEL NIGRIN, MD

JIIN 25 1993

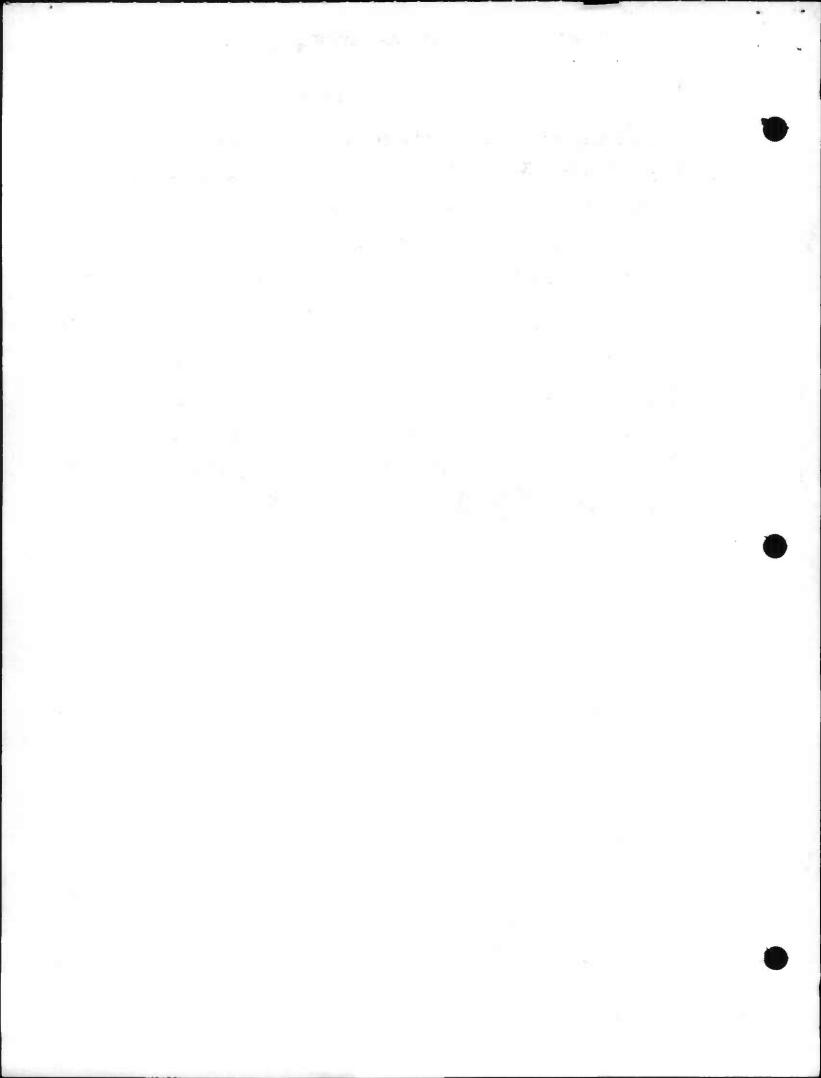
31. DATE FILED (Month, Day, Year)



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGI		93 19494
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	1	3, TIME OF DEATH
	Dorothy H.					06/	19 /	93 9130 A.
	4. SOCIAL SECURITY NUMBER 217-36-2192		MON	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea		I. BIRTHPLACE (State or Foreign Country)
	217-36-2192 -212-36-2192		39 YAS.			10/1/		Md
æ	90. FACILITY NAME (If not institution, give et	•			R LOCATION OF D	EATH	9c. COUNT	Y OF OEATH
DIRECTOR	4422 Bayside Ro	d	Shor	w Hill	, Md.		Woi	rcester
Œ	10a. STATE 10b. COUNTY	,	10c. CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY
	Md. V	Worcester	Snow	ніп				LIMITS?
AL	10e. STREET AND NUMBER		DITOW		. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
FUNERAL	4422 Bayside Ro	d.			21863		11	S.A.
5	11. MARITAL STATUS	12. WAS OECEDENT EVER II FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify	Yee or No- 1	4. RACE — American Indian.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D.	ATES	1 Tyes, spe	2 NO Specific	nn, Puello Rican, atc. ly:	)	Black, White, etc. Specify:
	X	22.00			/			White
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade of	completed)	16a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti.	done durina mos	ON st of working	16b. KIND OF	BUSINESS/INDU	STRY
1	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Social Wo			Cod	cial Ser	
N	17. FATHER'S NAME (First, Middle, Last)	- DC	DOCIAL WO	rver	10 MOTHERIC NA	ME (First, Middle, Ma		vices
	Charles A. H	alland					,	-
BE	19a. INFORMANT'S NAME (Type/Print)	OTTAIIG	19b. MAILING AOD	RESS (Street a)	Martna od Number or Burei	Wilkins  Route Number, City or	Hollan	Q
2	Ann Blank		4	301 Is	land Vie	ew Rd., S	now Hil	1, Md.21863
	20s. METHOD OF DISPOSITION	20tr	. PLACE AND DATE OF OIS	SPOSITION (Nai	ma of	OATE 200	LOCATION — CH	ty or Town, Stata
	1 Buriel 2 Cremetion 3 Remo	rval from State Cen	netery, crematory or other p	lace)				
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22. NAME AN	D AOORESS OF FA	CILITY		
	* Kley C. Blue	my St.		Donnie	a Funera	1 Home, S	Jm av. 1127	3 43
	23. PART I. Enter the diseeses, or co	DMplicetione that caused	the deeth. Do not e					
	enock, or neert tellure. L	Liet only one cause on e	ach iine.				opinatory arres	interval Between
	IMMEDIATE CAUSE (Final disease or condition		(	1	ac arr	Los		Onset and Death
	resulting in deeth)	DUE TO (OR AS A	CONSEQUENCE OF):	· archic	ac an	53.7		394
z	The second secon							İ
임	Sequentielly list conditione, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					
5	CAUSE (Disease or Injury							
Ë	thet initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION		l						
AL.	PART II. Other aignificent conditions	a contributing to deeth b	ut not resulting in th	e underlying	ceuse given in	Pert i. 24s. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
5	HIBB HEG	ort disrose				PER 1 □ YE	FORMED?	AWAILABLE PRIOR TO COMPLETION DF CAUSE
ΨĮ								DF DEATH?
ÿ								
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF OEATH (Ch	eck only one)		
PHYSICIAN: MEDIC	1 TYES 2 NO	1   Inpatient 2   ER/Outp		HER: Nursing Home	5 🗆 Rasidenca	Other (Specify)	Aomy	2.
- 11		28a. OATE OF INJURY	28b. TIME OF	28c. INJU		8d. DESCRIBE HO	W INJURY OCCU	REO
ᆲ	27. MANNER OF DEATH	(Month, Day, Year)	INJURY		En a 🗆			
	1 Natural 5 Pending Accident Investigation	(Month, Day, Year)			ES 2 NO			
à	1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	(Month, Day, Year)	- At home, term, street,			28t. LOCATION (Str. City or Town, St		Rural Route Number,
à l	Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined	(Month, Day, Year)  28e, PLACE OF INJURY building, stc. (Spec	— At home, tarm, street,	, factory, offica		City or Town, St	ate)	
à l	1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29s. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	(Month, Dey, Year)  28e, PLACE OF INJURY building, stc. (Spec	- At home, tarm, street,	, factory, office	and place, and due	City or Town, St	menner as stated	
à	1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29s. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	(Month, Dey, Year)  28e, PLACE OF INJURY building, stc. (Spec	- At home, tarm, street,	, factory, office	and place, and due	City or Town, St	menner as stated	
COMPLETED BY	1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29s. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	(Month, Dey, Year)  28e. PLACE OF INJURY building, stc. (Spec  CIAN: To the best of my knowl  R: On the basis of axamination	- At home, tarm, street,	, factory, office	and place, and due	City or Town, State to the cause(a) and time, data and place	menner as stated, and due to the o	cause(a) and menner as stated.
BE COMPLETED BY	1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  299. CERTIFIER (Check only 2 MEDICAL EXAMINER  299. SIGNATURE AND VITLE OF CERTIFIER CONSTRUCTION OF CE	(Month, Dey, Year)  28e. PLACE OF INJURY building, stc. (Special Speci	— At home, tarm, street,	the time, data my opinion, da	and place, and due	City or Yown, S.  to the cause(a) and time, data and place	menner as stated, and due to the o	cause(a) and menner as stated,
COMPLETED BY	1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  299. CERTIFIER (Check only 2 MEDICAL EXAMINER  299. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	(Month, Dey, Year)  28e. PLACE OF INJURY building, stc. (Special Speci	— At home, tarm, street, ifly)  ledge, death occurred at a nand/or investigation, in	the time, data	and place, and due safth occurred at the 29c. LICENSE NUE	City or Yown, S.  to the cause(a) and time, data and place	menner as stated, and due to the c	cause(a) and menner as stated.

		1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT OF I		ENTAL HYGIEN		19495				
		1. DECEDENT'S NAME (First, Middle, Last)  NORMA	NL	Holden		2. DATE OF DEATH	5 9"	3. TIME OF DEATH 3 0910 # M				
9	3	4. SOCIAL SECURITY NUMBER 224-28-5941		yrs. lest birthday) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Coughty)				
2, 3 should	OR	Se. FACILITY NAME (If not institution, give street and number)  Se. FACILITY NAME (If not institution, give street and number)  Se. COUNTY OF DEATH  Se. COUNTY OF DEATH  Reflection of Death  Reflect										
permit. Pages 1,	DIRECTOR	10a. STATE 10b. COUNT	timore	10c. CITY, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?				
	AL	100. STREET AND NUMBER	altimore		er zip code	23	10g. CITIZEN	1 YES 2 NO				
215-0020 attending physician. se as the burial-transit	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Markear 1 YES, GIVE WAR OR DATES			ORIGIN? (Specify Ye	RACE — American Indian, Black, Whita, atc. Specify: BIK					
21 alor for u	PLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)		IGA. DECEDENT'S USUAL OCCUPATI (Give kind of work done during me life, Do NOT, use retired.)	ON ost of working	166. KIND OF BU	truc	1,00				
MARYLAND 2 retained by the hospital 5 should be detached for notified at once.	BE COMPL	17. FATHER'S NAME (First, Midgle, Last)	s Holde		18. MOTHER'S NAME VIRGIO	(First, Middle, Maider	Surname)	lelson				
	5	MASSIE CO	ollins	3255 Bo		ite Nymber, City or Tov	vn, State, Zip Co	20				
		20a_METHOD OF DISPOSITION 1 Sturies 2 Commetton 3 Remo	oval from State 20b. P	LACE AND DATE OF DISPOSITION (MI	cen	DATE 200. LO	CATION - City	or Town, State				
BALTIMORE, ter death. Page 6 may be the funeral director, page oval.		21. BIGNATURE OF PURIETAL BERVICE LICENSEE  *Keith & Whastan Especial Commence of the Commence										
within 24 hours af oppletely filled in by cremation, or remore, the medicinent, the medicinent,		IMMEDIATE CAUSE (Final	List only one cause on eec	the death. Do not enter the moth line.  FALLURE  CONSEQUENCE OF:	de of dying, such	ns cerdlec or reep	lratory arrest	Approximate Interval Between Onset and Daath				
.O. BOX 68 certificate be executing physician and tygiene prior to buring other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):								
S, e dea the att	AL CEI	PART II. Other significant condition	s contributing to death but	not resulting in the underlyin	g ceuse given in Pe	ert I, 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS				
RECOR requires that een signed by of Health an shows any	MEDIC	MYO CARDI STAPHYLOCO	AL INFAR	crion		PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1   YES 2   NO				
VITAL I	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 KNO	HOSPITAL:	OTHER:	LACE OF DEATH (Check							
	у РНУ	27. MANNER OF DEATH  1. Netural 5 Pending Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJ		8d. DESCRIBE HOW	NURY OCCUR	ED				
TTENDI TTOR: A after d	ETED BY	2 Accident Investigation 3 Suicide 6 Could not ba 4 Homicide determined	28a, PLACE OF INJURY — building, etc. (Specify	- Al home, farm, street, factory, offic		28f, LOCATION (Street and Number or Rural Route Number, City or Town, State)						
B P P P	COMPLE			ige, death occurred at the lime, date				use(s) and manner as stated.				
TO THE HOSPITAL TO THE FUNERAL (	BE C	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMBI		1	ONED (Month, Day, Year)				
2 2 2 3	5	30. NAME AND ADDRESS OF PERSON WHO		^	1 2443	-5 4	6	15/53				
	1	31. DATE FILED (Month), Day, Year)	32. REGISTRAR'S SIGNAL		JOHN'S	HOPKIN	is Ho	SPITAL				



permit. Pages 1. 2. 3 should use as the burial-transit ours after death. Page 6 may be retained by the hospital or attending physician. ğ by the funeral director, page 5 should be detached removal. once. Ħ notified be must examiner medicai filled in ! 6 an and completely fille to burial, cremation, the M. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within traumatic event, ental Hygiene prior to other 5 the atten Injury, s certificate has been signed by the the State Dept. of Health and I id., or Item 23 shows any Ini signed by t Health and with t is marked, DIRECTOR: After the hours after death we litem 28 is mark 以だ

31. DATE FILED (Month, Day, Year)

9

1993

32. REGISTRAR'S SIGNATURE

Stinden fordall

93 19496 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 1993 06 STEVEN ALAN **HESTON** 28 2:21 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Month, Dev. Year) Aug. 17, 1974 174-56-2325 1 X M 2 - F 18 Pennsylvania 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNIVERSITY HOSPITAL BALTIMORE City 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Harford Pylesville 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5323 Fawn Grove Road 21132 U.SA. 11. MARITAL STATUS
1 Never Married 2 Marrie 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Pu 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced White ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Seco dary (0-12) College (1-4 or 5+) COMPL Farmer Agriculture 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Richard N. Heston Barbara L. Vansant 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Richard N. Heston 5323 Fawn Grove Rd., Pylesville, MD 21132 20a, METHOD OF DISPOSITION
1 N Burlel 2 Cremation 3 N Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of July 2, 20c. LOCATION — City or Town, State Fawn U. Meth. Cemetery 4 Donation 5 Domer (See Fawn Grove, PA 21. SIGNATURE OF FUNEFIAL SERVICE LIGHT 22. NAME AND ADDRESS OF FACILITY J.J. Hartenstein Mortuary, Inc. 19 South Main St., Stewartstown, PA 17363 23. PART /. Exter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, Approximate shock/or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): WIG CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY WERE AUTOPSY FINDINGS PERFORMED? AWAIL ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 XYES 2 NO 1 N Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation DRIVER OF ALL-TERRAIN 1 TES 2 70 06/27/1993 BY 2 Accident
3 Suicide VEHICLE
281. LOCATION (Street and Number or Rural Route Number,
FAWN GROVE ROAD, FAWN TOWN 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 8 Could not be COMPLETED 4 Homicide OPEN FIELD SHIP PENNSYLVANTA 29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) O.C.M.E. 9 30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, Maryland

THE FUNETAL UNESTICAT. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made at the burial-transit permit. Pages 1, 2, 3 should be made at the burial transit permit. Pages 1, 2, 3 should be made at the burial-transit permit. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumetic event, the medical examiner must be notified at once.

31. DATE FILEO (Month, Day, Year)

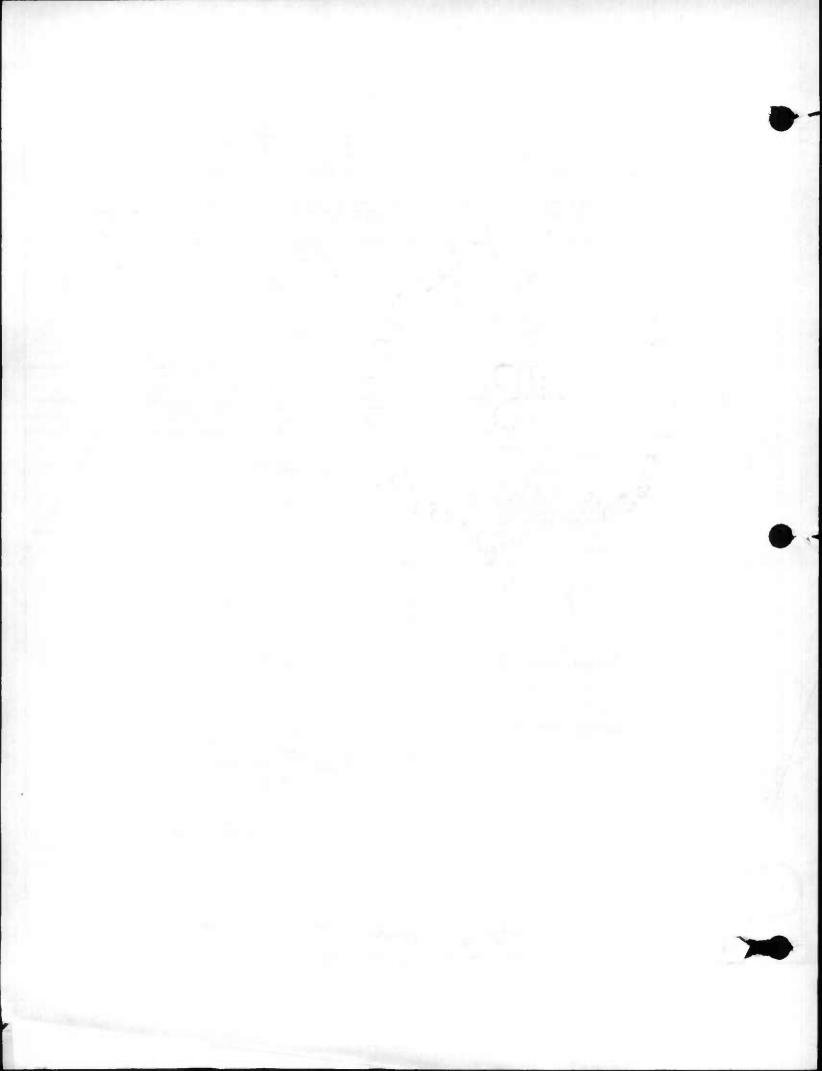
1993

1	1. DECEDENT'S NAME (First, Midd							MON	REG. NO.	AY	YEAR 3.	TIME OF DEATH		
		nce L. Ha	rdin, S	Sr.				Jur	ne ll,	199	3	2155		
	4. SOCIAL SECURITY NUMBER 443-09-5359	5. SEX 1 M 2 F	6. AGE (In yrs. In 89	st birthday) YRS.	MONTHS 1	MEAR IF L	INDER 24 HRS.	Jun	e of Birth	903	a. BIRTHPL Geuntry) Texa	BIRTHPLACE (State or Foreign Country) Lexas		
1	Sa. FACILITY NAME (If not institution	on, give street and number)			9b. CITY, T	OWN OR LO	CATION OF D	EATH		9c. COUN	DUNTY OF DEATH			
DIRECTOR	Calvert Me	spital		Prin	ce F	rede	ricl	2	Ca	lvert				
S	RESIDENCE OF DECEDE  10a. STATE 10b.	COUNTY		10c. CIT	r, TOWN OR	LOCATION					10	d. INSIDE CITY		
띰	Maryland P	rince George	e's	Į	Jpper	Mar11	oro					LIMITS? YES 2 NO		
AL	10e. STREET AND NUMBER				10f. ZIP	CODE			10g. CITIZ		T COUNTRY?			
E	9115 Marlbor	o Pike, Lo	5			20	772			U.	S.A.			
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	T EVER IN U.S. AI		- If y	es, specify		an, Puerte	IC ORIGIN? (Specify Yes or No- n, Puerto Rican, etc.)  14. RACE — American Black, White, etc.  Specify White						
COMPLETED	15. DECEDEN (Specify only high	T'S EDUCATION est grade completed)	16a. D	ECEDENT'S	USUAL OCC	UPATION	working	16	56. KIND OF BUS	SINESS/IND	ISTRY			
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Silve kind of w	1111			Ι,	7 7	0				
MP	17. FATHER'S NAME (First, Middle)		Pa	inter	- A				Tederal		rnmen	t		
	Manley Thom					16.			Middle, Maiden	Surname)				
BE	19a. INFORMANT'S NAME (Type/Pr		1 10	h MAII ING	ADDRESS /	Street and No		-	mber, City or Tow	- Ctate 7in	Cadal			
2	Clarence L.											o. Md20772		
	Clarence L. Hardin, Jr.  9115 Marlboro Pike, Lot 5, Upper Marlboro, Md20772  20e, METHOD OF DISPOSITION 1 (A Burlia) 2 Cremation 3 Removal from Stats 4 Donation, 5 Other (Specify)  20b. Place and Date of Disposition (Name of Certain Place) Cedar Hill Place  20c. Location - City or Town, State  Suitland, Maryland													
	22. NAME AND ADDRESS OF FACILITY George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md. 20745													
	23. PART I. Enter the diseases, or complications that caused the deeth, Do not enter the mode of dying, such as cerdiac or respiratory arrest.													
	shock, or heart fellure. List only one ceuse on eech line.  IMMEDIATE CAUSE (Final  Onset and De													
	o. Staphic coccal Septiaceme  Due to (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, If any, leading to immediate  b. Hepatorenal faulure  DUE TO (OR AS A CONSEQUENCE OF):													
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	cause. Enter UNDERLYING												
E	that initiated events resulting in death) LAST					-								
띩		d	ubro.	Vasc	·a	and	ent.							
4	PART II. Other significent co	nditiona contributing to	death but not	resulting i	n the unde	rlying cau	ise given in	Part I.	24a, WAS AN PERFOR 1 YES 2	MED?	AV	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE		
PHYSICIAN: MEDIC	or obtain										YES 2 NO			
AN	25. WAS CASE REFERRED TO MED	HCAL				26. PLACE	OF DEATH (C	hack only	onel	_				
SIC	EXAMINER?	HOSPITAL:	ER/Outpatisat	3 DOA	OTHER:		Residence							
Ĭ	27. MANNER OF DEATH	28s. DATE OF	INJURY	26b. TIM	E OF 2	c. INJURY			EŞCRIBE NOW II	NJURY OCC	JRED			
ВУР	1 Natural 5 Pendil 2 Accident Invest	ng (Month, L	(Month, Day, Year) INJ			WORK?	2 🗌 NO	1	255. SECONDE NOVI MOSTIN COSSUMED					
	3 Suicide 8 Could 4 Homicide determ	of INJURY — At he etc. (Specify)	ome, farm, s	n, street, factory, office  28f. LOCATION (Street and Number or Rural Route Numb City or Town, State)					a Number,					
COMPLET		G PHYSICIAN: To the best of EXAMINER: On the basis of a												
		The second of a		vealigation	iii iiiy opii	more, destil (	woning at the	e time, da	is and pisce, sn	u dus to the	canse(s) st	u manner as stated.		
	20h SIGNATURE AND TITLE CO.	FRITIENED		-										
BE CO	29b. SIGNATURE AND TITLE OF O	ENTIFIER					LICENSE NU		8	29d. DATE	SIGNED (M	onth, Day, Year)		

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. Rafik Nasr, M.D. Prince Frederick, Maryland 20678

32. REGISTRAR'S O'GNATURE



executed within 24 hours after d	n and completely filled in by the to burial, cremation, or removal.
CONTIL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after of	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the infinity hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
OR ATTENDING PH	DIRECTOR: After this hours after death wit
To de	H.E.

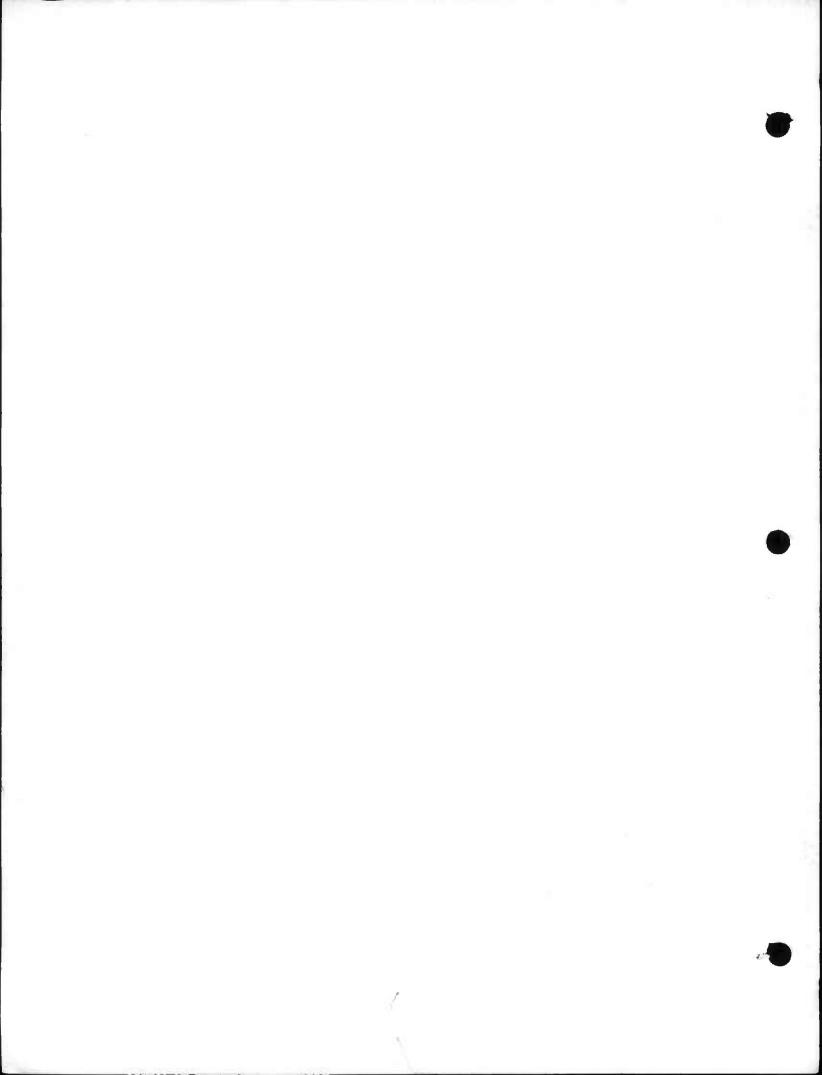
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	1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	TMEN	T OF H	EALTH	AND I	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Las	)							2. DATE OF DEATH			3. TIME OF DEAT	н	
	Frederich 1	asonh	HOOPET	?					06 14		YEAR		М.	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER	1 24 HRS.	7. DATE OF BIRTH	<u> </u>	& BIRTHE	ACE (State or En	minn	
	220-28-7270	1 🔀 M 2 🗆 F	59	YRS.	MONTHS	DAYS	HOURS	MIN.	10/29/19	33	Wash	ington,	DC	
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	r, TOWN O	R LOCATI	ON OF DE						
8	Doctor's Commun	tal		La	nham				Princ	e Ge	orge's			
15	RESIDENCE OF DECEDENT									0180 0				
DIRECTOR	10a. STATE 10b. COUN		,			OR LOCAT	ION					10d. INSIDE CITY LIMITS?		
		ce George	'S	Нуа	ttsv	ille						1 💢 YES 2 🗌	NO	
ERAL	10e. STREET AND NUMBER					101.	ZIP COD	E		10g. CITIZ	EN OF WI	HAT COUNTRY?		
l ij	4810 52nd Avenu	e			20781 U.S.A.									
FUN	11. MARITAL STATUS		T EVER IN U.S. AR		13.	WAS DECE	ENDENT C	F HISPAN	IIC ORIGIN? (Specify Yearn, Puerto Ricen, atc.)	or No-	1993   9:16P M  6. BIRTHPLACE (State or Foreign Country) Washington, DC  10. COUNTY OF DEATH  rince George's  10d. INSIDE CITY LIMITS? 1 ☑ YES 2 ☐ NO  10g. CITIZEN OF WHAT COUNTRY?  U.S.A.  No— 14. RACE — American Indian, Black, Whita, atc. Specify: White  ESS/INDUSTRY  od  mame)  State, Zip Code) aryland 20781  TION — City or Town, Stata heltenham, Maryland eral Home, P.A. yattsville, MD ory arreat, Approximata Interval Between Onset and Death  Maryland Proceedings  AMRIABLE PRIOR TO COMPLETION OF CAUSE OF 0EATH? 1 ☐ YES 2 ☐ NO			
BY	1 Never Married 2 Married 3 Widowed 4 Divorced		MAR OR DATES			1 YES								
											9:16P M  6. BIRTHPLACE (State or Foreign Country) Washington, DC  UNTY OF DEATH  10ce George's  10d. INSIDE CITY LIMITS? 1 X YES 2 NO  TIZEN OF WHAT COUNTRY?  J. S. A.  14. RACE — American Indian, Black, Whita, atc. Specify: White  HOUSTRY  To Code)  7 Land 20781  City or Town, Stata  tenham, Maryland  11 Home, P.A.  12 Approximata Interval Between Onset and Death  The Code of Cause Of Ocanical Code of Cause Of C			
ETED	15. DECEOENT'S ED (Specify only highest gra-		(G)	CEOENT'S ive kind of a Do NOT us	work done	CCUPATIO during mos	N it of workin	ng	16b. KIND OF BUS	SINESS/INDU	ISTRY			
	Elementary/Secondary (0-12)	College (1-4 or 5	+)						Giant Food					
COMP	10 17. FATNER'S NAME (First, Middle, Last)		Ba	kery	Dri	ver								
_	James Elmer Hoo	20.00							ME (First, Middle, Malden Surname)					
8	19a. INFORMANT'S NAME (Type/Print)	per							rrison					
2									Route Number, City or Town, State, Zip Code) ttsville, Maryland 20781					
	Ann Catherine He	ooper						нуа						
	20g, METHOD OF OISPOSITION 1 [A Burlai 2													
	1 (X Burlal 2 Cremation 3 Ramoval from Stata and Donation 5 Other (Specify) MD State Veteran's Cemetery 6/17/93 Cheltenham, Maryland 21. Signature OF Funeral Service Licensee													
	$\cap$ $\cap$ $\cap$	.0	RMA	4						noro1	Uom	o D A		
	· (Clarke	07	2001	//										
	23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest,   Approximate													
	or neart fellure. List only one cause on each line.													
	DUE TO (OR AS A CONSEQUENCE OF):													
Z	Sequentially list conditions, if any, leeding to immediate  a. Cardio my opathy with Arrhyth mras and Congestive  DUE TO (OR AS A CONSEQUENCE OF):  B. Chronic Obstrue five Pulmoney Disease  OUE TO (OR AS A CONSEQUENCE OF):													
CATION	Sequentially list conditions, if any, leading to immediate	OUE TO	(OR AS A CONSEC	DUENCE OF	7:	100	1 00		0			1		
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	C												
E	that initiated events	DUE TO	(OR AS A CONSEC	VENCE O	<b>ጉ</b> :									
CERTIFI	reaulting in death) LAST	d												
-	PART II. Other significent condition	ons contributing to	death but not re	esulting	n the un	dedulaa		aluan la i	Don't los uno su		1			
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ä							_		1 YES 2	□ NO			AUSE	
×									_		1	YES 2 N	0	
Ä														
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		-	OTHER		ACE OF D	EATH (Che	ck only one)					
YS	1   YES 2   040	170 longitient 2	ER/Outpatient 3		4 🗆 Nun		5 🗆 Re	sidence	6 Other (Specify)					
PHY	27. MANNER OF DEATH	28a. OATE OF (Month, D		28b. TIM INJ	URY	28c. INJU WOF			28d. OEŞCRIBE NOW IF	NJURY OCCU	JREO			
ВУ	2 Accident Investigation M 1 YES 2 NO													
ED	3 Suicide 6 Could not be	26a. PLACE O building,	F INJURY — At hor atc. (Specify)	me, farm, s	treet, fact	ory, office			28f. LOCATION (Street a City or Town, State)	nd Number o	r Rumi Rot	ute Number,		
E														
12									to the cause(a) and men					
COM									time, date and place, and			end manner as st	nted.	
EC	296. SIGNATURE AND TITLE OF CERTIFI	ER					29c. LICE	NSE NUM	BER	29d. DATE	SIGNED (A	Month, Day, Year)		
8	/ Va. 50	0.	-MO			- 1	010		_		(//			

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE a Javidson-Randale

31. DATE FILEO (Month, Day, Year)

JUN 1 6 1993



ospital or attending physician.	should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
the h	detac		1.23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Lihia Davidson-Randall

Rene E. Grace, MD

1993

IIIN 1 5

31. DATE FILED (Month, Day, Year)

ITEMS: 17 & 18 PER INFORMANT G-701 7/20/93 t.t 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1993 YEAR DAY Armenia June 13, Richie Harris 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 TF 578-26-6148-A 1905 Virginia 88 March 26 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Southern Maryland Hospital Clinton Prince George's RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Clinton Maryland Prince George's 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 9110 Ballard Lane 20735 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Marrie IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Caucasian COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 5th N/A Clerk Retail Sales 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Unavailable Folks THOMAS MORGAN FOLKS Emma Cumm EMMA ARMENIA HARRIS GUM BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Venitia Dott Harris 6 Purchase St. Gaithersburg, Md 20878 20a. METHOD OF DISPOSITION
1X Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Washington Nat'l Cem. 6-18-93 Suitland, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Rd Clinton, Md who 23. PART I/Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory srrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disesse or condition resulting in death) CERTIFICATION Sequentially list conditions, If any, lesding to immediate cause. Enter UNDERLYING **CAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the undariying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 1 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO me 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Netural
2 Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) BE COMPLETED 3 Suicide 8 Could not be 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. ME AND SATE OF CONTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, 100

9131 Piscataway Rd. Clinton, Maryland 20735 #206

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	ĕ	MDORTANT: If item 28 is marked as item 23 share any injury as other traumatic areast the medical avandance much be nestitud as and
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	1 - FOR STATE REGISTRAR	STATE OF MAR		RTMENT OF I		MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)		OZ.IIII	TOATE OF	DEATH	2. DATE OF DEATN			TIME OF DEATN			
	SHONITA ENR	ICA AMES	S	HENSON		06 09	1991	EAR 3	2:39 PM			
	The state of the state of the state of		GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.		ACE (State or Foreign			
	213-90-3967	1 🗆 M 2 🔯 F	28 YRS.	MONTHS WAYS	HOURS MM.	5/14/1	_	.,	muda			
~	9a. FACILITY NAME (If not institution, give stre				OR LOCATION OF D		9c. COUNTY	OF DEAT	TN .			
Ď.	WASHINGTON ADVI	ENTIST HO	SPITAL	TAKO	MA PAR	K	PRINCE GEORGES					
EC	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10c											
ā	Maryland Prince	e Georges	s Ne	w Carro	olton		1707					
₹ I	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZEN OF WHAT					
FUNERAL DIRECTOR	7521 Riverdale				20784		.S. 1	Α.				
	11. MARITAL STATUS  1 Never Married XX Married	12. WAS DECEDENT EVE FORCES? 1 7	ES 2 X NO	13. WAS DEC	ENDENT OF NISPA	NIC ORIGIN? (Specify Ye on, Puerto Rican, etc.)	a or No — 14	RACE — Black, W	American Indian, fhita, etc.			
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OF	R DATES	1 🗆 YES	2XXNO Specif	fy:		Specify:	Black			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or	ITION	16a. DECEDENT'S	USUAL OCCUPATION	ON	18b. KIND OF BU	SINESS/INDUS	TRY				
	Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during mo se retired.)		Priv	- + -					
M		2 years	Medica	1 Techr	nologis	t PIIV	ate					
8	17. FATHER'S NAME (First, Middle, Last)	_				ME (First, Middle, Maiden	Sumame)					
BE	George Samuel  19a. INFORMANT'S NAME (Type/Print)	Ames				ie Brown						
2	Erick Henson					Route Number, City or Tox			MD 20784			
	20a. METHOD OF DISPOSITION						_					
	1 X Surial 2 Cremation 3 Remov	1 M Burlet 2 Cremetion 3 Removal from State										
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE /	. 1	22. NAME A	ND ADDRESS OF FA	CILITY			1110			
	Mawaya	d. D	auton			s Funera er Rd.	l Homo Lando		20786 MD			
	23. PART Y. Enter the diseasea, Dr CD	mplications that cau	sed the death. Do i						Approximate			
	shock, or heart failure. Li IMMEDIATE CAUSE (Finel	st Dnly Dne ceuse Dr	eech iine.						interval Between Onset and Death			
	disease pr condition resulting in death) SEIZURE DISORDER											
	DUE TO (OR AS A CONSEQUENCE OF):											
ON	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):											
E	if any, leading to immediate cause. Enter UNDERLYING	202 10 (011 11	O A GONGEOGENOE G	. ).					İ			
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR A	S A CONSEQUENCE O	F):								
CERTIFICATION	resulting in death) LAST											
- 13	PART ii. Other aignificent conditions	contributing to deati	but not resulting	in the underlying	Ceuse given in	Part I. 24s. WAS AN	ALITOPSY	Zan ws	RE AUTOPSY FINDINGS			
S		•			g couce given in	PERFO	RMED?	AW	AILABLE PRIOR TO IMPLETION OF CAUSE			
9						1 💢 YES	! <u> </u> NO	OF	DEATH?			
2								'	YES 2 NO			
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)						
YSI	1 N YES 2 NO	I Inputient 2 XER/O	utpatient 3 DOA	OTHER: 4   Nursing Hom	e 5 🗆 Residence	s 🗆 Other (Specify)						
	27. MANNER OF DEATH  1 \( \infty \) Netural 5 \( \text{Pending} \)	28a, DATE OF INJUR (Month, Day, Yea		URY WO	RK?	28d. DESCRIBE HOW	NJURY OCCUR	ED				
B≼	2 Accident Investigation	200 PM 60F OF IN II			rES 2 NO							
E	3 Suicide 6 Could not be determined	building, atc. (S	IRY — At home, farm, pecify)	street, factory, offic		26f. LOCATION (Street City or Town, State)	and Number or i	Aurel Rout	e Number,			
9	290. CERTIFIER		Vest described									
COMPLETED	(Check poly one)  2 MEDICAL EXAMINER:											
	29b. SUPPLETURE AND TITLE OF CERTIFIER	-	A	in, in my opinion, o								
BE	(Kan-	who M	1)		O.C.		1		onth, Day, Year) 1/1993			
2		COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)	0.0.		, 00	0,10	,, 1,,,,,			
	JUARON LOCK	E M	111 Pen	n Stree	et, Bal	timore, 1	Maryla	and	21201			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE	_								
	JUN 1 5 1993 4	he Davidson-V	andell									

